

Name of Consignor: Rising Bros Barrenwood & Bailey
 Name of Consignee: RBBB - blues
 Address: 2500 Victory Blvd
 City and State: Dallas TX 75201
 Zip Code: 75201
 County of Origin: Wisma Va 22182
 Destination: Armadillo Aransas Ctr
 Date Issued: 7-7-05
 Permit No.:

Reconsigned To: _____ Date: _____
 Accredited Veterinarian: _____ Date: _____
 Carrier: Truck Other
 Name: _____ Address: _____
 Date of Prior Neg. Brucellosis Test: _____
 Brucellosis Test: _____

AREAS BRUCELLOSIS STATUS: Class Free Class C
 Class A Class B
 HERD OR FLOCK STATUS: Cert. Bruc. Free Herd No. _____
 Accord. TB Free Herd No. _____
 Swine Bruc. Val. Herd No. _____
 Swine PRV Qual. Herd No. _____
 Flock _____

SPECIES:	TUBE NO.	EARTAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	BACKTAG NO. OR DESCRIPTION	A G E	S E X	B R E E D	TUBERCULIN TEST	BRUCELLOSIS				VACCI-NATION TATTOO SYMBOL	OTHER TEST
								Lab Date	Signature	Riv	ACF		
Beef Cattle		KAREN	030740291	169	F	Asian 12/3/05	Trunk						
Dairy Cattle		Muyal	033*310*383	67			Wet						
Swine		Mysore	030*628*330	56									
Horses		Yusa	031*051*861	76									
		Nichole	030*777*099	94									
		Bonnie	033*605*015	94									
		Auletta	033*605*616	92									
		Kelly Ann	033*615*260	96									
		Sasha	066*112*289	01									

FELD 0021164
 CERTIFICATION OF ISSUING VETERINARIAN
 I, _____, a duly licensed veterinarian, certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.
 Signature of Veterinarian: [Signature]
 Address: 3484 CR 406
 City: McKinney State: TX Zip Code: 75071
 Owner/Agent Statement required: Yes No
 (Initials in Stamp) RBBB
 Owner/Agent Statement: The animals in this shipment are those certified to and listed on this certificate.
 Owner/Agent (Signature): [Signature]

OFFICIAL HEALTH CERTIFICATE No. 272848

MISSOURI DEPARTMENT of AGRICULTURE
 VETERINARY DIVISION P. O. BOX 630 Page 2 of 3

JEFFERSON CITY, MISSOURI 65101

CONTINUED Sheet

1. NAME AND ADDRESS OF CONSIGNOR
 Ringling Bros. Circus
 KC, Mo

2. ORIGIN ADDRESS (IF DIFFERENT FROM ABOVE)

3. NAME AND ADDRESS OF CONSIGNEE OR PURCHASER
 Molina, FL

4. DESTINATION ADDRESS (IF DIFFERENT FROM ABOVE)

5. AREA STATUS
 MODIFIED ACCREDITED (TB)
 MODIFIED CERTIFIED (BRUC)
 3319790

7. HERD OR FLOCK STATUS
 ACCREDITED HERD NO.
 CERTIFIED HERD NO.
 VALIDATED HERD NO.
 QUALIFIED NEG. HERD TEST DATES
 A. Accred. B. Certified C. Validated

9. CARRIER
 AIR RAIL TRUCK
 TRAIL WATER
 NAME AND ADDRESS
 Longview

8. SPECIES
 CATTLE
 SHEEP
 SWINE
 HORSES
 POULTRY

11. NUMBER ANIMALS IN SHIPMENT
 5
 PURPOSE OF MOVE
 BREEDING
 FEEDING
 SLAUGHTER
 OTHER MARKET

12. SIGNATURE OF VETERINARIAN
 [Signature] DVM

NOTE: The Regulations of the State of Missouri should be consulted before interstate shipments are made.

TEMPORARY IDENTIFICATION	EARTAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	SEX	AGE	BREED	UNTRADEMARK		DATE OF TEST	LABORATORY	TEST DILUTION	TEST RESULTS	DATE OR TATTOO SYMBOL	NAME DATE OF PRODUCT
					IN	TRADEMARK						
Karon	030 770 291	F	69	Arden	1	Arden	1-3-05					0591ms
Main	033 310 383		67		2							
Myrder	030 628 330		50		3							
Susan	031 051 801		51		4							
Nichole	030 724 049		76		5							
Bahnie	033 605 015		44		6							
Julie	033 605 615		42		7							
Kelly Ann	033 615 262		46		8							
SARA	066 112 284		01		9							
Jack	044 021 A017		01	min	10							
Sue	044 304 749		01		11							
Zelda	044 522 265	F	00	2edark	12							
Heavy	044 355 026	G	00	2edark	13							
DARLE	033 628 024	G	98	2edark	14							
Imad	033 614 061	G	99	3edark	15							
SARAH	033 048 377	G	98	3edark	16							
Matisia	033 322 534	S	96	thin horses	17							
Toulesse	033 321 818	S	97		18							
MARIE	033 516 048	S	97		19							
RENOY	033 522 068	S	97		20							
DALL	033 011 010	S	97		21							
RICARD	033 311 616	S	97		22							
DAVIS	033 311 514	S	97		23							
					24							
					25							
					26							
					27							
					28							

