

Collection of this information is voluntary. It is needed before Federal inspection of meat and poultry is granted. It is used by FSIS to determine whether the applicant should be issued a grant of inspection. 19 CFR 304.1 and 9 CFR 391.16) FORM APPROVED OMB 0583-0062

**U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
APPLICATION FOR FEDERAL MEAT,  
POULTRY, OR IMPORT INSPECTION**

**INSTRUCTIONS:**  
Submit this application to the District Manager, Food Safety and Inspection Service, U.S. Department of Agriculture for applicable inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

**SECTION I (to be completed for Import or Domestic Inspection Activities)**

1. DATE OF APPLICATION <b>12-13-2011</b>	2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input checked="" type="checkbox"/> OTHER (Specify) <b>Species Addition</b>	3. TYPE OF INSPECTION REQUIRED <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> IMPORT <input checked="" type="checkbox"/> POULTRY	4. EXEMPTED ACTIVITIES (Specify) <b>Custom Slaughter and processing / Retail</b>
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5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> OTHER (Specify) <b>Limited Liability Co.</b>	6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED <b>New Mexico</b>	7. DATE INCORPORATED (Month and Year) <b>MAY 2010</b>
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8. NAME OF APPLICANT (Company Name) AND MAILING ADDRESS (Include Zip Code) <b>Valley Meat Co. LLC 3845 Cedarvale Rd. Roswell, NM 88203</b>	FEDERAL EMPLOYER IDENTIFICATION NO. (As assigned by Internal Revenue Service) <b>[REDACTED]</b>	9. AREA CODE TELEPHONE NUMBER <b>575-622-1214</b>
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10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code) <b>N/A</b>	11. AREA CODE TELEPHONE NUMBER
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10b. ATTACH A DESCRIPTION OF THE LIMITS OF THE ESTABLISHMENT PREMISES THAT IS REQUESTED TO BE UNDER FEDERAL INSPECTION (e.g., Diagram, written narrative, or schematic)

12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY <b>N/A</b>	13. OTHER NAMES (if any) UNDER WHICH BUSINESS WILL BE CONDUCTED
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14. DAYS PER YEAR PLANT WILL OPERATE		15. HOURS PER WEEK PLANT WILL OPERATE		16. HOURS PER DAY PLANT WILL OPERATE		17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT
<b>260</b>	<b>260</b>	<b>10</b>	<b>40</b>	<b>2</b>	<b>8</b>	<b>—</b>	<b>OPEN Now</b>

**SECTION II (to be completed for Domestic Inspection Activities)**

SLAUGHTER	18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED
	<input checked="" type="checkbox"/> CATTLE <input checked="" type="checkbox"/> CALVES <input checked="" type="checkbox"/> SHEEP <input checked="" type="checkbox"/> GOATS <input checked="" type="checkbox"/> SWINE <input checked="" type="checkbox"/> EQUINES <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GESE <input type="checkbox"/> DUCKS <input type="checkbox"/> GUINEAS

COMMERCE ONLY	19. FRESH MEAT OR READY-TO-COOK POULTRY TO BE OFFERED IN COMMERCE 1/
	<input checked="" type="checkbox"/> BEEF <input checked="" type="checkbox"/> VEAL <input checked="" type="checkbox"/> LAMB OR MUTTON <input checked="" type="checkbox"/> GOAT MEAT <input checked="" type="checkbox"/> PORK <input checked="" type="checkbox"/> EQUINE MEAT <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCK <input type="checkbox"/> GUINEA

