

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless the report is completed and filed as authorized under (9, CFR 51).

According to the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0047. The time to complete this collection of information is estimated to average .0160 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

OMB NUMBER 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>APPRAISAL AND INDEMNITY CLAIM FOR</b>  <input type="checkbox"/> ANIMALS DESTROYED <input checked="" type="checkbox"/> MATERIALS DESTROYED	1. VS PROGRAM DISEASE NAME HPAI	2. PREMISES IDENTIFICATION NO. 00JBBK8
	3. HERD/FLOCK IDENTIFICATION NO. Osceola 1	4. HERD/FLOCK DISEASE STATUS INFECTED
	5. DATE ANIMALS/MATERIALS DESTROYED 05/11/2015 - 05/15/2015	6. DATE OF CLEANING AND DISINFECTING

7.a. OWNER-CLAIMANT LEGAL NAME Phil Sonstegard / Sonstegard Foods Company, Inc. / Sunrise Farms	9.a. PREMISES WHERE APPRAISAL WAS MADE (if different from Item 7) same				
7.b. OWNER-CLAIMANT MAILING ADDRESS (Number & street, or RFD) 2060 White Ave	9.b. PREMISES ADDRESS (Number & street, or RFD) same				
7.c. CITY Harris	7.d. STATE IA	7.e. ZIP CODE 51345	9.c. CITY	9.d. STATE	9.e. ZIP CODE

8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (if same as Item 7.a., so state)

10. COUNTY  
Osceola

LINE	APPRAISED							APPRAISAL			TOTAL APPRAISAL			AMOUNT DUE FROM	
	11. DESCRIPTION/IDENTIFICATION/PAGE NO. OF VS FORM 1-23A (Description of Materials of Animal-reactor tag No., Animal ID No., tattoo, Tag, or Brand)	12. SPECIES	13. AGE	14. SEX	15. BREED	16. GRADE PUREBRED/MATERIALS	17. UNIT (head, lb ton, etc)	18. NO. UNITS/WEIGHT	19. VALUE PER UNIT	20. TOTAL APPRAISA.	21. SALVAGE VS FORM 1-24	22. DIFFERENCE	23. UNITED STATES	24. STATE AGENCY	
1	Graded Table Eggs, sold to Estherville Foods	Chicken	N/A	N/A	N/A	Grade A	Dozen	253500	1.41	357435.00	11279.29	346155.71	346155.71		
2	Graded Table Eggs, sold to Sonstegard Foods	Chicken	N/A	N/A	N/A	Grade A	Dozen	44280	1.41	62434.80	4428.00	58006.80	58006.80		
3															
4															
5															
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS USDA calculator per Dr. P. Fox							GRAND TOTALS (Basis for payment)		297780	419869.80	15707.29	404162.51	404162.51		

26. DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED  
04/19/2015

**CERTIFICATION AND APPRAISAL CERTIFICATE**

I certify that materials and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

**OWNER-CLAIMANT MORTGAGOR CERTIFICATION**

I certify that the animals and/or materials identified in this claim are (initials) \_\_\_\_\_, are not (initials) \_\_\_\_\_, are not applicable (initials) \_\_\_\_\_ mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown here is in accordance with all applicable laws and regulations, and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE RICHANNE LOMKIN	28. TITLE USDA VMO	30. DATE SIGNED 6/10/15	31. TITLE OF CLAIMANT F262
29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER	33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MADE TO: <input type="checkbox"/> OWNER-MORTGAGOR (Item 7) <input type="checkbox"/> MORTGAGEE (Item 7)		

STATE CERTIFICATION I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.

34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE

35. NAME AND SIGNATURE	36. TITLE	34.b. MORTGAGEE MAILING ADDRESS		
37. STATE AGENCY	38. DATE	34.c. CITY	34.d. STATE	34.e. ZIP CODE
APPROVED	39. FOR \$ \$404,162.51	40. ALLOTMENT NO.	41. BY NAME AND SIGNATURE CAROL TUSZYNSKI	
			42. TITLE	43. DATE
				44. PAGE ____ OF ____

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0101. The time required to complete this information collection is estimated to average 2.5 hours 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.

No further notices or other benefits will be paid out under this program unless this report is completed and filed as required by existing regulations (9 CFR 50).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE								FORM APPROVED OMB NO 0579-0101
<b>PROCEEDS FROM ANIMALS SOLD FOR SLAUGHTER</b>								
REACTOR TAG NUMBERS	DESCRIPTION OF ANIMALS BREED AND MARKINGS	WEIGHT	PRICE PER POUND	GROSS RECEIPTS		EXPENSES 1/		NET PROCEEDS PAID TO OWNER OF EACH ANIMAL
	Grade A Table Eggs	22710 dz	\$0.10	2271	00			2271.00
	Grade A Table Eggs	22500 dz	\$0.10	2250	00			2250.00
	Grade A Table Eggs	22500 dz	\$0.10	2250	00			2250.00
	Grade A Table Eggs	23400 dz	\$0.10	2340	00			2340.00
	Grade A Table Eggs	24300 dz	\$0.10	2430	00			2430.00
	Grade A Table Eggs	23400 dz	\$0.10	2340	00			2340.00
	Grade A Table Eggs	25200 dz	\$0.10	2520	00			2520.00
	Grade A Table Eggs	25740 dz	\$0.10	2574	00			2574.00
	Grade A Table Eggs	25200 dz	\$0.10	2520	00			2520.00
	Grade A Table Eggs	25200 dz	\$0.10	2520	00			2520.00
	Grade A Table Eggs	13350 dz	\$0.10	1335	00			1335.00
	Total Freight					14070	71	
	TOTAL	253500	\$0.10	25350	00	14070	71	11279.29

ABOVE REACTORS SOLD TO (Name of slaughter establishment)

Estherville Foods, Inc., PO Box 158 Estherville, IA 51334

**CERTIFICATION**

Purchaser  Seller

I certify that the sum(s) shown above which has been paid represents the net salvage from said animals.

PAID TO (Owner or Agent)

Sunrise Farms, Inc.

DATE OF TRANSACTION

5/11/2015 - 5/15/2015

NAME OF PURCHASER OR SELLER

Purchaser = Estherville Foods, Inc., (b)(6) General Manager

Signature

(b)(6)

Title

Manager

DATE

6/10/15

1/ Show the total expenses of marketing, including charges for transportation, feeding, yardage, slaughter, and commission for selling agents.

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0101. The time required to complete this information collection is estimated to average 2.5 hours 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.

No further monies or other benefits will be paid out under this program unless this report is completed and filed as required by existing regulations (9 CFR 50).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE							FORM APPROVED OMB NO 0579-0101
PROCEEDS FROM ANIMALS SOLD FOR SLAUGHTER							
REACTOR TAG NUMBERS	DESCRIPTION OF ANIMALS BREED AND MARKINGS	WEIGHT	PRICE PER POUND	GROSS RECEIPTS		EXPENSES 1:	NET PROCEEDS PAID TO OWNER OF EACH ANIMAL
	Grade A Table Eggs	22500 dz	\$0.10	2250	00	n/a	2250.00
	Grade A Table Eggs	21780 dz	\$0.10	2178	00	n/a	2178.00
	freight paid by purchaser						
	TOTAL	44280 dz	\$0.10	4428	00	n/a	4428.00

ABOVE REACTORS SOLD TO (Name of slaughter establishment)

Sonstegard Foods of Arkansas, 915 N Jefferson, Springdale, AR 72764

CERTIFICATION

Purchaser  Seller

I certify that the sum(s) shown above which has been paid represents the net salvage from said animals.

PAID TO (Owner or Agent) <b>Sunrise Farms, Inc.</b>	DATE OF TRANSACTION <b>5/11/2015</b>
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NAME OF PURCHASER OR SELLER  
 Purchaser = Sonstegard Foods of Arkansas, Inc., (b)(6)

By (Signature) <span style="border: 1px solid black; padding: 2px;">(b)(6)</span>	TITLE <i>Manager</i>	DATE <i>6-11-15</i>
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1/ Show the total expenses of marketing, including charges for transportation, feeding, yardage, slaughter, and commission for selling agents.

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**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
APPRAISAL AND INDEMNITY CLAIM FORM**

1. VS PROGRAM DISEASE NAME: **HPAI**  
2. PREMISES IDENTIFICATION NO.: **00JBBK8**  
3. HERD/FLOCK IDENTIFICATION NO.:  
4. HERD/FLOCK DISEASE STATUS: **Infected**  
5. DATE ANIMALS/MATERIALS DESTROYED: **4/23/15 - 5/15/2015**  
6. DATE OF CLEANING AND DISINFECTING:

7a. OWNER - CLAIMANT LEGAL NAME: **Phil Sonstegard-Sonstegard Foods Company, Inc**  
7b. OWNER - CLAIMANT MAILING ADDRESS (Number & Street, or RFD): **2080 White Ave.**  
7c. CITY: **Harris**  
7d. STATE: **IA**  
7e. ZIP CODE: **51345**  
9a. PREMISES WHERE APPRAISAL WAS MADE (If different from Item 7):  
9b. PREMISES ADDRESS (Number & Street, or RFD):  
9c. CITY:  
9d. STATE:  
9e. ZIP CODE:  
8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (If same as Item 7 a., so state):  
10. COUNTY: **Osceola**

UNIT	APPRAISED				APPRAISAL			TOTAL APPRAISAL			AMOUNT DUE FROM			
	11. DESCRIPTION/IDENTIFICATION/ PAGE NO. OF VS FORM 1-23A (Description of materials or Animal-locator tag No., Animal ID No., Tattoo, Tag, or Brand)	12. SPECIES	13. AGE in weeks	14. Weeks in 2nd lay	15. BREED	16. VALUE PER UNIT	17. UNIT (head, lb ton, etc.)	18. NO. LIMITS/ WEIGHT	19. GRADE ANIMALS OR MATERIALS	20. PUREBRED ANIMALS	21. SALVAGE (FROM VS 1-24)	22. DIFFER- ENCE	23. UNITED STATES	24. STATE AGENCY
1	Flock 1	Chicken	108	27		0.87	Head	97.788	\$85,075.56		\$0.00	\$85,075.56	\$0.00	
2	Flock 2	Chicken	107	27		0.87	Head	95.837	\$83,378.19		\$0.00	\$83,378.19	\$0.00	
3	Flock 3	Chicken	32	n/a		3.61	Head	123.635	\$446,322.35		\$0.00	\$446,322.35	\$0.00	
4	Flock 4	Chicken	31	n/a		3.67	Head	125.317	\$459,913.39		\$0.00	\$459,913.39	\$0.00	
5	Flock 5	Chicken	34	n/a		3.48	Head	132.259	\$460,261.32		\$0.00	\$460,261.32	\$0.00	
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS: Updated calculator, ver. 4/3- 5/5					Sub Total: Pages 2-3		3,609,240	\$8,593,178.98	\$0.00	\$0.00			\$0.00	
<b>GRAND TOTALS (Basis for payment)</b>					4,184,076	\$10,128,129.79	\$0.00	\$0.00					\$10,128,129.79	\$0.00

