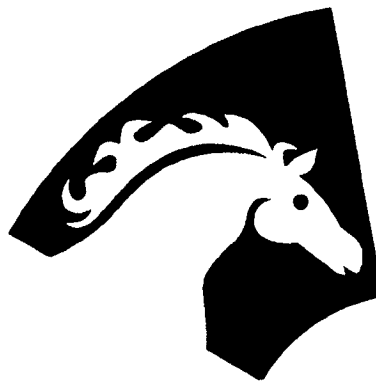


EST. 45099

RESPONSIBLE TRANSPORTATION LLC

SIGOURNEY, IA





United States
Department of
Agriculture

Food Safety
and Inspection
Service

Office of Field
Operations

Des Moines
District
Office

Neal Smith Federal Building
210 Walnut Street
Room 985
Des Moines, IA 50309-2123
515-727-8960
Fax: 515-727-8991

July 2, 2013

CERTIFIED - RETURN
RECEIPT REQUESTED

Keaton Walker
President
Responsible Transportation LLC
Establishment 45099
22034 200th Street
Sigourney, IA 52591

Dear Mr. Keaton:

A copy of your approved Application for Federal Inspection, FSIS Form 5200-1, is enclosed. This application specifies the type of operation conducted at your establishment.

A survey of your establishment at the location above, conducted on July 1, 2013, indicated compliance with the applicable requirements of the regulations under the Federal Meat Inspection Act. This office received a signed analysis of your operations showing compliance with the National Environment Policy Act (NEPA) concerning responsible stewardship of the environment. You submitted a permit from the Iowa Department of Natural Resources Water Protection Program concerning compliance with the Clean Water Act and Title 9 of the Code of Federal Regulations (9 CFR) 304.2(c). Accordingly, inspection service is granted.

In accordance with 9 CFR 304.3(b), this Conditional Grant of Inspection shall be issued for a period not to exceed 90 days during which time your establishment must validate its Hazard Analysis and Critical Control Point (HACCP) Plan. Upon successful validation, inspection will be granted in accordance with 9 CFR 304. This Grant is valid only for the applicant listed above who is liable for any inspection overtime or holiday costs for the operation of the plant. Should the applicant decide to sell, rent, or lease this location, the applicant will continue to be liable for any charges until this office receives written notification of the change and a new Application for Federal Inspection is submitted.

Please call this office if you need help in interpreting the provisions of the regulations. Dr. [REDACTED] is the Frontline Supervisor for your establishment and his telephone number is 515-491-[REDACTED].

Sincerely,

Dawn Sprouls, D.V.M.
District Manager

Enclosures

| | | | |
|---|--|---|-----------------------------------|
| U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE | | 1. DATE 07/02/2013 | 2. ESTABLISHMENT NO. 45099 |
| GRANT OF INSPECTION | | 3. DISTRICT CODE 25-05 | |
| 4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known) Responsible Transportation LLC 22034 200th Street Sigourney, IA 52591 | | 5. LOCATION OF ESTABLISHMENT Same | |
| 7. TYPE OF INSPECTION <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> IMPORT | | 6. ADDRESS OF DISTRICT OFFICE 210 Walnut Street, Room 985 Des Moines, IA 50309-2123 | |
| 9. IS THIS A USDA HEADQUARTERS ESTABLISHMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | 8. DATE OF INAUGURATION OF SERVICE July 2, 2013 | |

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.

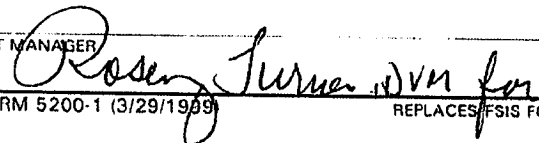
A copy of your Application for Federal Meat, Poultry or Import Inspection, Form FSIS 5200-2, is enclosed. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations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

CONDITIONAL GRANT OF INSPECTION

In accordance with Title 9 of the Code of Federal Regulations (9 CFR) 304.3(b) this Conditional Grant of Inspection is issued not to exceed 90 days (September 30, 2013) during which time Establishment 45099 must validate its Hazard Analysis and Critical Control Point (HACCP) plan. Upon successful validation, inspection will be granted in accordance with 9 CFR 304.2.