PROCESSING	20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED																				
	<table border="0"> <tr> <td>TYPE OF PRODUCT</td> <td>a. <input checked="" type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.)</td> <td>h. <input type="checkbox"/> CANNING (Shell stable, perishable, cans, pouches, etc.)</td> </tr> <tr> <td><input type="checkbox"/> MEAT</td> <td>b. <input checked="" type="checkbox"/> BONEING (manual boning meat/poultry)</td> <td>i. <input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products)</td> </tr> <tr> <td><input type="checkbox"/> POULTRY</td> <td>c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry)</td> <td>j. <input type="checkbox"/> CONVENIENCE ITEMS (sausages, dinners, pies, pizzas etc.)</td> </tr> <tr> <td><input checked="" type="checkbox"/> BOTH</td> <td>d. <input checked="" type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.)</td> <td>k. <input type="checkbox"/> SLICING (beef, luncheon meats, sausage etc.)</td> </tr> <tr> <td></td> <td>e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.)</td> <td>l. <input type="checkbox"/> FAT/SOILS (lard, tallow, shortening, margarine etc.)</td> </tr> <tr> <td></td> <td>f. <input type="checkbox"/> FORMULATING (frankfurters, sausages, loaves, poultry rolls, pasta mix etc.)</td> <td>m. <input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td></td> <td>g. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)</td> <td></td> </tr> </table>	TYPE OF PRODUCT	a. <input checked="" type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.)	h. <input type="checkbox"/> CANNING (Shell stable, perishable, cans, pouches, etc.)	<input type="checkbox"/> MEAT	b. <input checked="" type="checkbox"/> BONEING (manual boning meat/poultry)	i. <input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products)	<input type="checkbox"/> POULTRY	c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry)	j. <input type="checkbox"/> CONVENIENCE ITEMS (sausages, dinners, pies, pizzas etc.)	<input checked="" type="checkbox"/> BOTH	d. <input checked="" type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.)	k. <input type="checkbox"/> SLICING (beef, luncheon meats, sausage etc.)		e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.)	l. <input type="checkbox"/> FAT/SOILS (lard, tallow, shortening, margarine etc.)		f. <input type="checkbox"/> FORMULATING (frankfurters, sausages, loaves, poultry rolls, pasta mix etc.)	m. <input type="checkbox"/> OTHER (Specify)		g. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)
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**SECTION III (to be completed for Import Inspection Activities)**

**21. IMPORT INSPECTION ACTIVITIES**

<p><b>a. CARCASSES</b></p> <p><input type="checkbox"/> BEEF      <input type="checkbox"/> VENISON</p> <p><input type="checkbox"/> VEAL      <input type="checkbox"/> OTHER (describe)</p> <p><input type="checkbox"/> SWINE</p> <p><input type="checkbox"/> SHEEP</p> <p><input type="checkbox"/> GOATS</p> <p><input type="checkbox"/> EQUINE</p>	<p><b>b. FRESH</b></p> <p><input type="checkbox"/> CUTS</p> <p><input type="checkbox"/> BONELESS MFG MEAT</p>	<p><b>d. COOKED BEEF</b></p> <p><input type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> UNRESTRICTED</p>	<p><b>f. PROCESSED PRODUCTS</b></p> <p><input type="checkbox"/> FRESH/FROZEN</p> <p><input type="checkbox"/> HEATED</p> <p><input type="checkbox"/> DRIED/SEMI-DRIED</p>	<p><b>h. POULTRY (Parts)</b></p> <p><input type="checkbox"/> RAW</p> <p><input type="checkbox"/> COOKED</p> <p><input type="checkbox"/> OTHER POULTRY (describe)</p>
<p><b>c. FROZEN MFG. MEATS</b></p> <p><input type="checkbox"/> CUTS</p> <p><input type="checkbox"/> BONELESS MFG MEAT</p>		<p><b>e. CONTAINERS</b></p> <p><input type="checkbox"/> PERISHABLE</p> <p><input type="checkbox"/> SHELF STABLE</p>	<p><b>g. POULTRY (Whole Carcass)</b></p> <p><input type="checkbox"/> RAW</p> <p><input type="checkbox"/> COOKED</p>	

**SECTION IV (to be completed for Import and Domestic Inspection Activities)**

22. List all persons responsible connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the District Manager of any changes in the listing given.