26. DATE ANIMALS/MATERIALS APPRAISED: **4/19/2015**  
**CERTIFICATION AND APPRAISAL CERTIFICATE**  
I certify that animals and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.  
**OWNER - CLAIMANT MORTGAGEE CERTIFICATION**  
I certify that the animals and/or materials identified in this claim are (initials)          are not (initials)          not applicable          (initials) mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with all applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.  
27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE: **Patricia Fox**  
28. TITLE: **National Epidemiology Officer, Avian Health**  
29. SIGNATURE: **(b)(6)**  
30. REPRESENTATIVE IN:  
31. TITLE OF CLAIMANT: **Controller**  
32. DATE SIGNED: **4/16/15**  
33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO:          OWNER/MORTGAGOR (ITEM 7)          MORTGAGEE (ITEM 7)

**STATE CERTIFICATION:** I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.  
34a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE:  
34b. MORTGAGEE MAILING ADDRESS:  
34c. CITY:  
34d. STATE:  
34e. ZIP CODE:  
35. NAME AND SIGNATURE:  
36. TITLE:  
37. STATE AGENCY:  
38. DATE:  
39. ALLOTMENT NO.:  
40. NAME OF SIGNATURE: **PATRICIA**  
41. TITLE: **DONOHUE GALVIN**  
42. DATE: **4/16/15**  
43. DATE:  
44. PAGE 1 OF 3

APPROVED: **\$10,128,129.79**  
VS FORM 1-23 (APR 2002)  
DONOHUE GALVIN  
Date: 2015.11.02 17:34:35 -0500

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
APPRAISAL AND INDEMNITY CLAIM FORM  
ANIMALS DESTROYED — MATERIALS DESTROYED

1. LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street or R.F.D. No., City and Zip Code) (Type or Print)  
Phil Sonstegard  
Sonstegard Foods Company, Inc.  
2060 White Ave.  
Harris, Iowa 51345

3. PROPER NAME OF DISEASE INVOLVED  
HFAI

LINE NO.	APPRAISED		IDENTIFICATION (Animals-Reactor Tag no. or Breed, Age, Sex, Tag #, Tattoo, Brand or other; Materials-lbs, Bu., Tons, Board Feet, etc.)		APPRAISAL		WEIGHT OR NO. UNITS	TOTAL APPRAISAL GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS	SALVAGE (From VS 1-24)	DIFFERENCE	AMOUNT DUE FROM	
	NO.	SPECIES	AGE in Weeks	Weeks in 2nd lay	VALUE PER UNIT	UNIT (Head, Lb., Tons, etc.)						UNITED STATES	STATE AGENCY
1	Flock 6		34	n/a	3.48	HEAD	120.608	\$419,715.84					\$0.00
2	Flock 7		24	n/a	4.1	HEAD	126.875	\$520,187.50					\$0.00
3	Flock 8		25	n/a	4.04	HEAD	126.108	\$509,476.32					\$0.00
4	Flock 9		26	n/a	3.98	HEAD	122,571	\$487,832.58					\$0.00
5	Flock 10		27	n/a	3.92	HEAD	123,875	\$485,590.00					\$0.00
6	Flock 11		84	n/a	0.38	HEAD	98,987	\$37,615.06					\$0.00
7	Flock 12		84	n/a	0.38	HEAD	110,554	\$42,010.52					\$0.00
8	Flock 13a		53	n/a	2.31	HEAD	116,572	\$269,281.32					\$0.00
9	Flock 13b		54	n/a	2.24	HEAD	115,938	\$259,701.12					\$0.00
10	Flock 14a		56	n/a	2.12	HEAD	116,371	\$246,706.52					\$0.00
11	Flock 14b		55	n/a	2.18	HEAD	113,924	\$248,354.32					\$0.00
12	Flock 15a		35	n/a	3.42	HEAD	123,911	\$423,775.62					\$0.00
13	Flock 15b		36	n/a	3.36	HEAD	124,642	\$418,797.12					\$0.00
14	Flock 16a		51	n/a	2.43	HEAD	115,966	\$281,797.38					\$0.00
15	Flock 16b		50	n/a	2.49	HEAD	117,039	\$291,427.11					\$0.00
16	Flock 17a		82	n/a	0.51	HEAD	111,487	\$56,858.37					\$0.00
17	Flock 17b		82	n/a	0.51	HEAD	110,368	\$56,287.68					\$0.00
18	Flock 18a		44	n/a	2.66	HEAD	119,363	\$341,378.18					\$0.00
19	Flock 18b		43	n/a	2.93	HEAD	119,688	\$350,685.84					\$0.00
20	Flock 19a		73	n/a	1.06	HEAD	55,602	\$58,938.12					\$0.00
21	Flock 19b		73	n/a	1.06	HEAD	55,722	\$59,065.32					\$0.00
22	Flock 20a		68	n/a	1.37	HEAD	111,490	\$152,741.30					\$0.00
23	Flock 20b		67	n/a	1.44	HEAD	111,611	\$160,719.84					\$0.00
24	Flock 21a		65	n/a	1.56	HEAD	55,907	\$87,214.92					\$0.00
								\$6,266,157.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Subtotals (Carry forward to Page 1, VS Form 1-23)

VS FORM 1-23A (MAY 84) Previous editions are obsolete  
Approved by the Comptroller Gen., U.S. (in Lieu of SF-1034)

LINE	APPRAISED		IDENTIFICATION (Animals-Reactor Tag no. or Breed, Age, Sex, Tag #, Tattoo, Brand or other; Materials-lbs., Bu., Tons, Board Feet, etc.)		APPRAISAL UNIT (Head, lb., Tons, etc.)	WEIGHT OR NO. UNITS	TOTAL APPRAISAL GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS	SALVAGE (From VS 1-24)	DIFFERENCE	AMOUNT DUE FROM	
	NO.	SPECIES	AGE in Weeks	Weeks in 2nd Lay							UNIT VALUE PER UNIT	UNITED STATES
1	Flock 21b		65	n/a	1.56	HEAD	55.872	\$87,160.32				\$0.00
2	Flock 22a		18	n/a	4.22	HEAD	126.551	\$534,045.22				\$0.00
3	Flock 22b		18	n/a	4.22	HEAD	126.686	\$534,614.92				\$0.00
4	Flock 23a		75	n/a	0.94	HEAD	37.674	\$35,413.56				\$0.00
5	Flock 23b		75	n/a	0.94	HEAD	37.701	\$35,438.94				\$0.00
6	Flock 23c		70	n/a	1.25	HEAD	37.669	\$47,086.25				\$0.00
7	Flock 23d		70	n/a	1.25	HEAD	37.681	\$47,101.25				\$0.00
8	Flock 24a		75	n/a	0.94	HEAD	130.669	\$122,828.86				\$0.00
9	Flock 24b		70	n/a	1.25	HEAD	130.884	\$163,605.00				\$0.00
10	Flock 25a		46	n/a	2.74	HEAD	131.317	\$359,808.58				\$0.00
11	Flock 25b		46	n/a	2.74	HEAD	131.357	\$359,918.18				\$0.00
12						HEAD		\$0.00				\$0.00
13						HEAD		\$0.00				\$0.00
14						HEAD		\$0.00				\$0.00
15						HEAD		\$0.00				\$0.00
16						HEAD		\$0.00				\$0.00
17						HEAD		\$0.00				\$0.00
18						HEAD		\$0.00				\$0.00
19						HEAD		\$0.00				\$0.00
20						HEAD		\$0.00				\$0.00
21						HEAD		\$0.00				\$0.00
22						HEAD		\$0.00				\$0.00
23						HEAD		\$0.00				\$0.00
24						HEAD		\$0.00				\$0.00
							Subtotals	\$2,327,021.08	\$0.00	\$0.00	\$0.00	\$0.00

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless the report is completed and filed as authorized under (9, CFR 51).

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OMB NUMBER 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

**APPRAISAL AND INDEMNITY CLAIM FOR**

ANIMALS DESTROYED       MATERIALS DESTROYED

1. VS PROGRAM DISEASE NAME: HPAI 2015  
2. PREMISES IDENTIFICATION NO.: 00JB8K8  
3. HERD/FLOCK IDENTIFICATION NO.: Osceola 1  
4. HERD/FLOCK DISEASE STATUS: Infected  
5. DATE ANIMALS/MATERIALS DESTROYED: 7/15/2015 - 8/7/2015  
6. DATE OF CLEANING AND DISINFECTING:

7.a. OWNER-CLAIMANT LEGAL NAME: Dr. Phil Sonstegard/Sonstegard Foods Co./ Sunrise Farms  
7.b. OWNER-CLAIMANT MAILING ADDRESS (Number & street, or RFD): 2060 White Ave  
7.c. CITY: Harris      7.d. STATE: IA      7.e. ZIP CODE: 51345  
7.f. CITY: Same      7.g. STATE: Same      7.h. ZIP CODE: Same  
8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (If same as item 7.a., so state):  
9.a. PREMISES WHERE APPRAISAL WAS MADE (If different from item 7): Same  
9.b. PREMISES ADDRESS (Number & street, or RFD): Same  
10. COUNTY: Osceola

L I N E	APPRAISED							APPRAISAL		TOTAL APPRAISAL			AMOUNT DUE FROM		
	11. DESCRIPTION/IDENTIFICATION PAGE NO. OF VS FORM 1-23A (Description of Materials of Animal-reactor tag No., Animal ID No., tattoo, Tag, or Brand)	12. SPECIES	13. AGE	14. SEX	15. BREED	16. GRADE PUREBRED MATERIALS	17. UNIT (head, lb, cu, etc)	18. NO. UNITS/ WEIGHT	19. VALUE PER UNIT	20. TOTAL APPRAISAL	21. SALVAGE VS FORM 1-24	22. DIFFERENCE	23. UNITED STATES	24. STATE AGENCY	
1	Boxes	n/a	n/a	n/a	n/a	n/a	n/a	120,630	1.06	127,867.80			127,867.80		
2	Cornets	n/a	n/a	n/a	n/a	n/a	n/a	3,675	0.52	1,911.00			1,911.00		
3	Egg Flats	n/a	n/a	n/a	n/a	n/a	n/a	284,340	0.08	22,747.20			22,747.20		
4	Foam Cartons	n/a	n/a	n/a	n/a	n/a	n/a	306,390	0.12	36,763.20			36,763.20		
5	Pallets	n/a	n/a	n/a	n/a	n/a	n/a	843	7.50	6,322.50			6,322.50		
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS OWNER INVOICES							GRAND TOTALS (Basis for payment)				\$ 414,168.30			\$ 414,168.30	

26. DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED: 08/12/2015

**CERTIFICATION AND APPRAISAL CERTIFICATE**

I certify that materials and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

**OWNER-CLAIMANT MORTGAGOR CERTIFICATION**

I certify that the animals and/or materials identified in this claim are (initials) \_\_\_\_\_, are not (initials) \_\_\_\_\_ not applicable (initials) \_\_\_\_\_ mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown here is in accordance with all applicable laws and regulations, and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR INSPECTOR: **Patricia M. Pitcher**  
28. TITLE: **VMO**  
29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER:  
30. SIGNATURE OF OWNER-CLAIMANT OR AUTHORIZED REPRESENTATIVE IN: **(b)(6)**  
31. TITLE OF CLAIMANT: **Controller**  
32. DATE SIGNED: **8/22/15**  
33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO:  OWNER-MORTGAGOR (Sec 17)  MORTGAGEE (Sec 17)

STATE CERTIFICATION: I certify the amount in item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.

