

Collection of this information is voluntary. It is needed before approval is granted for Voluntary Inspection and Certification Service. It is used by FSIS to determine whether the applicant meets the requirements for a grant of inspection. (9CFR 350.6) FORM APPROVED OMB 0583-0082

<b>U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE</b> <b>APPLICATION / APPROVAL FOR VOLUNTARY REIMBURSABLE INSPECTION SERVICE</b>		<b>INSTRUCTIONS:</b> Submit this application to the District Manager, U.S. Department of Agriculture, Food Safety and Inspection Service. 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 "N/A". If additional space is needed, use reverse side and number the item.		<b>1. DATE OF APPLICATION</b>  06/28/2002	
<b>2. TYPE OF APPLICATION</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE/OWNER <input type="checkbox"/> CHANGE/LOCATION <input checked="" type="checkbox"/> OTHER (Specify): Add species				<b>3. EST. NO. ASSIGNED/RESERVED</b> 20575 M	
<b>4. NAME OF APPLICANT</b>  Rains Natural Meats (Div. of Pro Show Enterprises)		<b>5. FORM OF ORGANIZATION</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> COOP. ASSOC. <input type="checkbox"/> OTHER (Specify):		<b>6. IF INCORPORATED, GIVE DATE OF INCORPORATION &amp; STATE</b>  11/98 MO	
<b>7. APPLICANT'S MAILING ADDRESS: Street Address (up to 30 characters)</b>  23795 260th Street		<b>CITY (up to 16 characters)</b>  Gallatin	<b>STATE (2)</b>  MO	<b>ZIPCODE (up to 11 numbers)</b>  64640	<b>8. TELEPHONE NUMBER (include area code)</b>  (660) 663-3674
<b>9. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4: STREET ADDRESS (up to 30 characters)</b>		<b>CITY (up to 16 characters)</b>	<b>STATE (2)</b>	<b>ZIPCODE (up to 11 numbers)</b>	<b>10. TELEPHONE NUMBER (include area code)</b>
<b>SERVICE REQUESTED</b>			<b>REMARKS</b>		<b>COMPLETED BY USDA: District Manager</b>
<b>11. <input type="checkbox"/> ID SERVICE: Meat <input type="checkbox"/> ID SERVICE: Poultry</b>					<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>12. <input type="checkbox"/> CERTIFICATION: Trichinae <input type="checkbox"/> CERTIFICATION: Cysticercus</b>					<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>13. <input type="checkbox"/> OFF-PREMISE FREEZING: Meat <input type="checkbox"/> OFF-PREMISE FREEZING: Poultry</b>					<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>14. <input type="checkbox"/> FOOD INSPECTION: (requires plans &amp; specs)</b>					<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>15. <input checked="" type="checkbox"/> VOLUNTARY MEAT &amp; POULTRY SLAUGHTER / PROCESSING (Specify):</b> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;">           S = SLAUGHTER p = PROCESSING         </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> S-Antelope <input type="checkbox"/> S-Bison <input type="checkbox"/> S-Buffero <input type="checkbox"/> S-Catalo           </div> <div style="width: 50%;"> <input type="checkbox"/> S-Deer <input type="checkbox"/> S-Poultry <input type="checkbox"/> S-Rabbit <input type="checkbox"/> S-Reindeer           </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> P-Antelope <input checked="" type="checkbox"/> P-Bison <input checked="" type="checkbox"/> P-Buffero <input checked="" type="checkbox"/> P-Catalo           </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> P-Deer <input checked="" type="checkbox"/> P-Poultry <input checked="" type="checkbox"/> P-Rabbit <input checked="" type="checkbox"/> P-Reindeer           </div> </div> </div>					<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>16. <input type="checkbox"/> ANIMAL FOODS INSPECTION (Certified products for Dogs, Cats, and other Carnivora)</b>					<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>17. <input type="checkbox"/> TECHNICAL ANIMAL FATS 9 CFR 351</b>					<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.

<b>18. TYPE NAME OF PERSON SIGNING APPLICATION</b>  David P. Rains	<b>19. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (making this application)</b> 	<b>20. TITLE</b> Manager/Owner	<b>21. DATE</b> 06/28/02
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<b>COMPLETED BY USDA</b>				
<b>22. DATE RECEIVED</b> 7/10/02	<b>23. DATE FACILITY REVIEWED</b> —	<b>24. EST NO.</b> 20575- 20575-	<b>25. SIGNATURE OF DISTRICT MANAGER</b> 	<b>26. DATE</b> 7-1-02