NAME <small>(Include if former manager)</small>	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH <small>(City and State)</small>	PRESENT HOME ADDRESS <small>(Street and Number, City, State, Zip Code)</small>	HOLDER OF 10% OR MORE VOTING STOCK in Corp?
Ricardo Delos Santos MEMBER	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	YES    NO

23. Enter the name of each person listed under item 22 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 22 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

24. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

25. SANITATION STANDARD OPERATING PROCEDURES HAVE BEEN DEVELOPED FOR THE ESTABLISHMENT IN ACCORDANCE WITH 5416.12 OF THE REGULATIONS. (Check)  YES     NO

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (Check)  YES     NO

**AGREEMENT AND CERTIFICATION:** If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), the Regulations Governing the Meat Inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 481 et seq.), and the Poultry Products Inspection Regulations (9 CFR 381 et seq.), or both (CERTIFY that all statements made herein are true to the best of my knowledge and belief).  
**WARNING:** Persons willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years or both as prescribed by Title 18 U.S. Code 1001.  
 This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FBI, Washington, D.C. 20260.

27. TYPED NAME OF PERSON SIGNING APPLICATION Ricardo Delos Santos	SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION	
	28. SIGNATURE <i>Ricardo Delos Santos</i>	28. TITLE MEMBER
29. OFFICIAL NUMBER ASSIGNED/RESERVED EST 7299 IP 7299 E 371	31. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION (Completed by District Office) <input type="checkbox"/> YES <input type="checkbox"/> NO	

TO BE COMPLETED BY USDA

32. DATE RECEIVED	33. DATE REVIEWED	34. THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT <input type="checkbox"/> YES <input type="checkbox"/> NO
35. SIGNATURE OF DISTRICT MANAGER		38. DATE

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE		1. DATE 09/01/2010	2. ESTABLISHMENT NO <b>7299/P-7299</b>
<b>GRANT OF INSPECTION</b>		3. DISTRICT CODE 15-13	
4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known) Valley Meat Company, LLC 3845 Cedarvale Road Roswell, NM 88201		5. LOCATION OF ESTABLISHMENT Same	
7. TYPE OF INSPECTION <input checked="" type="checkbox"/> MEAT <input checked="" type="checkbox"/> POULTRY <input type="checkbox"/> IMPORT		8. ADDRESS OF DISTRICT OFFICE Denver Federal Center, Building 45 P.O. Box 25387, Denver, CO 80225-0387	
9. IS THIS A USDA HEADQUARTERS ESTABLISHMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		B. DATE OF INAUGURATION OF SERVICE <b>July 27, 1994</b>	

A survey of your establishment at the location shown above (Item 4 or 5) indicates compliance with the applicable requirements of the regulations under the Federal Meat Inspection Act or the Poultry Products Inspection Act, or both. Accordingly, inspection service is granted.

A copy of your Application for Federal Meat, Poultry or Import Inspection, Form FSIS 5200-2, is enclosed. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to meat inspection, poultry inspection, or the importation of meat and poultry products.

Your establishment is under the supervision of the District Office. Call the District Office if you need help in interpreting the provisions of the regulations.

REMARKS:

**ADDITION OF OWNER**

**CHANGE OF NAME (FORMER NAME: Pecos Valley Meat)**

SLAUGHTER: Cattle, Calves, Sheep, Goats, Swine  
 PROCESSING: Breakingcutting, Boning, Fabricating.  
 EXEMPTED ACTIVITIES: Custom Slaughter, Custom Processing, and Retail

Ricardo de los Santos, Member; Jose Angel Hernandez, Member.

- Cc:  
 Est. # 7299/P-7299  
 Est. Folder  
 FLS  
 IIC  
 OFEER  
 FPC  
 NASS  
 FBIS  
 RMA  
 RMS

DISTRICT MANAGER



FSIS FORM 5200-1 (3/29/1999)

REPLACES FSIS FORM 5200-1 (10/97), WHICH MAY BE USED UNTIL EXHAUSTED