34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE:  
34.b. MORTGAGEE MAILING ADDRESS:  
34.c. CITY:  
34.d. STATE:  
34.e. ZIP CODE:

35. NAME AND SIGNATURE:  
36. TITLE:  
37. STATE AGENCY:  
38. DATE:  
39. FOR \$: **\$414,168.00**  
40. ALLOTMENT NO.:  
41. BY NAME AND SIGNATURE: **PATRICIA DONOHUE GALVIN**  
42. TITLE: **PATRICIA DONOHUE GALVIN**  
43. DATE:  
44. PAGE 1 OF 2

VS FORM 1-23 (APR 2002)

Digitally signed by PATRICIA DONOHUE GALVIN  
DN: c=US, o=U.S. Government, ou=Department of Agriculture, ou=2542.19200300.100.1.1-12001000000479, cn=PATRICIA DONOHUE GALVIN  
Date: 2015.11.02 17:17:29 -0500

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (9 CFR 51)

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street,  
or R.F.D. No., City and Zip Code) (Type or print)  
Dr. Paul Sontagard, Southeast Food Products Corporation  
2000 White Ave., Harris LA, B1345

2000 White Ave., Harris LA, B1345  
CONTINUATION SHEET - INDEMNITY CLAIM FOR: HIPAI 2015  
ANIMAL DESTROYED  MATERIALS DESTROYED

2. PAGE 2 OF 2  
3. PROPER NAME OF DISEASE INVOLVED

LINE NO	APPRAISED			IDENTIFICATION				VALUE PER UNIT -10	APPRAISAL UNIT (Head, Lb, Tons, etc.) -11		WEIGH OR UNIT (NO. OF UNITS) -12	TOTAL APPRAISAL ANIMALS AND MATERIALS -14		SALVAGE (From VS 1-24) -15	DIFFERENCE -16	AMOUNT DUE FROM UNITED STATES -17	STATE AGENCY -18
	SPECIES	AGE	SEX	BREED	Animals	Reactor Top No.	Brand		Other	Material		Lib.	Box				
6	n/a	n/a	n/a	n/a				\$ 0.12			810,840	\$ 97,276.80	\$	\$	\$ 97,276.80		
7	n/a	n/a	n/a	n/a				0.12			910,540	97,276.80			97,276.80		
8	n/a	n/a	n/a	n/a				1.20			19,050	24,003.00			24,003.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
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												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
												0.00			0.00		
31												\$ 218,556.60			\$ 218,556.60		

Subtotal (Carry Forward to Page 1, VS Form 1-23) \$ 218,556.60

VS FORM 1-23A (MAY 84) Previous editions are obsolete.  
Approved by the Computer Gen., U.S.  
(in lieu of 54-1104)



This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (9 CFR 51).

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 numbers for these information collections are 0579-0007, 0579-0047, 0579-0101, 0579-0137, 0579-0185, 0579-0189, 0579-0192, and 0579-0208. The time required to complete this information collection is estimated to average 1 hour 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.

OMB Approved  
0579-0007, 0579-0047, 0579-0101,  
0579-0137, 0579-0185, 0579-0189,  
0579-0192 and 0579-0208

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

**APPRAISAL AND INDEMNITY CLAIM FOR**

ANIMALS DESTROYED       MATERIALS DESTROYED

1. VS PROGRAM DISEASE NAME HPAI	2. PREMISES IDENTIFICATION NUMBER 00JBBK8
3. HERD/FLOCK IDENTIFICATION NUMBER Osceola 1	4. HERD/FLOCK DISEASE STATUS Infected
5. DATE ANIMALS/MATERIALS DESTROYED 09/29/2015	6. DATE OF CLEANING AND DISINFECTING

7.a. OWNER-CLAIMANT LEGAL NAME  
Dr. Phil Sonstegard / Sonstegard Foods Company / Sunrise Farms

9.a. PREMISES WHERE APPRAISAL WAS MADE (if different from Item 7)  
Same

7.b. OWNER-CLAIMANT MAILING ADDRESS (Number and street, or RFD)  
2060 White Ave.

9.b. PREMISES ADDRESS (Number and street, or RFD)  
Same

7.c. CITY  
Harris

7.d. STATE  
IA

7.e. ZIP CODE  
51345

9.c. CITY  
Same

9.d. STATE  
Same

9.e. ZIP CODE  
Same

8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (if same as Item 7.a., so state)

10. COUNTY  
Osceola

APPRAISED						APPRAISAL			TOTAL APPRAISAL			AMOUNT DUE FROM	
11. DESCRIPTION/IDENTIFICATION/PAGE NUMBER OF VS FORM 1-23A (Description of Materials or Animal-reactor Tag Number, Animal ID Number, Tattoo, Tag, or Brand)	12. SPECIES	13. AGE	14. SEX	15. BREED	16. GRADE PUREBRED/MATERIALS	17. UNIT (head lb ton, etc.)	18. NO. UNITS/WEIGHT	19. VALUE PER UNIT	20. TOTAL APPRAISAL	21. SALVAGE VS FORM 1-24	22. DIFFERENCE	23. UNITED STATES	24. STATE AGENCY
1 Feed Ingredients (see attached inventory)	N/A	N/A	N/A	N/A								317,040.85	
2													
3													
4													
5													
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS <small>cost basis</small>						GRAND TOTALS <small>(Basis for payment)</small>						317,040.85	

26. DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED  
8/17/15

**OWNER-CLAIMANT MORTGAGOR CERTIFICATION**  
I certify that the animals and/or materials identified in this claim are (initials) \_\_\_\_\_, are not (initials) \_\_\_\_\_ not applicable \_\_\_\_\_ (initials) mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

**CERTIFICATION AND APPRAISAL CERTIFICATE**  
I certify that the animals and/or materials listed above are properly identified and are eligible for indemnity and that animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE  
Patricia Fox

28. TITLE  
National Epi Officer

30. SIGNATURE OF OWNER-CLAIMANT OR AUTHORIZED REPRESENTATIVE IN ITEMS 7 OR 8  
(b)(6)

31. TITLE OF CLAIMANT  
Controller

29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER

32. DATE SIGNED  
10/16/15

33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO:  OWNER-MORTGAGOR (Item 7)  MORTGAGEE (Item 7)

STATE CERTIFICATION: I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid to the Owner-Claimant.

34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE

35. NAME AND SIGNATURE

36. TITLE

34.b. MORTGAGEE MAILING ADDRESS

37. STATE AGENCY

38. DATE

34.c. CITY

34.d. STATE

34.e. ZIP CODE

APPROVED  
\$317,040.85

39. FCR \$

40. ALLOTMENT NO.

41. BY NAME AND SIGNATURE  
PATRICIA DONOHUE GALVIN

42. TITLE  
Digitally signed by PATRICIA DONOHUE GALVIN  
DN: cn=US, o=U.S. Government, ou=Department of Agriculture,  
ou=APHIS, ou=Animal Health, ou=APIS, email=patricia.donohue@aphis.usda.gov,  
c=US, date=2015.11.03 22:24:44 -0500

43. DATE  
44. PAGE \_\_\_\_ OF \_\_\_\_

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (9 CFR 51).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0578-0047. The time to complete this collection of information is estimated to average 0.180 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

OMB NUMBER 0578-0047

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

APPRAISAL AND INDEMNITY CLAIM FORM

\_\_ ANIMALS DESTROYED \_\_X\_ MATERIALS DESTROYED

1. VS PROGRAM DISEASE NAME HPAI	2. PREMISES IDENTIFICATION NO. COJBBKA
3. HERD/FLOCK IDENTIFICATION NO. Osceola 1	4. HERD/FLOCK DISEASE STATUS Infected
5. DATE ANIMALS/MATERIALS DESTROYED 05/20/15 - 06/20/2015	6. DATE OF CLEANING AND DISINFECTING

7a. OWNER - CLAIMANT LEGAL NAME Sonstegard Foods Company	9a. PREMISES WHERE APPRAISAL WAS MADE (if different from item 7) Same
---	--

7b. OWNER - CLAIMANT MAILING ADDRESS (Number & Street, or RFD) 2060 White Ave.	9b. PREMISES ADDRESS (Number & Street, or RFD) Same
---	--

7c. CITY Harris	7d. STATE IA	7e. ZIP CODE 51345	9c. CITY Same	9d. STATE Same	9e. ZIP CODE Same
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8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (if same as item 7.a., so state)	10. COUNTY Osceola
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LINE	APPRAISED					APPRAISAL			TOTAL APPRAISAL			AMOUNT DUE FROM		
	11. DESCRIPTION/IDENTIFICATION/PAGE NO. OF VS FORM 1-23A (Description of materials or Animal-reactor tag No., Animal ID No., Tattoo, Tag, or Brand)	12. SPECIES	13. AGE in weeks	14. Weeks in 2nd day	15. BREED	16. VALUE PER UNIT	17. UNIT (head, carton, etc.)	18. NO. UNITS/WEIGHT	19. GRADE ANIMALS OR MATERIALS	20. PUREBRED ANIMALS	21. SALVAGE (FROM VS 1-24)	22. DIFFERENCE	23. UNITED STATES	24. STATE AGENCY
1	Finished feed					68.444	tons	3,109.255	\$212,809.85		\$0.00		\$212,809.85	\$0.00
2									\$0.00		\$0.00		\$0.00	\$0.00
3									\$0.00		\$0.00		\$0.00	\$0.00
4									\$0.00		\$0.00		\$0.00	\$0.00
5									\$0.00		\$0.00		\$0.00	\$0.00
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS: cost basis						Sub Total- Page 2			0	\$0.00	\$0.00	\$0.00		\$0.00
<b>GRAND TOTALS (Basis for payment)</b>						3,109			\$212,809.85	\$0.00	\$0.00		<b>\$212,809.85</b>	<b>\$0.00</b>

26. Date animals/materials appraised: 8/7/2015  
CERTIFICATION AND APPRAISAL CERTIFICATE

I certify that animals and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

OWNER-CLAIMANT MORTGAGOR CERTIFICATION  
I certify that the animals and/or materials identified in this claim are (Initials) \_\_, are not (Initials) SS not applicable \_\_ (Initials) mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with all applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE Paul Pitcher	28. TITLE VMO
--	------------------

30. ITEM 6 OR 8 (b)(6)	31. TITLE OF CLAIMANT Controller
---------------------------	-------------------------------------

29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER	32. DATE SIGNED 10/16/15
--	-----------------------------

33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO \_\_ OWNER-MORTGAGOR (ITEM 7) \_\_ MORTGAGEE (ITEM 7)

STATE CERTIFICATION: I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.

35. NAME AND SIGNATURE	36. TITLE
37. STATE AGENCY	38. DATE

34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE	
34.b. MORTGAGEE MAILING ADDRESS	
34.c. CITY	34.d. STATE
34.e. ZIP CODE	

APPROVED	39. FOR \$ \$212,809.85	40. ALLOTMENT NO.	41. NAME OF SIGNATURE PATRICIA DONOHUE GALVIN	42. DATE 10/16/15	43. DATE 10/16/15	44. PAGE _1_ OF _1_
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This information is required to be completed for the appraisal of animals, birds, and/or materials.  
If an animal or material is lost, the appraiser must report the loss to the Department of Agriculture and the appropriate state agency. The appraiser must also report the loss to the appropriate state agency.

