Samson, LLC PVP

MCDL 07-31-18

Producer Shipping Affidavit

PVP Approval No.: PV1298HTA
Date of Shipment: __2023-03-31__
Harvest Date (if applicable): __2023-03-31__

Affidavit Number: __29840__

http://processverified.usda.gov/

Program Eligibility: *Check the appropriate program*

_X_ Cattle Meet the Ranch of Origin Requirements (Source)
  _X_ Meets the EV Program Requirements for China
_X_ Cattle Meet the Date of Birth Requirements (Age)
_X_ Cattle Meet EV Program Requirements for the EU (NHTC Approval #NH5306NNA)
_X_ Cattle Meet the Requirements to be classified as Samson Verified Natural
___ Cattle Meet the Vet Quality Assurance Requirements
  ___ Plus the Mineral Feeding Requirement
_X_ Animals Meet the Requirements of the Livestock Feeding Claim Audit Program for EU High Quality Beef or Bison
  _X_ Beef or Bison as defined by QAD 1040 Procedure, Sec. 7.2.1 Quota A
  _X_ Beef as defined by QAD 1040 Procedure, Sec. 7.2.2 Quota B
  _X_ Sec. 7.3 Never Fed Beta Agonists Claim
  _X_ Direct Fed Microbial used during the last 100 days on feed
_X_ Cattle Meet the Requirements of Not Been Fed with Prohibited Animal Protein Post-weaning
  _X_ Meets the Requirements of the EV Program for Saudi Arabia

Total Number of Animals Shipped on this load: _____
Total Number of Animals on Manifest: __285__

Genotype: __Unknown: 100%__

Country of Origin (Born): __USA__ Country of Origin (Raised): __, NE USA__

Ranch(es) of Origin: 1) ___IMI- Pine Forest Land & Stock___ 2) ___IMI- Randy Cornelison___ 3) ___IMI- Red Path Cattle LLC___

Phelps County Feeders is the supplier of the identified animals and have directly controlled or taken full responsibility for relevant practices applied in their handling. I do affirm that the animals covered by this certificate have not had their PVP tags altered while under my control.

Name: Joe Klute
Company: Phelps County Feeders
Address: 73938 J Road
City / State / Zip: Holdrege, NE 68949
Phone: (Joe) 308-876-2133
Fax: 308-876-2135
Cell: (Joe) 308-999-3576

Transfer to:
Company: __Tyson - Lexington 245L__
Address: 1500 Plum Creek Pkwy
City / State / Zip: Lexington, NE 68850
Fax: _____ Phone: 308-324-8102

Birth date of oldest calf on the manifest: __2021-02-05__

Age in Months _25_ & Days_26_ on _2023-03-31__

Group IDs: _imi phcofe 221001a, imi phcofe 220428, imi phcofe 220505_

Sub-Group IDs: _phcofe W760, phcofe P482_

I certify that all statements made herein are true.

SIGNATURE:_____
Date:_____

Printed Name and Title: Joe Klute, Manager, Phelps County Feeders