FIELD 0021168

TEXAS ANIMAL HEALTH COMMISSION
 P. O. Box 12966, Austin, TX 78711-2966

CERTIFICATE OF VETERINARY INSPECTION

74-410227

Name of Consignor: Ringling Bros Barnum & Bailey
 Address: American Bank Center
 City and State: Austin Texas
 ZIP Code: 78701
 Name of Consignee: Ringling Bros Barnum & Bailey
 Address: Erwin Center
 City and State: Austin Texas
 ZIP Code: 78701
 Destination: Austin Texas
 Consignee's Phone #: _____
 Reconsigned To: _____
 Date Issued: 8/19/05
 Permit No. _____

Species: Goats Sheep Poultry Other Horses
 Purpose of Movement: Breeding Pedding/Grazing Show Slaughter Other
 BRUCellosis STATUS: Class A TB STATUS: Free Mod. Accred.
 HERD OR FLOCK STATUS: Cert. Bruc. Free Herd No. Swine Bruc. Val. Herd No. CWD Monit. Herd No. Accred. TB Free Herd No. Swine PRV Qual. Herd No. Flock
 Carrier: Truck Other
 Name: _____ Address: _____

LINE NO.	EARTAG NO. TATTOO OR OTHER IDENTIFICATION	DESCRIPTION	VACCINATION TATTOO SYMBOL	AGE	SEX	BRUCellosis STATUS	TUBERCULIN TEST		BRUCellosis					OTHER TEST			
							DATE OF INI.	DATE OF OBSERV.	RESULTS OF 72 HOURS OBSERV.	Lab Date	Card	Riv	CF	PCFIA SPT /STT	Interp.	For Lab Date	Accession #
1	KARLEN	030 770 241	141-245 149	147	F	OST. CM											
2	MAYINYAK	033 310 383		50													
3	MY SOLT	030 628 330		51													
4	SUSAN	031 051 801		76													
5	A. CHOLE	030 774 019		94													
6	BENNIE	033 605 015		92													
7	DIJETTE	033 605 1015		96													
8	KELLY ANN	033 1015 200															
9	SARA	046 112 289															
10																	
11																	
12																	
13																	
14																	
15																	

FIELD 0021165

CERTIFICATION OF ISSUING VETERINARIAN
 I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except as noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate are of the type of destination and federal interstate requirements. No further warranty is made or implied.
 Signature of Accredited Veterinarian: *R.S. Velazquez III*
 Printed Name: R.S. Velazquez III
 Address: 1209 Laramie Ln
 City: Corpus Christi TX
 Telephone: 361-818-6789
 State: TX
 ZIP Code: 78401
 Shipping: 8874
 Owner/Agent Statement: The animals in this shipment are those certified to and listed on this certificate.
 Signature: *R.S. Velazquez III*
 Owner/Agent (Signature)

TEXAS ANIMAL HEALTH COMMISSION
 P. O. Box 12966, Austin, TX 78711-2966

CERTIFICATE OF VETERINARY INSPECTION 74-257136

of Consignor
 address Maryling Bros Barren & Bailey
 City and State FRANKLIN COUNTY, TX ZIP Code
 County of Origin FRANKLIN
 Name of Consignee KINGBLINK BROS BARREN & BAILEY
 Address MEMPHER AVENUE City and State KANSAS CITY, MO ZIP Code 64102
 Destination of Shipment
 Consignee's Phone #
 Reconsigned To
 Destination
 Date Issued 8-17-05
 Permit No. 8-17-05

SPECIES: Beef Cattle Goats Sheep Poultry Swine Other Elephants
 No. of Animals Shipped
 Purpose of Movement: Breeding Feeding/Grazing Show Slaughter Other
 BRUCELLOSIS STATUS: Class Free Class A TB STATUS: Free Mod. Accred.
 HERD OR FLOCK STATUS: Cert. Bruc. Free Herd No. Swine Bruc. Val. Herd No. CWD Mont. Herd No. Accred. TB Free Herd No. Swine PNV Qual. Herd No. Flock
 Carrier: Truck Other
 Name: _____ Address: _____
 Date: _____

L 1 N E TUBE NO.	EARTAG NO. TATTOO OR OTHER OFFICIAL IDENTIFICATION	DESCRIPTION	DATE OF INI.	RESULTS OF 72 HOURS OBSERV.	TUBERCULIN TEST		BRUCELLOSIS				OTHER TEST						
					DATE OF OBSERV.	HOURS OF OBSERV.	Lab Date	Card	Riv	CF		PCFA S/T/SIT	Interp.	For Lab Date	Accession #	Results	
1	KAREN	030 770-291	12-21-23/05	69	F	As. Am											
2	MAIN YOK	033 310 383		67													
3	MY SORE	030 628 330		50													
4	SUSAN	031 051 801		51													
5	NICHOLE	030 774 099		76													
6	BONNIE	033 605 015		94													
7	JULIETTE	033 605 615		92													
8	KOLLE ANN	033 615 262		96													
9	SAHLA	066 112 289		01													
10																	
11																	
12																	
13																	
14																	
15																	