The purpose of this appraisal is to determine the value of animals, birds, and/or materials for purposes of a mortgage or other financial transaction. The appraiser must complete this appraisal form in accordance with the instructions provided herein and the instructions provided by the appropriate state agency. The appraiser must also report the loss of any animal or material to the appropriate state agency.

USDA FORM 1-23 (APR 2002)

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
APPRAISAL AND INDEMNITY CLAIM FORM

1. SERVICE PROGRAM DISC: AVIAN INFLUENZA  
2. APRAISAL DATE: 5/12/15

00JBBK8

High Path Avian Influenza

X ANIMALS DESTROYED MATERIALS DESTROYED

3. APPRAISER'S NAME: Patricia Fox  
4. APPRAISER'S ADDRESS: 1111 S. ...

5. DATE ANIMALS/MATERIALS DESTROYED: 5/12/15

6. ARE THESE ANIMALS/MATERIALS PART OF A MORTGAGE? No

7. OWNER/CLAIMANT: Phil Sonstegard / Sunrise Farms

8. ADDRESS: 2060 White Ave

9. CITY: Harris IA STATE: IA ZIP CODE: 51345

10. PREVIOUS APPRAISAL VALUE: \$0

11. JOINT OWNERSHIP: NONE

12. COUNTY: Osceola

DESCRIPTION OF ANIMALS/MATERIALS	NO.	SEX	AGE	SEA	BRAND	VALUE PER UNIT	UNIT PRICE	TOTAL APPRAISAL	TRADE ANIMALS OR MATERIALS	INSURANCE	FINANCIAL INSTITUTION	DATE WHEN FINANCIAL INSTITUTION WAS NOTIFIED	UNIT STATUS	MAILING AGENCY
1. ...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
2. ...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
...	...	...	...	...	...	...	...	\$0.00	...	...	...	...	...	...
SUB TOTALS								\$0.00	...	...	...	...	...	...
GRAND TOTALS								\$0.00	...	...	...	...	...	...

13. ANIMALS/MATERIALS DESTROYED: YES (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A) (N/A)

14. I certify that all animals and/or materials listed above are properly identified and are eligible for indemnity. I further certify that all animals and/or materials requiring appraisal are appraised individually unless all animals or materials in a group are of equal value.

15. CLAIMANT'S SIGNATURE: Patricia Fox  
16. NAME AND SIGNATURE OF OTHER APRAISER: NONE

17. I certify that the animals and/or materials identified in this claim are (initials) § 8, and not (initials) § 9. If they are not appraised (in full), mortgaged, further certify that owner is authorized to represent the owner, or an otherwise qualified claimant, on the animals and/or materials identified in this claim. I make claims for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with all applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim on the basis of the loss of such animals and/or materials, as appraised § 8 shown on this claim. I further certify to the destruction of said animals and/or materials § 4.

18. NAME AND SIGNATURE OF MORTGAGEE OR FINANCIAL INSTITUTION REPRESENTATIVE: NONE

19. STATE CERTIFICATION: I certify the amount in item 25 as due from the State Agency is correct and matches amount on records maintained by the Owner/Claimant.  
20. NAME AND SIGNATURE: Patricia Fox

21. NAME AND SIGNATURE OF MORTGAGEE OR FINANCIAL INSTITUTION REPRESENTATIVE: NONE

22. APPRAISER'S NAME: Patricia Fox

23. ADDRESS: 1111 S. ...

24. CITY: Harris IA STATE: IA ZIP CODE: 51345

25. NAME OF SELLER: Patricia Fox

26. APPRAISAL VALUE: \$8,968,170.13

27. DATE: 5/12/15

28. OFFICIAL SIGNATURE: PATRICIA FOX  
29. TITLE: Department of Agriculture

30. CONTACT INFORMATION: 615-200-0000

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
APPRAISAL AND INDEMNITY CLAIM FORM

ANIMALS DESTROYED  MATERIALS DESTROYED

1. LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street or R.F.D. No., City and Zip Code) (Type or Print)

Phil Sonstegard  
0

3. PROPER NAME OF DISEASE INVOLVED  
HPAI

Page 2 of 3

8

LINE	APPRAISED		IDENTIFICATION (Animals-Reactor Tag no. or Breed, Age, Sex, Tag #, Tattoo, Brand or other; Materials-lbs, Bu., Tons, Board Feet, etc.)				APPRAISAL		WEIGHT OR NO. UNITS	TOTAL APPRAISAL		SALVAGE (From VS 1-24)	DIFFERENCE	AMOUNT DUL FROM	
	NO	SPECIES	AGE	SEX	BREED	VALUE PER UNIT	UNIT (Head, Lb., Tons, etc.)	GRADE ANIMALS OR MATERIALS		PUREBRED ANIMALS	UNITED STATES			STATE AGENCY	
1	1	Chicken	108	F		27 weeks 2nd lay	0.81	HEAD	97.782	\$79,206.28					\$0.00
2	2	Chicken	108	F		27 weeks 2nd lay	0.81	HEAD	95.837	\$77,627.97					\$0.00
3	3	Chicken	32	F		Age in weeks 1st lay	3.49	HEAD	123.635	\$431,486.15					\$0.00
4	4	Chicken	31	F		Age in weeks 1st lay	3.57	HEAD	125.317	\$447,381.69					\$0.00
5	5	Chicken	34	F		Age in weeks 1st lay	3.35	HEAD	132.259	\$443,067.65					\$0.00
6	6	Chicken	34	F		Age in weeks 1st lay	3.35	HEAD	120.628	\$404,036.80					\$0.00
7	7	Chicken	24	F		Age in weeks 1st lay	4.07	HEAD	126.875	\$516,381.25					\$0.00
8	8	Chicken	25	F		Age in weeks 1st lay	4	HEAD	126.138	\$504,432.00					\$0.00
9	9	Chicken	26	F		Age in weeks 1st lay	3.93	HEAD	122.571	\$481,704.03					\$0.00
10	10	Chicken	27	F		Age in weeks 1st lay	3.86	HEAD	123.875	\$478,157.50					\$0.00
11	11	Chicken	34	F		Age in weeks 1st lay	0.01	HEAD	98.987	\$989.87					\$0.00
12	12	Chicken	34	F		Age in weeks 1st lay	0.01	HEAD	110.554	\$1,105.54					\$0.00
13	13a	Chicken	53	F		Age in weeks 1st lay	1.97	HEAD	116.572	\$229,646.84					\$0.00
14	13b	Chicken	54	F		Age in weeks 1st lay	1.3	HEAD	115.938	\$220,282.20					\$0.00
15	14a	Chicken	56	F		Age in weeks 1st lay	1.75	HEAD	116.371	\$203,649.25					\$0.00
16	14b	Chicken	55	F		Age in weeks 1st lay	1.82	HEAD	113.924	\$207,341.68					\$0.00
17	15a	Chicken	35	F		Age in weeks 1st lay	3.28	HEAD	123.911	\$406,428.08					\$0.00
18	15b	Chicken	36	F		Age in weeks 1st lay	3.2	HEAD	124.642	\$398,854.40					\$0.00
19	16a	Chicken	51	F		Age in weeks 1st lay	2.11	HEAD	115.956	\$244,668.26					\$0.00
20	16b	Chicken	50	F		Age in weeks 1st lay	2.19	HEAD	117.039	\$256,315.41					\$0.00
21	17a	Chicken	82	F		Age in weeks 1st lay	0.01	HEAD	111.487	\$1,114.87					\$0.00
22	17b	Chicken	82	F		Age in weeks 1st lay	0.01	HEAD	110.368	\$1,103.68					\$0.00
23	18a	Chicken	44	F		Age in weeks 1st lay	2.62	HEAD	119.363	\$312,731.06					\$0.00
24	18b	Chicken	43	F		Age in weeks 1st lay	2.65	HEAD	119.668	\$321,960.72					\$0.00
Subtotals (Carry forward to Page 1, VS Form 1-23)									\$6,669,695.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
APPRAISAL AND INDEMNITY CLAIM FORM

ANIMALS DESTROYED  MATERIALS DESTROYED

1. LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street or R.F.D. No., City and Zip Code) (Type or Print)

Phil Sonstegard  
0

PAGE 3 OF 3 *all*

3. PROPER NAME OF DISEASE INVOLVED  
HPAI

LINE	APPRAISED		IDENTIFICATION (Animals-Reactor Tag no. or Breed, Age, Sex, Tag #, Tattoo, Brand or other, Materials-lbs, Bu., Tons, Board Feet, etc.)			APPRAISAL		WEIGHT OR NO. UNITS	TOTAL APPRAISAL		SALVAGE (From VS 1-24)	DIFFERENCE	AMOUNT DUE FROM		
	NO.	SPECIES	AGE	SEX	BREED	VALUE PER UNIT	UNIT (Head, Lb., Tons, etc.)		GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS			UNITED STATES	STATE AGENCY	
1	19a	Chicken	71	F		Age in weeks, 1st lay	0.52	HEAD	55.602	\$28,973.04				\$0.00	
2	19b	Chicken	71	F		Age in weeks, 1st lay	0.52	HEAD	55.722	\$28,975.44				\$0.00	
3	20a	Chicken	68	F		Age in weeks, 1st lay	0.88	HEAD	111.490	\$98,111.20				\$0.00	
4	20b	Chicken	67	F		Age in weeks, 1st lay	0.95	HEAD	111.611	\$106,030.45				\$0.00	
5	21a	Chicken	65	F		Age in weeks, 1st lay	1.1	HEAD	55.907	\$61,457.70				\$0.00	
6	21b	Chicken	65	F		Age in weeks, 1st lay	1.1	HEAD	55.872	\$61,459.20				\$0.00	
7	22a	Chicken	18	F		Age in weeks, 1st lay	4.08	HEAD	126.551	\$516,328.08				\$0.00	
8	22b	Chicken	18	F		Age in weeks, 1st lay	4.08	HEAD	126.686	\$516,878.88				\$0.00	
9	23a	Chicken	75	F		Age in weeks, 1st lay	0.37	HEAD	37.674	\$13,339.38				\$0.00	
10	23b	Chicken	75	F		Age in weeks, 1st lay	0.37	HEAD	37.701	\$13,349.37				\$0.00	
11	23c	Chicken	70	F		Age in weeks, 1st lay	0.74	HEAD	37.669	\$27,875.06				\$0.00	
12	23d	Chicken	70	F		Age in weeks, 1st lay	0.74	HEAD	37.661	\$27,883.94				\$0.00	
13	24a	Chicken	75	F		Age in weeks, 1st lay	0.37	HEAD	130.669	\$48,347.53				\$0.00	
14	24b	Chicken	70	F		Age in weeks, 1st lay	0.74	HEAD	130.884	\$96,854.16				\$0.00	
15	25a	Chicken	46	F		Age in weeks, 1st lay	2.48	HEAD	131.317	\$325,666.16				\$0.00	
16	25b	Chicken	46	F		Age in weeks, 1st lay	2.48	HEAD	131.357	\$325,765.36				\$0.00	
17								HEAD		\$0.00				\$0.00	
18								HEAD		\$0.00				\$0.00	
19								HEAD		\$0.00				\$0.00	
20								HEAD		\$0.00				\$0.00	
21								HEAD		\$0.00				\$0.00	
22								HEAD		\$0.00				\$0.00	
23								HEAD		\$0.00				\$0.00	
24								HEAD		\$0.00				\$0.00	
Subtotal (Carry forward to Page 1, VS Form 1-23)										\$2,298,474.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

