Samson, LLC PVP

MCDL 07-31-18

Producer Shipping Affidavit

PVP Approval No.: PV3032HTA
Date of Shipment: __2023-12-01__
Harvest Date (if applicable): __2023-12-01__

Affidavit Number: __30765__

http://processverified.usda.gov/

Program Eligibility: *Check the appropriate program*

_X_ Cattle Meet the Ranch of Origin Requirements (Source)
  _X_ Program tagged at the ranch of origin.
_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: __202__

Genotype: __Unknown: 100%__

Country of Origin (Born): __USA__ Country of Origin (Raised): __NE USA__

Ranch(es) of Origin: 1) ___IMI- Perkins Prothro Ranch___

Beller Corporation 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: Doug Beller
Company: Beller Corporation
Address: 43721 460th St
City / State / Zip: Lindsay, NE 68644
Phone: 402-920-1291 (Doug)
Fax: 402-428-2485
Cell: 402-920-1467 (Dennis)

Birth date of oldest calf on the manifest:
__2022-01-26__

Age in Months _22_ & Days_5_
on _2023-12-01__

Group IDs: _imi beco 230515_

Sub-Group IDs: _beco 2319_

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

I certify that all statements made herein are true.

SIGNATURE:_____
Date:_____

Printed Name and Title: Doug Beller, , Beller Corporation