FIELD 0021166

CERTIFICATION OF ISSUING VETERINARIAN
 I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.
 Signature of Accredited Veterinarian [Signature]
 Printed Name CRAIG S. NIBLETT
 Address P.O. Box 629 City Elgin State TX Zip Code 78621
 Telephone (512) 281-3396 VET CODE 8118
 Initial in blank

Owner/Agent Statement:
 The animals in this shipment are those certified to and listed on this certificate.
[Signature]
 Owner/Agent (Signature)

AMERICAN ASSOCIATION OF ZOO VETERINARIANS No. 1628

STANDARD HEALTH CERTIFICATE

OWNER: L. Ruhe, KG
 ADDRESS: 3220 Alfeld (Leine)
 8 Gerdagstr. W. - Germany

CONSIGNEER: Ringling Bros. Barnum & Bailey Circus, 3201 New Mexico Ave, N.W., Washington, D.C. 20016

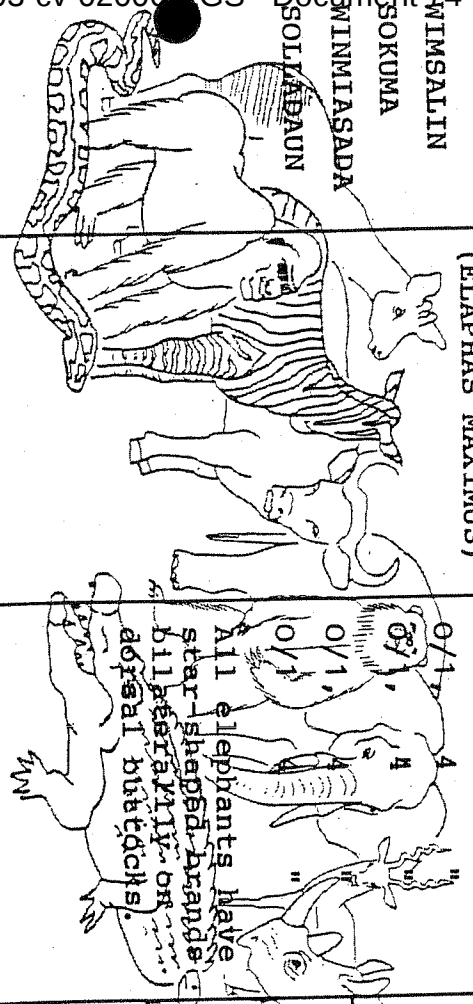
DATE ISSUED: November 9, 1980

MODE OF TRANSPORT: Land Air Sea

NAME OF AGENT: _____

PHONE: 05181-1435 or 2027
 PHONE: 202-364-5000

ANIMAL I.D.	NAME Common Scientific	PHYSICAL DESCRIPTION Age Sex Weight Other	HISTORY Date of Vaccination including name of product used Date of last deworming including name of product used Housed with other animals Recent Health problems with similar or adjacent species Given name and dosage of all drugs given prior to or during transport (include antibiotics, restraint or immobilizing drugs) Tuberculin Used and Dosage: 1. ml. Site of injection right ear. ID... <input checked="" type="checkbox"/> Mammalian old tuberculin <input checked="" type="checkbox"/> Bovine PPD results: <input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Suspicious Other (specify) _____ EIA results for Equine <input type="checkbox"/> Positive <input type="checkbox"/> Negative Brucellosis Test for Ruminants								
011	ASIAN ELEPHANTS (ELAPHAS MAXIMUS)	0/1, 2 1/2 years 0/1, 2 1/2 "	<p>Method of Examination: Visual of physical</p> <p>I have today examined these elephants and have found them to be apparently free from infectious, contagious and parasitic diseases. All blood values are within normal ranges for this species. All elephants were negative to mammalian old tuberculin and bovine PPD at 72 hours.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2">Teal Dilution</td> <td rowspan="2">Results</td> </tr> <tr> <td>1-50</td> <td>1-100</td> </tr> <tr> <td>1-200</td> <td>1-200</td> <td></td> </tr> </table>	Teal Dilution		Results	1-50	1-100	1-200	1-200	
Teal Dilution		Results									
1-50	1-100										
1-200	1-200										



This is to certify that I have inspected the above described animals and, to the best of my knowledge, found them free from evidence of communicable disease and a positive result on the above analysis have been withheld from this shipment.

SIGNATURE: Daniel C. LAUGHLIN, DVM
 DVM

ADDRESS: Exotic Animal Veterinary Services, LTD., 271 Scottswood Road, Riverside, Ill. USA.
 APPROVED BY: _____ State Veterinarian

Obtained If Required Yes No

Copy — State Veterinarian Office
 Copy — State Veterinarian Office
 Copy — Issuing Veterinarian
 Copy — Accompany Shipment
 Copy — Owner