VS FORM 1-23A (MAY 84) Previous editions are obsolete  
Approved by the Comptroller Gen. U.S. (in Lieu of SF-1034)

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>					ALLOTMENT NO. See below			FISCAL YEAR 2015		
					STATE Iowa			7/10/2015		
					<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI					
NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE-BRED				
1100914019  Premise:  Phil Sonstegard/Sonstegard Foods Company, Inc./Sunrise Farms 2060 White Ave Harris, IA 51345   BOC: 4222							\$404,162.51	\$0	\$404,162.51	\$0
Totals					X		\$404,162.51	\$0	\$404,162.51	\$0
OFFICIAL IN CHARGE					PATRICIA DONOHUE GALVIN <small>Digitally signed by PATRICIA DONOHUE GALVIN                  DN: c, U.S. Government, o, U.S. Department of Agriculture,                  ou=9-212-21920330319C13-1200120000579, cn=PATRICIA DONOHUE GALVIN                  Date: 2015.07.19 10:29:41 -0400</small>					

**VS FORM 1-31**  
(AUG 78)

*Previous editions are obsolete*

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2016
	<b>STATE</b> IOWA	11/02/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED				
1100914019  Phil Sonstegard / Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBK8  BOC: 4222 Birds (Recalculated)							\$ 1,159,959.66	\$0	\$1,159,959.66	\$0
5XVSSD0319CCCEMGYAVIN01USDA 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 AP.EX.AVIN.01										
<b>Totals</b>							\$ 1,159,959.66	\$0	\$1,159,959.66	\$0

OFFICIAL IN CHARGE **PATRICIA DONOHUE GALVIN**

Digitally signed by PATRICIA DONOHUE GALVIN  
 DN: c=US, o=U.S. Government, ou=Department of Agriculture, ou=ARS, ou=2242, cn=Patricia Donohue Galvin, email=patricia.donohue.galvin@aphis.usda.gov, c=US  
 Date: 2015.11.02 16:19:05 -0500

VS FORM 1-31 (AUG 78) Previous editions are obsolete

**\*\*\*THIS INDEMNITY CLAIM IS FROM THE 2015 HPAI INCIDENT AND THEREFORE DOES NOT REQUIRE A DUNS NUMBER.\*\*\***

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2016
	<b>STATE</b> IOWA	11/03/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED				
1100914019  Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBK8  BOC: 4222  Materials: Boxes, Flats, & Cartons							\$ 414,168.30	\$0	\$414,168.30	\$0
<div style="border: 1px solid black; padding: 5px;">           5XVSSD0319CCCEMGYAVIN01USDA            15XX AP001600BN            APVSSD0319            AP01EFCCCEMGY000 AP.EX.AVIN.01         </div>					X					
<b>Totals</b>							\$ 414,168.30	\$0	\$414,168.30	\$0

<b>OFFICIAL IN CHARGE</b> PATRICIA DONOHUE GALVIN	Digitally signed by Patricia Donohue Galvin DN: cn=Patricia Donohue Galvin, o=USDA, ou=APHIS, ou=Animal Health, ou=Veterinary Services, email=patricia.donohue.galvin@aphis.usda.gov, c=US
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VS FORM 1-31 (AUG 78) Previous editions are obsolete

**\*\*\*THIS INDEMNITY CLAIM IS FROM THE 2015 HPAI INCIDENT AND THEREFORE DOES NOT REQUIRE A DUNS NUMBER.\*\*\***



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2016
	<b>STATE</b> IOWA	11/03/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE-BRED				
1100914019  Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBK8  BOC: 4222  Materials: Feed Ingredients							\$ 317,040.85	\$0	\$ 317,040.85	\$0
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           5XVSSD0319CCCEMGYAVIN01USDA            15XX AP001600BN            APVSSD0319            AP01EFCCCEMGY000 AP.EX.AVIN.01         </div>										
					X					
<b>Totals</b>							\$ 317,040.85	\$0	\$ 317,040.85	\$0

<b>OFFICIAL IN CHARGE</b> PATRICIA DONOHUE GALVIN	Digitally signed by PATRICIA DONOHUE GALVIN DN: c. US, o. US Government, ou. Department of Agriculture, cn.258219260-RC,1.1 1201328005-01, cn. PA, email=DRGPHLGA@VH Date: 2015.11.25 17:39:13 -0500
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VS FORM 1-31 (AUG 78) Previous editions are obsolete

**\*\*\*THIS INDEMNITY CLAIM IS FROM THE 2015 HPAI INCIDENT AND THEREFORE DOES NOT REQUIRE A DUNS NUMBER.\*\*\***

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2016
	<b>STATE</b> IOWA	11/03/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY	
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE-BRED					
1100914019  Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBK8  BOC: 4222  Materials: Finished Feed							\$ 212,809.85	\$0	\$ 212,809.85	\$0	
<div style="border: 1px solid black; padding: 5px;">           5XVSSD0319CCCEMGYAVIN01USDA            15XX AP001600BN            APVSSD0319            AP01EFCCCEMGY000 AP.EX.AVIN.01         </div>											
Totals					X		\$ 212,809.85	\$0	\$ 212,809.85	\$0	

<b>OFFICIAL IN CHARGE</b> PATRICIA DONOHUE GALVIN	<small>Digitally signed by PATRICIA DONOHUE GALVIN          DN: c=US, o=US Government, ou=Department of Agriculture,          ou=2542.19200300.100.1.1-1206100000479, cn=PATRICIA DONOHUE GALVIN          Date: 2015.11.03.16:56:48 -0700</small>
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VS FORM 1-31 (AUG 78) Previous editions are obsolete

**\*\*\*THIS INDEMNITY CLAIM IS FROM THE 2015 HPAI INCIDENT AND THEREFORE DOES NOT REQUIRE A DUNS NUMBER.\*\*\***

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2015
	<b>STATE</b> Iowa	06/22/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE-BRED				
1100914019  Phil Sonstegard / Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBK8          BOC: 4222							\$8,968,170.13	\$0	\$8,968,170.13	\$0
Totals					X		\$8,968,170.13	\$0	\$8,989,170.13	\$0

OFFICIAL IN CHARGE **PATRICIA DONOHUE GALVIN**

Digitally signed by PATRICIA DONOHUE GALVIN  
 DN: cn=Patricia Donohue Galvin, o=USDA, ou=APHIS, ou=Animal Health, ou=Veterinary Services, email=patricia.donohue@aphis.usda.gov, c=US

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1 4
2. AMENDMENT/MODIFICATION NO. 0002	3. EFFECTIVE DATE 05/08/2015	4. REQUISITION/PURCHASE REQ. NO. 746910	5. PROJECT NO. (If applicable)
6. ISSUED BY USDA APHIS MRPBS ASD Procurement Branch Butler Square, 5th Floor 100 N 6TH STREET MINNEAPOLIS MN 55403	CODE APHIS-MRPBS-ASD-6	7. ADMINISTERED BY (If other than Item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SONSTEGARD FOODS COMPANY 5005 S BUR OAK PL 1100342029# SIOUX FALLS SD 57108-2228		(x) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)
CODE 1100342029#	FACILITY CODE	X 10A. MODIFICATION OF CONTRACT/ORDER NO. AG-6395-C-15-0077	10B. DATED (SEE ITEM 13) 04/24/2015

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended.  is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$208,000.00  
AP00.5X.....VSSD0319CCCEMGYAVIN0IUSDA.2500...

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF.
X	D. OTHER (Specify type of modification and authority) Mutual agreement of the parties
E. IMPORTANT:	Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.

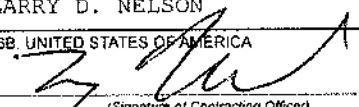
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
Tax ID Number: 46-0392669  
DUNS Number: 154549059

A. The purpose of this modification is to add hourly bill rates for the following equipment to this contract:

\$120/hour for side dump and operator in accordance with the rates in revised Attachment A.

The bill rates listed are all inclusive to include operator costs/pay, fuel and all other costs associated with operation of this equipment. The bill rates will be the same whether regular or overtime hours are involved for the operator. It is expected that the quantity of the side dump will be 6 and will be used up to 12 hours per day for 6 days a week.  
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) LARRY D. NELSON	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 5-12-15

NSN 7540-01-152-6070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR  
SONSTEGARD FOODS COMPANY

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
003	<p>B. \$208,000 in not-to-exceed funding is being provided for the above equipment costs. This is the estimated amount for the first four weeks. This amount for equipment cannot be exceeded without additional funding. As a result of this modification the total funded amount of this contact (personnel and equipment costs) is increased:</p> <p>FROM: \$2,109,000 BY: \$208,000 TO: \$2,317,000</p> <p>C. All other contract terms and conditions remain unchanged as the result of this modification. Delivery: 06/30/2015 Delivery Location Code: APHIS-VS-WR-82YM APHIS-VS-WR-82YM 2150 Centre Avenue Bldg B, #3E13 Fort Collins CO 80526 US</p> <p>Payment: Invoice Processing Platform (IPP) All invoices must be submitted electronically through the Invoice Processing Platform (IPP) via www.ipp.gov Agency Code: AP00 Budget Yr Start: 5X SHC: VSSD0319CCCEMGYAVIN01USDA BOC: 2500 FOB: Destination Period of Performance: 04/24/2015 to 06/30/2015</p> <p>Add Item 003 as follows:</p> <p>Funding for side dump with operator for manure removal &amp; disposal for an estimated 4 weeks. This is funded at the not-to-exceed amount of \$208,000 Obligated Amount: \$208,000.00</p>				208,000.00

ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES	UNIT	UNIT PRICE	FUNDED AMOUNT
<b>LABOR</b>				
001	Labor – removing birds and other materials from 25 barns—Regular Rate	Per Hour	\$25.00	NSF
002	Crew Chief – person giving work direction to crews of 10 people for removal—Regular Rate	Per Hour	\$35.00	NSF
003	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Regular Rate	Per Hour	\$45.00	NSF
004	Labor – removing birds and other materials from 25 barns—Overtime Rate	Per Hour	\$37.50	NSF
005	Crew Chief – person giving work direction to crews of 10 people for removal—Overtime Rate	Per Hour	\$52.50	NSF
006	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Overtime Rate	Per Hour	\$65.00	NSF
<b>EQUIPMENT</b>				
101	Payloader (3 cubic yard bucket) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$130.00	NSF
102	Skidloader (1/2 ton buckets) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF
103	Dumptrucks (10-12 ton) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF

Appendix A—as revised in Mod 02

104	Modified atmosphere killing carts with fuel and all other direct costs	Per Hour	\$8.00	NSF
105	Hydraulic cage lift with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$70.00	NSF
106	Side dump with operator	Per Hour	\$120.00	\$208,000
	<b>SUPPLIES</b>			

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**  
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER  
747389

PAGE OF  
1 5

2. CONTRACT NO  
AG-6395-C-15-0077/0003

3. AWARD/EFFECTIVE DATE

4. ORDER NUMBER

5. SOLICITATION NUMBER

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL: **LARRY NELSON**

a. NAME

b. TELEPHONE NUMBER (No collect calls)  
612 336 3225

8. OFFER DUE DATE/LOCAL TIME

9 ISSUED BY  
USDA APHIS MRPBS  
ASD Procurement Branch  
Butler Square, 5th Floor  
100 N 6TH STREET  
MINNEAPOLIS MN 55403

