Samson, LLC PVP

MDCL 240715

Producer Shipping Affidavit

PVP Approval No.: PV5007HTA
Date of Shipment: __2025-11-09__
Harvest Date (if applicable): __2025-11-10__

Affidavit Number: __33612__

USDA PROCESS VERIFIED
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 the Domestic Hormone-Free Requirements (DHF)
_X_ Cattle Meet EV Program Requirements for the EU (NHTC Approval #NH5306NNA)
___ 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
___ Cattle Meet the Lifetime Grass Fed Requirements
___ Cattle Meet the Non-GMO Certified Requirements

Total Number of Animals Shipped on this load: _____
Total Number of Animals on Manifest: __109__

Genotype: __Unknown: 100%__

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

Ranch(es) of Origin: 1) ___Schrad Livestock___

Schrad Livestock 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: Ron Schrad
Company: Schrad Livestock
Address: 83752 517th Avenue
City / State / Zip: Elgin, NE 68636
Phone: 402-843-5849 (Home)
Fax: See Comments
Cell: 402-843-8158 (Ron)

Birth date of oldest calf on the manifest: __2024-02-27__

Age in Months _20_ & Days_13_ on _2025-11-10__

Group IDs: _scli24 251022_

Sub-Group IDs: _,__

These cattle have remained in a BQA Certified program since birth.

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: Ron Schrad, Owner, Schrad Livestock