



CATTLE SUPPLIER ANIMAL HANDLING AFFIDAVIT

As a supplier of cattle to AB Foods, LLC, Washington Beef, LLC and/or True West Beef LLC (collectively, "Processor"), you must follow our guidelines. Processor requires the proper care and humane handling of cattle at all times throughout the supply chain with a consistent, proactive approach to meeting the needs of a healthy animal and quality product. All suppliers must follow the Code of Care. Mistreatment of cattle will not be tolerated under any circumstances.

Suppliers must abide by the following Code of Care:

- Provide necessary food, water, and care to protect the health and well-being of cattle.
- Provide disease prevention practices to protect herd health, including access to veterinary care.
- Provide facilities that allow safe, humane, and efficient movement and/or restraint of cattle.
- Use appropriate methods to euthanize terminally sick or injured cattle in a timely manner and dispose of them properly.
- Provide personnel with training and/or experience to properly handle and care for cattle.
- Make timely observations of cattle to ensure basic needs are being met.
- Minimize stress when transporting cattle.
- Abuse or rough handling of animals is not permitted. Excessive use of electric prods is prohibited. The use of some electric prods may be necessary at times, but should not be abused or overused.
- Non-ambulatory animals will not be accepted at any Processor facility or affiliate facility.
- Distressed cattle, those that are debilitated, ill or otherwise compromised should not be delivered/supplied to Processor.
- Dead on arrival cattle will not be offloaded.
- Abide by humane handling practices when loading or unloading cattle at any at any Processor facility or affiliate facility.

My signature below certifies that I have accepted and adopted the above-referenced Code of Care, and that all cattle delivered to Processor will always be handled in accordance therewith.

Date: _____

Supplier/Producer Business Name: _____

Address: _____

Supplier/Producer Printed Name: _____

Supplier/Producer Signature: _____



CONTINUOUS COUNTRY OF ORIGIN DECLARATION

As this declaration is deemed by USDA as an official record of Country of Origin, I attest through first-hand knowledge, normal business records, or producer declarations that all cattle referenced by this document or other communications specific to the transaction and transfer were:

Please check one:

- ☒ **Cattle Born and Raised in the U.S.**
☐ **Cattle Born in Canada and Fed in the U.S.**
☐ **Direct Ship Canadian Cattle**

Should the origin of my cattle become other than that described above, I agree to notify AB Foods, LLC/Washington Beef, LLC/True West Beef LLC (collectively, the "Processor") at (509) 226-5126 or (208) 933-9000, prior to shipment. This declaration shall remain in effect until revoked in writing by the undersigned and delivered to Processor.

Feedlot Letter of Self-Certification Canadian Cattle in the U.S. 100 Days Prior to Slaughter

The Republic of Korea will not accept any beef products that are produced from cattle that have not been legally imported from Canada and have not resided in the U.S. for at least 100 days prior to being offered for slaughter. In order to meet the requirements of the Export Verification Program for the Republic of Korea and be considered an eligible supplier of cattle to Processor, feeders must complete and sign the affidavit below.

This affidavit attests to the fact that (Please check one):

- ☒ **Feedlot listed below does not supply any cattle imported from Canada.**
☐ **All cattle being supplied to Processor for slaughter by Feedlot listed below were legally imported from Canada and have resided in the U.S. for a minimum of 100 days.**
☐ **Cattle being supplier to Processor for Slaughter were legally imported from Canada and have resided in the U.S. for less than 100 days; I will notify AB Cattle Procurement prior to slaughter and a lot specific report will be sent identifying Canadian cattle under 100 days on feed.**

Feedlot Name _____
Address _____
City, State, Zip Toppenish WA 98948

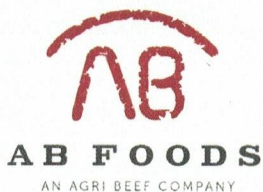
(Owner or Manager Printed Name)

(Signature of Responsible Official)

(Title)

(Date)

Persons willfully making false, fictitious, or fraudulent statements or entries shall be liable for any damages due to the inaccuracy of this declaration and self-certification.



CATTLE AFFIDAVIT

For cattle to be qualified for processing by AB Foods, LLC, Washington Beef, LLC and/or True West Beef LLC (collectively, "Processor"), producers/suppliers must sign below certifying that cattle supplied to Processor have at all times been, and will continue to be, managed in compliance with applicable Federal Food and Drug Administration ("FDA") and United States Department of Agriculture ("USDA") regulations.

FEED COMPLIANCE

None of the cattle supplied to Processor are or have been "*adulterated*" within the meaning of the Federal Food, Drug and Cosmetic Act. Specifically, the cattle have been managed in compliance with Title 21 CFR 589.2000 and 589.2001 (including applicable record keeping requirements), and **have not been fed any prohibited feed such as ruminant-derived meat and bone meal.**

All cattle supplied to Processor meet the withdrawal requirements according to the Federal Food, Drug and Cosmetic Act, Title 21 CFR 556, and have been handled in a manner so as to prevent a pharmaceutical or biological residue violation. Notwithstanding the previous sentence relating generally to withdrawal, **none of the cattle supplied to Processor have been fed Ractopamine, ever.**

Agricultural chemicals used for herd health management are in compliance with label instructions, as are all feedstuffs.

My signature below certifies that, to the best of my knowledge, the above statements are accurate regarding the cattle under my authority, direction or ownership and which are being supplied to Processor. Further, as a supplier of cattle to Processor, my signature below indicates my agreement to allow Processor personnel to inspect my facilities, including feedstuffs, feeds, pharmaceuticals, records, and practices.

Date: _____

Supplier/Producer Business Name: _____

Address: _____

Supplier/Producer Printed Name: _____

Supplier/Producer Signature: _____