CODE APHIS-MRPBS-A

10. THIS ACQUISITION IS  UNRESTRICTED OR  SET ASIDE: % FOR:

SMALL BUSINESS  WOMEN-OWNED SMALL BUSINESS  
 HUBZONE SMALL BUSINESS  (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 562910  
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS  EDWOSB  B(A) SIZE STANDARD: \$14.0

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  
 SEE SCHEDULE

12. DISCOUNT TERMS

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION  
 RFQ  IFB  RFP

15. DELIVER TO  
APHIS-VS-WR-82YM  
2150 Centre Avenue  
Bldg B, #3E13  
Fort Collins CO 80526

CODE APHIS-VS-WR-82YM

16. ADMINISTERED BY  
USDA APHIS MRPBS  
ASD Procurement Branch  
Butler Square, 5th Floor  
100 N 6TH STREET  
MINNEAPOLIS MN 55403

CODE APHIS-MRPBS-ASD-

17a. CONTRACTOR/OFFEROR  
SONSTEGARD FOODS COMPANY  
5005 S BUR OAK PL  
1100342029#  
SIOUX FALLS SD 57108-2228

CODE 1100342029#

FACILITY CODE

18a. PAYMENT WILL BE MADE BY  
Invoice Processing Platform (IPP)  
All invoices must be submitted electronically through the Invoice Processing Platform (IPP) via www.ipp.gov

CODE IPP

TELEPHONE NO

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED  SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Tax ID Number: 46-0392669 DUNS Number: 154549059 A. The purpose of this modification is to add additional not-to-exceed funding for the CLIN 001 (Labor costs) and CLIN 002 (Equipment costs) as follows:  1. CLIN 001 (Labor costs) is increased: FROM: \$1,500,000 BY: \$750,000 TO: \$2,250,000 (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA  
AP00.5X.....VSSD0319CCCEMGYAVIN01USDA.2500...

26. TOTAL AWARD AMOUNT (For Govt Use Only)  
\$1,054,500.00

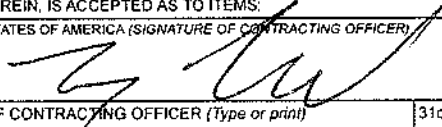
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED.

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

29. AWARD OF CONTRACT OFFER DATED \_\_\_\_\_ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  


30b. NAME AND TITLE OF SIGNER (Type or print)  
LARRY D. NELSON

30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER (Type or print)  
LARRY D. NELSON

31c. DATE SIGNED  
5-13-15



19 ITEM NO	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
004	<p>2. CLIN 002 (equipment) is increased:</p> <p>FROM: \$609,000 BY: \$304,500 TO: \$913,500</p> <p>B. An updated Appendix A is attached.</p> <p>C. As a result of this modification, the total funded amount of this contract is increased: FROM: \$2,317,000 BY: \$1,054,500 TO: \$3,371,500</p> <p>D. All other contract terms and conditions remain unchanged as the result of this modification. Delivery: 06/30/2015 Agency Code: AP00 Budget Yr Start: 5X SHC: VSSD03i9CCCEMGYAVIN01USDA BOC: 2500 Period of Performance: 04/24/2015 to 06/30/2015</p> <p>Add Item 004 as follows:</p> <p>CLIN 001 Additional Funding for Labor for Removal/Disposal and Cleaning and Disinfection at Sunrise Farms Obligated Amount: \$750,000.00 Continued ...</p>				750,000.00

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED     INSPECTED     ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
AG-6395-C-15-0077/0003

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3 5

NAME OF OFFEROR OR CONTRACTOR  
SONSTEGARD FOODS COMPANY

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
005	Add Item 005 as follows:  CLIN 002: Additional funding for Disposal Equipment with Operators. Obligated Amount: \$304,500.00				304,500.00

ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES	UNIT	UNIT PRICE	FUNDED AMOUNT
<b>LABOR</b>				
001	Labor – removing birds and other materials from 25 barns—Regular Rate	Per Hour	\$25.00	NSF
002	Crew Chief – person giving work direction to crews of 10 people for removal—Regular Rate	Per Hour	\$35.00	NSF
003	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Regular Rate	Per Hour	\$45.00	NSF
004	Labor – removing birds and other materials from 25 barns—Overtime Rate	Per Hour	\$37.50	NSF
005	Crew Chief – person giving work direction to crews of 10 people for removal—Overtime Rate	Per Hour	\$52.50	NSF
006	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Overtime Rate	Per Hour	\$65.00	NSF
<b>EQUIPMENT</b>				
101	Payloader (3 cubic yard bucket) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$130.00	NSF
102	Skidloader (1/2 ton buckets) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF
103	Dumptrucks (10-12 ton) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF

104	Modified atmosphere killing carts with fuel and all other direct costs	Per Hour	\$8.00	NSF
105	Hydraulic cage lift with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$70.00	NSF
	<b>EQUIPMENT—PART B</b>			
106	Side dump with operator	Per Hour	\$120.00	\$208,000
	<b>SUPPLIES</b>			
	<b>TOTAL CONTRACT FUNDED AMOUNT</b>			<b>\$3,371,500</b>

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1 CONTRACT D CODE	PAGE OF PAGES 1 8		
2 AMENDMENT/MODIFICATION NO 0004		3 EFFECTIVE DATE 05/18/2015	4 REQUISITION/PURCHASE REQ NO 748043	5 PROJECT NO (if applicable)	
6 ISSUED BY USDA APHIS MRPBS ASD Procurement Branch Butler Square, 5th Floor 100 N 6TH STREET MINNEAPOLIS MN 55403		CODE APHIS-MRPBS-ASD-6	7 ADMINISTERED BY (if other than Item 6)		CODE
8 NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SONSTEGARD FOODS COMPANY 5005 S BUR OAK PL 1700342029# STOIX FALLS SD 57108-2228		(x) 9A AMENDMENT OF SOLICITATION NO	9B DATED (SEE ITEM 11)		
CODE 1700342029# FACILITY CODE		(x) 10A MODIFICATION OF CONTRACT/ORDER NO AG-6395-C-15 0077	10B DATED (SEE ITEM 13) 04/24/2015		

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers \_\_\_\_\_ is extended. \_\_\_\_\_ is not extended. Offer's must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15 and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12 ACCOUNTING AND APPROPRIATION DATA (if required)  
 AP00.5X.....V0000319XXXCEMGGYAVINROUSDA.1500.000  
 Net Contract Price: \$343,458.00

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14 PURSUANT TO THE AUTHORITY OF FAR 43.103(f).
	C THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF _____
	D OTHER (Specify type of modification and authority)
<input checked="" type="checkbox"/>	X Mutual agreement of the parties

**E. IMPORTANT:** Contractor \_\_\_\_\_ is not  is required to sign this document and return \_\_\_\_\_  copies to the issuing office.

**14 DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by GCF section headings including solicitation/contract subject matter where feasible)**

Tax ID Number: 46-0392669  
 DUNS Number: 194549059

A. The purpose of this modification is to add additional not to exceed funding for the site preparation costs in accordance with the attached quotes. The totals of these quotes cannot be exceeded. Contractor will only be reimbursed for the services provided in these quotes. Government will not provide any further compensation for expenses to remove this material during or after the end of this contract. Sunrise Farms will be liable for any expenses to remove excess rock or other material as the Government will not be held liable for these efforts. Or, if Sunrise Farms decides to leave rock and other material in place Sunrise Farms will not be charged any costs via this contract for site condition alterations.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

(b)(6)		15A NAME AND TITLE OF CONTRACTING OFFICER (Type or print) LARRY D. NELSON	
15B CONTRACTOR/OFFEROR 	15C DATE SIGNED 5/18/15	15D UNITED STATES OF AMERICA larry.d.nelson@usda.gov v (Signature of Contracting Officer)	15E DATE SIGNED

NAME OF OFFEROR OR CONTRACTOR  
SONS' REGARD FOODS COMPANY

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>B. CLIN 201 is established and funded in the not to-exceed amount of \$343,458.00 to pay for site preparation costs detailed in four attached quotes.</p> <p>C. An updated Appendix A is attached.</p> <p>D. As a result of this modification, the total funded amount of this contract is increased:            FROM: \$3,371,500            BY: \$343,458            TO: \$3,714,958</p> <p>E. All other contract terms and conditions remain unchanged as the result of this modification.            Delivery: 06/30/2015            Delivery Location Code: APHIS-VS-WR-82YM            APHIS-VS-WR-82YM            2150 Centre Avenue            Bldg B, #3E13            Fort Collins CO 80526 US</p> <p>Payment:            Invoice Processing Platform (IPP)            All invoices must be submitted electronically through the Invoice Processing Platform (IPP) via www.ipp.gov</p> <p>Agency Code: AP00 Budget Yr Start: UN SRC:            VSSD0319CCCEMGYAVIN01USDA BOC: 2500            FOB: Destination            Period of Performance: 04/24/2015 to 06/30/2015</p> <p>Add Item 006 as follows:</p>				
006	<p>Site preparation work at the NTE amount of \$343,458.00            Obligated Amount: \$343,458.00</p>				343,458.00

# Raveling, Inc.

Crane Rental and Heavy Hauling  
 Farm and Commercial Grain Handling Equipment  
 PO Box 35 · Melvin, IA 51350  
 Ph: (712) 736-2596 · Fax: (712) 736-2202

No. \_\_\_\_\_  
 DATE: 5/8/2015

QUOTE TO: SUNRISE FARMS  
 \_\_\_\_\_  
HARRIS, IA  
 \_\_\_\_\_

**QUOTE:**  
**MISC SITE PREP (NORTH ROADS)**

DESCRIPTION		AMOUNT
<b>** MISCELLANEOUS SITE PREP FOR NORTH ROADS</b>		
	<b>* PRICE INCLUDES</b>	
	INSTALL CULVERT	
	SCRAPE CLAY FOR NEW DRIVEWAYS AT NORTH SIDE OF FARM	
	CLEAN DITCH	
<b>**EQUIPMENT TO EXCAVATE, SCRAPE, LEVEL, &amp; COMPACT AREA</b>		
EXCAVATOR	8 HRS @ \$200.00 P/HR	\$1,600.00
SCRAPER	19 HRS @ \$250.0 P/HR	\$4,750.00
BOX SCRAPER	4 HRS @ \$125.00 P/HR	\$500.00
LABOR - INSTALL CULVERT	6 HRS @ \$68.00 P/HR	\$408.00
<b>**MATERIAL</b> MATERIAL INCLUDES HAULING & SALES TAX		
	60' - 24" METAL CULVERT - NORTH SIDE OF EAST LAYER BLDG	\$1,800.00
	2 - 24" CLAMP BANDS	\$60.00
	<b>TOTAL</b>	<b>\$9,118.00</b>

# Raveling, Inc.

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 Farm and Commercial Grain Handling Equipment  
 PO Box 35 · Melvin, IA 51350  
 Ph: (712) 736-2596 · Fax: (712) 736-2202

