

RAINS NATURAL MEATS  
23795 260<sup>TH</sup> STREET  
GALLATIN, MO 64640

January 15, 2013

USDA FSIS OFO  
Paul Kiecker  
Building B Suite 201  
4700 S Thompson  
Springdale, AR 72764

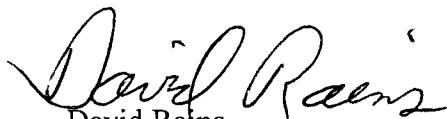
Dear Mr Kiecker:

Thank you for your prompt response. Enclosed is a new application with only Equine listed.

We are already starting the change in our HACCP Plan to address drug residue in horses.

If there are any other changes in the application we need to make please call.

Thank you



David Rains  
Manager  
660 663 7101

- DNR approval for Plant
  - Nepa for DonE.
  - Cover letter for DonE.
- Then we  
do Conditional grant.  
HC mail ⊕ Scan + Email

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 January 15, 2013		2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input checked="" type="checkbox"/> Application Extension	
3. Type of Inspection Required (Check box) <input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import <input checked="" type="checkbox"/> Equine		4. Form of Organization (Check box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC	
5. If Corporation, Name of State Where Incorporated Missouri		6. Address of Corporate Headquarters 23795 260th Street Gallatin, MO 64640	7. Date Incorporated 4-5-90
8. Name of Applicant and Mailing Address (include zip code) Rains Natural Meats Div of Pro Show Enterprises, Inc 23795 260th Street Gallatin, MO 64640		9. Federal Employer ID# [REDACTED]	11. Area Code and Telephone Number 660 663 3674
		10. Dun & Bradstreet # N/A	12. Firm's Code (Import Only) N/A
13. Actual Name of and Physical Address of Plant Rains Natural Meats 23795 260th Street Gallatin, MO 64640		14. Mailing Address if Different from Item 8 (include zip code) N/A	15. Area Code and Telephone Number 660 663 3674

16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint)  
Est Premises on File for Plant #20575

17. Name and Establishment Number of other official establishments located in the same facility  Est 20575 P 20575		18. Doing Business As  Rains Natural Meats	
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19. Month and Year when establishment will be ready to operate under inspection January 2013		20. Comments Presently under voluntary Suspension	
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**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.  Beef  Sheep  Goats  Swine  Equine  Chicken  Turkeys  Goose  Ducks  
 Guineas  Squab  Ratites

b.  Raw - Ground (Non-Intact Products)

c.  Raw - Not Ground (Intact Products)

d.  Thermally Processed Commercially Sterile

e.  Not Heat Treated - Shelf Stable

f.  Heat Treated - Shelf Stable

g.  Fully Cooked - Not Shelf Stable

h.  Heat Treated but Not Fully Cooked - Not Shelf Stable

i.  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     Ratites
  - 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
David Rains, Manager	1104 S Prospect Gallatin, MO 64640	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steve Rains, Partner	25505 St Hwy 6 Gallatin, MO 64640	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Don Rains, Partner	25505 St Hwy 6 Gallatin, MO 64640	<input checked="" type="checkbox"/>	<input 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."

N/A

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."

N/A

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 David Rains	30. Signature <i>David Rains</i>	31. Title Manager
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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 200575 P 20575	35. Signature of DM or IID Director	36. Date
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