DISTRICT MANAGER  Dawn Sprouls, D.V.M.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

| U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE | | Instructions: Submit this application to the District/Regional Office, Food Safety and Inspection Service, U.S. Department of Agriculture for import 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. | |
|--|---|---|--|
| APPLICATION FOR FEDERAL INSPECTION (Meat, Poultry, Egg Product, Catfish and Import Inspection) | | | |
| SECTION I. | | ESTABLISHMENT INFORMATION | |
| 1. Date of Application 12-13-2012 | 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Application Extension | | |
| 3. Type of Inspection Required (Check box) <input checked="" type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import | | 4. Form of Organization (Check box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC | |
| 5. If Corporation, Name of State Where Incorporated Iowa | 6. Address of Corporate Headquarters 22034 200th Street, Sigourney, IA 52591 | 7. Date Incorporated 5/21/2010 | |
| 8. Name of Applicant and Mailing Address (include zip code) Responsible Transporation LLC 22034 200th Street Sigourney, IA 52591 | 9. Federal Employer ID# [REDACTED] | 11. Area Code and Telephone Number (319) 804-9024 | |
| | 10. Dun & Bradstreet # 962162397 | 12. Firm's Code (Import Only) | |
| 13. Actual Name of and Physical Address of Plant Responsible Transporation LLC 22034 200th Street Sigourney, IA 52591 | 14. Mailing Address if Different from Item 8 (include zip code) <i>same</i> | | 15. Area Code and Telephone Number (319) 804-9024 |
| | 16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint) Please find facility layout drawing attached | | |
| 17. Name and Establishment Number of other official establishments located in the same facility <i>None</i> | | 18. Doing Business As <i>None</i> | |
| 19. Month and Year when establishment will be ready to operate under inspection March 2013 | | 20. Comments Currently renovating facility | |
| SECTION II. | | TYPE OF OPERATION | |
| MEAT AND POULTRY INSPECTION ACTIVITIES (Check all that apply.) | | | |
| 21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only) | | | |
| a. <input type="checkbox"/> Beef <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Equine <input type="checkbox"/> Chicken <input type="checkbox"/> Turkeys <input type="checkbox"/> Goose <input type="checkbox"/> Ducks <input type="checkbox"/> Guineas <input type="checkbox"/> Squab <input type="checkbox"/> Rabbits | | | |
| b. <input type="checkbox"/> Raw - Ground (Non-Intact Products) | | | |
| c. <input checked="" type="checkbox"/> Raw - Not Ground (Intact Products) | | | |
| d. <input type="checkbox"/> Thermally Processed Commercially Sterile | | | |
| e. <input type="checkbox"/> Not Heat Treated - Shelf Stable | | | |
| f. <input type="checkbox"/> Heat Treated - Shelf Stable | | | |
| g. <input type="checkbox"/> Fully Cooked - Not Shelf Stable | | | |
| h. <input type="checkbox"/> Heat Treated but Not Fully Cooked - Not Shelf Stable | | | |
| i. <input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable | | | |

EGG PRODUCTS INSPECTION N/A

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (Pasteurized heat treated)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION N/A

21 C. Species (Check all that apply)

- Meat Poultry Egg Products Catfish

22. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Raw - Non-Intact
 - Ground Other Non-Intact
- b. Raw - Intact
 - Carcasses: Beef Veal Veal Hide On Goats Pork Lamb
 - Mutton Equine Poultry Ralites
 - Other: Cuts Boneless Manufacturing Meats Other Intact
- c. Thermally Processed Commercially Sterile
 - Cans Flexible Pouches Trays Jars
- d. Not Heat Treated - Shelf Stable
- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (Check all that apply)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (Specify) _____

SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly 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 Division Director or Import Inspection Division Director of any changes in the listing given.

| Name and Title (Title - Indicate if partner or manager) | Present Home Address (Street and Number, City, State, Zip Code) | HOLDER OF 10% OR MORE VOTING STOCK (If Corp.) | |
|--|--|--|-------------------------------------|
| | | YES | NO |
| Keaton Walker - President & CEO | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Chase Greiner - CFO | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Travis Bouslog - Secretary | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

25. Enter the name of each person listed under Item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 24 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

26. 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

27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with §416.12 of the regulations. (Check one)

YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one)

YES NO

29. Typed Name of Person Signing Application
Keaton Walker

30. Signature
Keaton Walker

31. Title
President & CEO

TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under state inspection? (OFO only) YES NO

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only) YES NO

34. Official Inspection Number Reserved
45099

35. Signature of DM or IID Director
Dawn Spruils
Dawn Spruils, D.V.M.

36. Date
07/02/2013

rec'd 12-17-12

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U. S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

HOURS OF OPERATION REQUEST/APPROVAL


| | | |
|---|--|---|
| 1. NAME OF APPLICANT <i>Responsible Transportation</i> | 2. DATE OF REQUEST <i>1 July 2013</i> | 3. DISTRICT / IID-HEADQUARTER OFFICE <i>Des Moines</i> |
| 4. MAILING ADDRESS OF APPLICANT <i>22034 200th St. Sioux Falls, IA 52591</i> | <i>Est. 45099</i> | <input checked="" type="checkbox"/> New (Attach to application form) <input type="checkbox"/> Update or Revision |

HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 1

| DAY OF WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time | | 7:00 | 7:00 | 7:00 | 7:00 | 7:00 | |
| Lunch Break Start | | 10:00 | 11:00 | 11:00 | 11:00 | 11:00 | |
| Lunch Break End | | 11:30 | 11:30 | 11:30 | 11:30 | 11:30 | |
| End Time | | 3:30 | 3:30 | 3:30 | 3:30 | 3:30 | |

HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 2

| DAY OF WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time | | | | | | | |
| Lunch Break Start | | | | | | | |
| Lunch Break End | | | | | | | |
| End Time | | | | | | | |

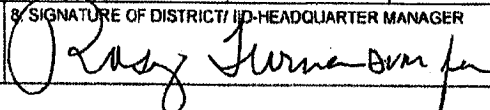
| | |
|--|---|
| 5. SIGNATURE OF APPLICANT  | 6. PRINTED NAME <i>Kerton Walker</i> |
|--|---|

HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 1

| DAY OF WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|--------|---|---------|-----------|----------|--------|----------|
| Start Time | | | | | | | |
| Lunch Break Start | | Above hours of official inspection operations requested are granted. | | | | | |
| Lunch Break End | | | | | | | |
| End Time | | | | | | | |

HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 2

| DAY OF WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time | | | | | | | |
| Lunch Break Start | | | | | | | |
| Lunch Break End | | | | | | | |
| End Time | | | | | | | |

| | | |
|--|---|------------------------------|
| 7. PRINT NAME OF DISTRICT/ IID - HEADQUARTER MANAGER <i>Dawn Sprock, D.V.M., Dist. Mgr.</i> | 8. SIGNATURE OF DISTRICT/ IID-HEADQUARTER MANAGER  | 9. DATE <i>07/02/2013</i> |
|--|---|------------------------------|

FSIS FORM 5200-15 (1/19/2012)

8. Facility Name: 

9. Circuit:
2505

Date:
1 July 2013

DIST: 7/2/13
cc: Plant Owner/Operator
IIC, Est. 45099 FLS, Cir. 25-05
RMS Staff DMDO File