No. \_\_\_\_\_  
 DATE: 5/8/2015

QUOTE TO: SUNRISE FARMS  
 \_\_\_\_\_  
HARRIS, IA  
 \_\_\_\_\_

**QUOTE:**  
**SITE PREP**  
**3 TRUCK WASH PADS**

	DESCRIPTION	AMOUNT
**	PREPARE 3 TRUCK WASH AREAS	
	* PRICE INCLUDES	
	DRESS 3 TRUCK WASH AREAS WITH 150 TON 3" ROAD STONE	
	INSTALL HOSE & FITTINGS FOR WATER SUPPLY TO 2 AREAS	
	SUPPLY TANKER TRAILER FOR 3RD TRUCK WASH	
	**EQUIPMENT TO SCRAPE, LEVEL, COMPACT & DRESS AREAS	
	EST SQ FOOTAGE - 8,000 SQ FT P/AREA X 3 @ \$0.60 P/SQ FT	\$14,400.00
	**TANKER TRUCK RENTAL	
	ESTIMATED 3 DAYS RENTAL @ \$500.00 P/DAY	\$1,500.00
	**LABOR	
	INSTALL HOSE/PIPE & FITTINGS FOR WASH STATIONS	\$2,960.00
	**MATERIAL MATERIAL INCLUDES HAULING & SALES TAX	
	150 TON - 3" ROAD STONE	\$4,650.00
	1700' - HYDRANT HOSE & FITTINGS FOR WASH STATIONS	\$6,600.00
	WATER SUPPLY	
	<b>TOTAL</b>	<b>\$30,110.00</b>



# *Raveling, Inc.*

Crane Rental and Heavy Hauling  
 Farm and Commercial Grain Handling Equipment  
 PO Box 35 · Melvin, IA 51350  
 Ph: (712) 736-2596 · Fax: (712) 736-2202

No. \_\_\_\_\_  
 DATE: 5/8/2015

QUOTE TO: SUNRISE FARMS  
 \_\_\_\_\_  
HARRIS, IA  
 \_\_\_\_\_

**QUOTE:**  
**SITE PREP - CLEAN HARBOR AREA**

	DESCRIPTION	AMOUNT
<b>** STAGING AREA FOR CLEAN HARBOR, INC.</b>		
	<b>* PRICE INCLUDES</b>	
	ROCK STAGING AREA FOR CLEAN HARBOR W/1" ROAD STONE	
	APPROX 200' X 300' AREA	
	<b>**EQUIPMENT TO SCRAPE, LEVEL, COMPACT &amp; ROCK AREA</b>	
	EST SQUARE FOOTAGE 60,000 SQ FT @ \$0.60 P/SQ FT	\$36,000.00
	<b>**MATERIAL</b> MATERIAL INCLUDES HAULING & SALES TAX	
	1300 TON - 1" ROAD STONE	\$40,300.00
	<b>TOTAL</b>	<b>\$76,300.00</b>

# Raveling, Inc.

Crane Rental and Heavy Hauling  
 Farm and Commercial Grain Handling Equipment  
 PO Box 35 · Melvin, IA 51350  
 Ph: (712) 736-2596 · Fax: (712) 736-2202

No. \_\_\_\_\_  
 DATE: 5/8/2015

QUOTE TO: SUNRISE FARMS  
 \_\_\_\_\_  
HARRIS, IA  
 \_\_\_\_\_

**QUOTE:**

**SITE PREP - COMPOSTING ROAD**

	DESCRIPTION	AMOUNT
<b>** ROAD TO BRING PRODUCT IN &amp; OUT FOR COMPOSTING &amp; BIRD DISPOSAL</b>		
<b>WITH TRUCK TURN-AROUND AREA</b>		
	ROAD APPROX 88,000 SQ FT	TURN AREA APPROX 40,000 SQ FT
<b>* PRICE INCLUDES</b>		
	PREP CLAY BASE	
	INSTALL CULVERT UNDER NEW ROAD	
	APPLY FILTER LINER	
	DRESS ROAD WITH 4" OF 3" ROAD STONE	
	DRESS ROAD WITH 2" OF 1" ROAD STONE	
<b>**EQUIPMENT TO EXCAVATE, SCRAPE, LEVEL, COMPACT &amp; ROCK AREAS</b>		
	FST SQUARE FOOTAGE - 128,000 SQ FT @ \$0.60 P/SQ FT	\$76,800.00
<b>**MATERIAL MATERIAL INCLUDES HAULING &amp; SALES TAX</b>		
	2330 TON - 3" ROAD STONE - ROAD & TURN AROUND AREA	\$72,230.00
	2200 TON - 1" ROAD STONE - ROAD & TURN AROUND AREA	\$68,200.00
	14 - ROLLS TYPE F FABRIC LINER - ROADWAY	\$9,240.00
	40' - 24" METAL CULVERT & CLAMP - NORTH SIDE OF MANURE BLDG	\$1,460.00
	1 - 2' X 4' CONCRETE CULVERT & DRIVE-OVER GRATE W/INSTALL	\$1,422.00
	80' - 15" DRIVEWAY CULVERT W/INSTALL	\$3,034.00
	<b>TOTAL</b>	<b>\$227,930.00</b>

ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES	UNIT	UNIT PRICE	FUNDED AMOUNT
	<b>LABOR</b>			<b>\$2,250,000</b>
001	Labor removing birds and other materials from 25 barns—Regular Rate	Per Hour	\$25.00	NSF
002	Crew Chief—person giving work direction to crews of 10 people for removal—Regular Rate	Per Hour	\$35.00	NSF
003	Unit Supervisory—person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Regular Rate	Per Hour	\$45.00	NSF
004	Labor—removing birds and other materials from 25 barns Overtime Rate	Per Hour	\$37.50	NSF
005	Crew Chief—person giving work direction to crews of 10 people for removal—Overtime Rate	Per Hour	\$52.50	NSF
006	Unit Supervisory—person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Overtime Rate	Per Hour	\$65.00	NSF
	<b>EQUIPMENT</b>			<b>\$913,500</b>
101	Payloader (3 cubic yard bucket) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$130.00	NSF
102	Skidloader (1/2 ton buckets) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF
103	Dumptrucks (10-12 ton) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF

Appendix A—as revised in Mod 03

104	Modified atmosphere killing carts with fuel and all other direct costs	Per Hour	\$8.00	NSF
105	Hydraulic cage lift with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$70.00	NSF
	<b>EQUIPMENT—PART B</b>			
106	Side dump with operator	Per Hour	\$120.00	\$208,000
	<b>ADDITIONAL LINE ITEMS</b>			
201	Site Preparation Work	1 LOT	\$343,458	\$343,458
	<b>TOTAL CONTRACT FUNDED AMOUNT</b>			<b>\$3,714,958</b>

2. AMENDMENT/MODIFICATION NO. 0006	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 758820	5. PROJECT NO. (If applicable)
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6. ISSUED BY USDA APHIS MRPBS ASD Procurement Branch Butler Square, 5th Floor 100 N 6TH STREET MINNEAPOLIS MN 55403	CODE	APHIS-MRPBS-ASD-6	7. ADMINISTERED BY (If other than Item 6)	CODE
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8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code) SONSTEGARD FOODS COMPANY 5005 S BUR OAK PL 1100342029# SICUX FALLS SD 57108-2228	(x)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. AG-6395-C-15-0077
		10B. DATED (SEE ITEM 13) 04/24/2015

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended.  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) AP00,5X.....VSSD0319CCCFMGYAVTNC1USDA.2500...	Net Increase:	\$1,000,000.00
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**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF _____
	D. OTHER (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

Tax ID Number: 46-0392669  
DUNS Number: 154549059

A. The purpose of this modification is to add additional not-to-exceed funding for CLIN 001 (Labor) in accordance with the attached modified price list (Appendix A).

B. CLIN 001 (Labor funding) is increased by \$1,000,000 to a new NTF amount of \$4,750,000

C. As a result of this modification, the total funded amount of this contract is increased:  
FROM: \$5,823,958  
BY: \$1,000,000  
TO: \$6,823,958

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) LARRY D. NELSON
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
_____ <i>(Signature of person authorized to sign)</i>	_____ <i>(Signature of Contracting Officer)</i>
16B. UNITED STATES OF AMERICA larry.d.nelson@usda.gov <small>Digitally signed by Larry D Nelson DN: cn=Larry D Nelson, ou=USDA, o=USDA Date: 2015.07.20 16:49:14 -0500</small>	16C. DATE SIGNED

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
AG-6395-C-15-0077/0006

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NAME OF OFFEROR OR CONTRACTOR  
SONSTEGARD FOODS COMPANY

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
009	<p>D. All other contract terms and conditions remain unchanged as the result of this modification.                      Delivery: 08/15/2015                      Delivery Location Code: APHIS-VS-WR-82YM                      APHIS-VS-WR-82YM                      2150 Centre Avenue                      Bldg B, #3E13                      Fort Collins CO 80526 US</p> <p>Payment:                      Invoice Processing Platform (IPP)                      All invoices must be submitted electronically through the Invoice Processing Platform (IPP) via www.ipp.gov</p> <p>Agency Code: AP00 Budget Yr Start: 5X SEC: VSSDC319CCCRMGYAVTX01USDA BCC: 2500                      FOB: Destination                      Period of Performance: 04/24/2015 to 08/15/2015</p> <p>Add Item 009 as follows:</p> <p>\$1,000,000 in additional not-to-exceed funding for continued cleaning and disinfection work at Sunrise Farms.                      Obligated Amount: \$1,000,000.00</p>				1,000,000.00

Appendix A—as revised in Mod 05

<b>ITEM NO.</b>	<b>SCHEDULE OF SUPPLIES/SERVICES</b>	<b>UNIT</b>	<b>UNIT PRICE</b>	<b>FUNDED AMOUNT</b>
	<b>LABOR</b>			<b>\$4,750,000</b>
<b>001</b>	Labor – removing birds and other materials from 25 barns –Regular Rate	<b>Per Hour</b>	<b>\$25.00</b>	<b>NSF</b>
<b>002</b>	Crew Chief – person giving work direction to crews of 10 people for removal—Regular Rate	<b>Per Hour</b>	<b>\$35.00</b>	<b>NSF</b>
<b>003</b>	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Regular Rate	<b>Per Hour</b>	<b>\$45.00</b>	<b>NSF</b>
004	Labor – removing birds and other materials from 25 barns –Overtime Rate	<b>Per Hour</b>	\$37.50	NSF
005	Crew Chief – person giving work direction to crews of 10 people for removal—Overtime Rate	<b>Per Hour</b>	\$52.50	NSF
006	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Overtime Rate	<b>Per Hour</b>	\$65.00	NSF
	<b>EQUIPMENT</b>			<b>\$1,522,500</b>
101	Payloader (3 cubic yard bucket) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$130.00	NSF
102	Skidloader (1/2 ton buckets) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF
103	Dumptrucks (10-12 ton) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$90.00	NSF

Appendix A—as revised in Mod 05

104	Modified atmosphere killing carts with fuel and all other direct costs	Per Hour	\$8.00	NSF
105	Hydraulic cage lift with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$70.00	NSF
	<b>EQUIPMENT—PART B</b>			
106	Side dump with operator	Per Hour	\$120.00	\$208,000
	<b>ADDITIONAL LINE ITEMS</b>			
201	Site Preparation Work	1 LOT	\$343,458	\$343,458
	<b>TOTAL CONTRACT FUNDED AMOUNT</b>			<b>\$6,823,958</b>



This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (2 CFR 51).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0047. The time to complete this collection of information is estimated to average .0160 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

