

<p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE INSPECTION OPERATIONS</p> <p style="text-align: center;">APPLICATION / APPROVAL FOR VOLUNTARY REIMBURSABLE INSPECTION SERVICE</p>	<p>INSTRUCTIONS: Submit an original and two copies of this application to the Area Supervisor, FSIS, IO. Submit two sets of plans and four sets of specifications of the plant, when required, as indicated below. Complete all sections. If a section is not applicable, enter "NA". If additional space is needed, use reverse side and number the item</p>	<p>1. DATE OF APPLICATION</p> <p style="text-align: center; font-size: 1.5em;">5-29-02</p>
---	--	--

<p>2. NAME OF APPLICANT</p> <p style="font-size: 1.2em;">Rains Natural Meats. Div. of Pro Sino Enterprises</p>	<p>3. FORM OF ORGANIZATION</p> <p> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> COOPERATIONS <input type="checkbox"/> OTHER (specify): </p>
--	--

<p>4. APPLICANT'S MAILING ADDRESS: Street Address (up to 30 characters)</p> <p>23795 - 260th Street</p>	<p>CITY (up to 16 characters)</p> <p>Gallatin MO, 64640</p>	<p>STATE (2)</p> <p>MO</p>	<p>ZIP CODE (up to 11 numbers)</p> <p>64640</p>	<p>5. TELEPHONE NUMBER (include area code)</p> <p>660-663-3674</p>
---	---	----------------------------	---	--

<p>6. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4: Street Address (up to 30 characters)</p> <p>NA</p>	<p>CITY (up to 16 characters)</p> <p>NA</p>	<p>STATE (2)</p> <p>NA</p>	<p>ZIP CODE (up to 11 numbers)</p> <p>NA</p>	<p>7. TELEPHONE NUMBER (include area code)</p> <p>NA</p>
--	---	----------------------------	--	--

SERVICE REQUESTED	REMARKS	COMPLETED BY USDA: Area Sup./Regional Dir.																
<p>8. <input type="checkbox"/> ID SERVICE: Meat <input type="checkbox"/> ID SERVICE: Poultry</p>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																
<p>9. <input type="checkbox"/> CERTIFICATION: Trichinae <input type="checkbox"/> CERTIFICATION: Cysticercus</p>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																
<p>10. <input type="checkbox"/> OFF-PREMISE FREEZING: Meat <input type="checkbox"/> OFF-PREMISE FREEZING: Poultry</p>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																
<p>11. <input type="checkbox"/> FOOD INSPECTION (requires plans & specs)</p>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																
<p>12. <input checked="" type="checkbox"/> VOLUNTARY MEAT & POULTRY SLAUGHTER / PROCESSING (Specify)</p> <p>S = SLAUGHTER P = PROCESSING →</p>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> S - Antelope</td> <td><input type="checkbox"/> S - Deer</td> <td><input checked="" type="checkbox"/> P - Antelope</td> <td><input checked="" type="checkbox"/> P - Deer</td> </tr> <tr> <td><input type="checkbox"/> S - Bison</td> <td><input type="checkbox"/> S - Poultry</td> <td><input checked="" type="checkbox"/> P - Bison</td> <td><input checked="" type="checkbox"/> P - Poultry</td> </tr> <tr> <td><input type="checkbox"/> S - Buffalo</td> <td><input type="checkbox"/> S - Rabbit</td> <td><input checked="" type="checkbox"/> P - Buffalo</td> <td><input checked="" type="checkbox"/> P - Rabbit</td> </tr> <tr> <td><input type="checkbox"/> S - Catalo</td> <td><input type="checkbox"/> S - Reindeer</td> <td><input checked="" type="checkbox"/> P - Catalo</td> <td><input checked="" type="checkbox"/> P - Reindeer</td> </tr> </table>	<input type="checkbox"/> S - Antelope	<input type="checkbox"/> S - Deer	<input checked="" type="checkbox"/> P - Antelope	<input checked="" type="checkbox"/> P - Deer	<input type="checkbox"/> S - Bison	<input type="checkbox"/> S - Poultry	<input checked="" type="checkbox"/> P - Bison	<input checked="" type="checkbox"/> P - Poultry	<input type="checkbox"/> S - Buffalo	<input type="checkbox"/> S - Rabbit	<input checked="" type="checkbox"/> P - Buffalo	<input checked="" type="checkbox"/> P - Rabbit	<input type="checkbox"/> S - Catalo	<input type="checkbox"/> S - Reindeer	<input checked="" type="checkbox"/> P - Catalo	<input checked="" type="checkbox"/> P - Reindeer	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> S - Antelope	<input type="checkbox"/> S - Deer	<input checked="" type="checkbox"/> P - Antelope	<input checked="" type="checkbox"/> P - Deer															
<input type="checkbox"/> S - Bison	<input type="checkbox"/> S - Poultry	<input checked="" type="checkbox"/> P - Bison	<input checked="" type="checkbox"/> P - Poultry															
<input type="checkbox"/> S - Buffalo	<input type="checkbox"/> S - Rabbit	<input checked="" type="checkbox"/> P - Buffalo	<input checked="" type="checkbox"/> P - Rabbit															
<input type="checkbox"/> S - Catalo	<input type="checkbox"/> S - Reindeer	<input checked="" type="checkbox"/> P - Catalo	<input checked="" type="checkbox"/> P - Reindeer															
<p>13. <input type="checkbox"/> ANIMAL FOODS INSPECTION (Certified products for Dogs, Cats, and other Carnivora)</p>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																
<p>14. <input type="checkbox"/> TECHNICAL ANIMAL FAT (9 CFR 165)</p>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																

AGREEMENT AND CERTIFICATION: If inspection service is granted under this application, I (we) expressly agree to conform strictly to the provisions of the Agricultural Marketing Act of 1946 (7 U.S.C. 1621 et seq.) and the respective regulations thereunder. I certify that all statements made herein are true to the best of my knowledge and belief.

<p>15. TYPE NAME OF PERSON SIGNING APPLICATION</p> <p>David P. Rains</p>	<p>16. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (making this application)</p> <p><i>David P. Rains</i></p>	<p>17. TITLE</p> <p>Manager, Owner</p>	<p>18. DATE</p> <p>5-29-02</p>
--	---	--	--------------------------------

COMPLETED BY USDA						
<p>19. DATE RECEIVED</p> <p>5/31/02</p>	<p>20. DATE FACILITY REVIEWED</p> <p>-</p>	<p>21. EST NO.</p> <p>20575 P 20575</p>	<p>22. SIGNATURE OF AREA SUPERVISOR</p> <p><i>R. D. Kelly</i></p>	<p>23. DATE</p> <p>5/29/02</p>	<p>24. SIGNATURE OF REGIONAL DIRECTOR</p> <p><i>R. D. Kelly</i></p>	<p>25. DATE</p> <p>5/29/02</p>