OMB NUMBER 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
APPRAISAL AND INDEMNITY CLAIM FORM

ANIMALS DESTROYED  MATERIALS DESTROYED

1. VS PROGRAM DISEASE NAME  
HPAI 2015

2. PREMISES IDENTIFICATION NO.  
00JBBN2

3. HERD/FLOCK IDENTIFICATION NO.  
IA Osceola 2

4. HERD/FLOCK DISEASE STATUS  
Infected

5. DATE ANIMALS/MATERIALS DESTROYED  
5/20/2015

6. DATE OF CLEANING AND DISINFECTING

7a. OWNER - CLAIMANT LEGAL NAME

Phil Sonstegard/Sonstegard Foods Company, Inc./Sunrise Farms

9a. PREMISES WHERE APPRAISAL WAS MADE (If different from Item 7)

Sunrise Farms / Pullet Farm #1

7.b. OWNER - CLAIMANT MAILING ADDRESS (Number & Street, or RFD)

2060 White Ave.

9.b. PREMISES ADDRESS (Number & Street, or RFD)

6404 180th St

7.c. CITY

Harris

7.d. STATE

IA

7.e. ZIP CODE

51345

9.c. CITY

Ocheyedan

9.d. STATE

IA

9.e. ZIP CODE

51354

8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (If same as Item 7.a., so state)

10. COUNTY

Osceola

LINE	APPRAISED					APPRAISAL			TOTAL APPRAISAL			AMOUNT DUE FROM		
	11. DESCRIPTION/IDENTIFICATION/ PAGE NO OF VS FORM 1-23A (Description of materials or Animal-reactor tag No., Animal ID No., Tattoo, Tag, or Brand)	12. SPECIES	13. AGE in weeks	14. Weeks in 2nd lay	15. BREED	16. VALUE PER UNIT	17. UNIT (head, lb ton, etc.)	18. NO. UNITS/ WEIGHT	19. GRADE ANIMALS OR MATERIALS	20. PURCHASED ANIMALS	21. SALVAGE (FROM VS 1-24)	22. DIFFER- ENCE	23. UNITED STATES	24. STATE AGENCY
1	Barn 1 (flock # 448)	chicken	13	n/a	Bovan	3.54	head	138,667	\$490,881.18	\$0.00		\$490,881.18	\$0.00	
2	Barn 2 (flock # 449)	chicken	13	n/a	Bovan	3.54	head	119,188	\$421,925.52	\$0.00		\$421,925.52	\$0.00	
3								\$0.00		\$0.00		\$0.00	\$0.00	
4								\$0.00		\$0.00		\$0.00	\$0.00	
5								\$0.00		\$0.00		\$0.00	\$0.00	
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS: April 3 - May 5 Updated case						Sub Total- Page 2			0	\$0.00	\$0.00	\$0.00	\$0.00	
<b>GRAND TOTALS (Basis for payment):</b>						267,855		\$912,806.70	\$0.00	\$0.00		\$912,806.70	\$0.00	

26. DATE ANIMALS/MATERIALS APPRAISED: 4/24/2015

CERTIFICATION AND APPRAISAL CERTIFICATE

I certify that animals and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

OWNER-CLAIMANT MORTGAGEE CERTIFICATION

I certify that the animals and/or materials identified in this claim are (Initials) SS are not (Initials) SS not applicable SS (Initials) mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with all applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE

Greg Schmit, DVM

28. TITLE

State District Veterinarian

29. SIGNATURE OF OWNER/CLAIMANT OR AUTHORIZED REPRESENTATIVE IN

(b)(6)

31. TITLE OF CLAIMANT

Controller

29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER

STEPHANIE KORDICK

32. DATE SIGNED

10/29/15

33. IF MORTGAGED, FEDERAL NOTICE CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO OWNER-MORTGAGOR (ITEM 7)

STATE CERTIFICATION: I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.

34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE

35. NAME AND SIGNATURE

36. TITLE

34.b. MORTGAGEE MAILING ADDRESS

37. STATE AGENCY

38. DATE

34.c. CITY

34.d. STATE

34.e. ZIP CODE

APPROVED

39. FOR \$  
\$912,806.70

40. ALLOTMENT NO.

41. NAME OF SIGNATURE

PATRICIA DONOHUE  
GALVIN

42. TITLE

Patricia Donohue Galvin  
Date: 2015.11.03 15:19:39 -0500

43. DATE

44. PAGE 1 OF 1

VS FORM 1-23 (APR 2002)

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (9 CFR 51)

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 numbers for these information collections are 0579-0007, 0579-0047, 0579-0101, 0579-0137, 0579-0185, 0579-0189, 0579-0192, and 0579-0208. The time required to complete this information collection is estimated to average 1 hour 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.

OMB Approved  
0579-0007, 0579-0047, 0579-0101,  
0579-0137, 0579-0185, 0579-0189,  
0579-0192, and 0579-0208

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

**APPRAISAL AND INDEMNITY CLAIM FOR**

ANIMALS DESTROYED       MATERIALS DESTROYED

1. VS PROGRAM DISEASE NAME <b>HPAI</b>	2. PREMISES IDENTIFICATION NUMBER <b>00JBBN2</b>
3. HERD/FLOCK IDENTIFICATION NUMBER <b>381531</b>	4. HERD/FLOCK DISEASE STATUS <b>Infected</b>
5. DATE ANIMALS/MATERIALS DESTROYED <b>5/20/2015</b>	6. DATE OF CLEANING AND DISINFECTING

7.a. OWNER-CLAIMANT LEGAL NAME <b>Phil Sonstegard/Sonstegard Foods Company, Inc./Sunrise Farms</b>		9.a. PREMISES WHERE APPRAISAL WAS MADE (If different from Item 7) <b>Sunrise Farms Pullet Farm #1</b>	
7.b. OWNER-CLAIMANT MAILING ADDRESS (Number and street, or RFD) <b>2060 White Ave</b>		9.b. PREMISES ADDRESS (Number and street, or RFD) <b>6404- 180th St.</b>	
7.c. CITY <b>Harris</b>	7.d. STATE <b>Iowa</b>	7.e. ZIP CODE <b>51345</b>	9.c. CITY <b>Ocheyedan</b>
			9.d. STATE <b>IA</b>
			9.e. ZIP CODE <b>51354</b>
8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (If same as Item 7.a., so state)			10. COUNTY <b>Osceola</b>

APPRAISED										APPRAISAL		TOTAL APPRAISAL			AMOUNT DUE FROM	
11. DESCRIPTION: IDENTIFICATION PAGE NUMBER OF VS FORM 1-23A (Description of Materials or Animal-reactor Tag Number, Animal ID Number, Tattoo, Tag, or Brand)	12. SPECIES	13. AGE	14. SEX	15. BREED	16. GRADE FUREBRED/ MATERIALS	17. UNIT (head, lb, ton, etc.)	19. NO. UNITS/ W/FIGHT	18. VALUE PER UNIT	20. TOTAL APPRAISAL	21. SALVAGE VS FORM 1-24	22. DIFFERENCE	23. UNITED STATES	24. STATE AGENCY			
1 layer pullets	chickens	15 wks 4 days	f	Boone		head	138,665	3.41	472,847.65							
2 layer pullets	chickens	13 wks 7 days	f	Boone		head	119,183	3.41	406,414.03							
3																
4																
5																
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS						GRAND TOTALS (Basis for payment)		<b>257848</b>	<b>\$879261.68</b>							

26. DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED  
**4/25/2015**

**CERTIFICATION AND APPRAISAL CERTIFICATE**

certify that the animals and/or materials listed above are properly identified and are eligible for indemnity and that animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

**OWNER-CLAIMANT MORTGAGOR CERTIFICATION**  
I certify that the animals and/or materials identified in this claim are (initials) \_\_\_\_\_, are not (initials) \_\_\_\_\_, not applicable \_\_\_\_\_ (initials) mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE <b>Greg Schmitt, D.V.M.</b>	28. TITLE State District Veterinarian	30. SIGNATURE OF OWNER/CLAIMANT OR AUTHORIZED REPRESENTATIVE <b>(b)(6)</b>	31. TITLE OF CLAIMANT <b>President</b>
29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER		32. DATE SIGNED <b>4/28/15</b>	33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO: <input type="checkbox"/> OWNER-MORTGAGOR (Item 7), <input checked="" type="checkbox"/> MORTGAGEE (Item 7)

STATE CERTIFICATION: I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid to the Owner-Claimant.

35. NAME AND SIGNATURE	36. TITLE	34.b. MORTGAGEE MAILING ADDRESS	
37. STATE AGENCY	38. DATE <b>MARTIN SMELTZER</b>	34.c. CITY D. granted by MARTIN SMELTZER DN: c=US o=US Government, ou=Department of Agriculture, cn=MARTIN SMELTZER, 0.9.2342.19200100.0001.1=200100001 2314	34.d. STATE
39. FOR \$ <b>\$879,266.68</b>	40. ALLOTMENT NO.	42. TITLE	34.e. ZIP CODE
41. BY NAME AND SIGNATURE <b>MARTIN SMELTZER</b>		43. DATE	44. PAGE ____ OF ____

VS FORM 1-23  
SEP 2010

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2016
	<b>STATE</b> IOWA	11/03/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER(Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED				
1100914019  Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBN2  BOC: 4222  Birds (Recalculated)							\$ 33,545.02	\$0	\$ 33,545.02	\$0
5XVSSD0319CCCEMGYAVIN01USDA 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 AP.EX.AVIN.01										
<b>Totals</b>							\$ 33,545.02	\$0	\$ 33,545.02	\$0

OFFICIAL IN CHARGE **PATRICIA DONOHUE GALVIN**  

 Digitally signed by PATRICIA DONOHUE GALVIN  
 DN: cn=PA, o=US, ou=Animal Health, ou=Department of Agriculture,  
 ou=ARS, ou=2013-12-11 16:12:48 -0500, email=patricia.donohue@aphis.usda.gov, c=US

VS FORM 1-31 (AUG 78) *Previous editions are obsolete*

**\*\*\*THIS INDEMNITY CLAIM IS FROM THE 2015 HPAI INCIDENT AND THEREFORE DOES NOT REQUIRE A DUNS NUMBER.\*\*\***

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>INDEMNITY CLAIM TRANSMITTAL</b>	<b>ALLOTMENT NO.</b> See below	<b>FISCAL YEAR</b> 2015
	<b>STATE</b> Iowa	7/17/2015
	<input type="checkbox"/> BRUCELLOSIS <input checked="" type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PARATUBERCULOSIS <input checked="" type="checkbox"/> OTHER (Specify) HPAI	

NAME	CATTLE				OTHER (turkey)		APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY
	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE-BRED				
1100914019  Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345  Premise: 00JBBN2  BOC: 4222  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             5XVSSD0319CCCEMGYAVIN01USDA              15XX AP001600BN              APVSSD0319              AP01FCCCEMGY000 AP.EX.AVIN.01           </div>							\$879,261.68	\$0	\$879,261.68	\$0
Totals					X		\$879,261.68	\$0	\$879,261.68	\$0

OFFICIAL IN CHARGE **PATRICIA DONOHUE GALVIN**

 Digitally signed by PATRICIA DONOHUE GALVIN  
 DN: c=US, o=US Government, ou=Department of Agriculture,  
 e=N.242-9228001331.1.12@USDOA-76, cn=PATRICIA DONOHUE GALVIN  
 Date: 2015.07.17 14:21:56 -0400