This information is required to be completed animals, for which indemnity is claimed. No benefits may be paid out unless the report is authorized under (9. CFR 51).	monies or	other	val Las linfo	id OMĚ omatio	number. The	ne valid OMB ed to average ning the data	control number f 0160 hours per needed, and con	or this information response, inclu- npleting and rev		i-0047. The tim lewing instructi	e to complete thi ion, searching ex	s collection of isting data sources,	OMB NUMBER 0579-0047
UNITED STATES DI ANIMAL AND PLANT						Ī	1. VS PROGRAM HPAI	M DISEASE NA	ME	I -	, premises ide 00JBBK8	ENTIFICATION NO	
	INARY SEI					-	3. HERD/FLOCK	KIDENTIFICATI	ION NO.	4	. HERD/FLOCK	DISEASE STATUS	
APPRAISAL AN	O INDE	MNITY	CLA	IM F	OR		Osceola 1	1			INFECTED		
ANIMALS DESTROYED	Σ	MATE	RIALS	DESTR	OYED	Ī	5. DATE ANIMAI 05/11/20	LS/MATERIALS 115 - 05/15/2		6	. DATE OF CLE	aning and disin	FECTING
7.a. OWNER-CLAIMANT LEGAL NAME Phil Sonstegard / Sonstegard I	oods Co	mpan	y, Inc.	/ Sun	rise Farm		9.a. PREMISES same	WHERE APPRA	AISAL WAS MADE	(If different from	n Item 7)		
7.b. OWNER-CLAIMANT MAILING ADDRESS 2060 White Ave	S (Number	& street	or RFL	D)			9.b. PREMISES same	ADDRESS (Nui	mber & street, or RF	(D)			
7.c. CITY Harris	7.0	I. STAT IA	E	7,e. Z 5134	IP CODE		9.c. CITY			9	.d. STATE	9.e. ZIP CODE	
8. IF JOINT OWNERSHIP, GIVE FULL NAM	E OF ALL (WNER	S (If sam	ne as ite	em 7.a., so s	tale)	_		_	·		10. COUNTY Osceola	
APPF	AISED		_			<u> </u>	APPRAISA		тот	AL APPRAIS	SAL	AMOUN	T DUE FROM
11 DESCRIPTION/IDENTIFICATION/PAGE NO. OF VS FORM 1-23A (Description of Naterials of Arimal-reactor tag No., Animal ID No., tattoo, Tag, or Brand)	1	13. AGE	14 SEX	15. BREED	16 GRADE PUREBRED/ MATERIALS	17. UNIT (nead, lb ton,etc)	18. NO.LINITS/ WEIGHT	19. VALUE PER UNIT	20. TOTA_ 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	<u> </u>
2 Graded Table Eggs, sold to Sonstegard Ford	Chicken	N/A	N/A	N/A	Grade A	Dozen	44280	1,41	62434.80	4428.00	58006.80	58006.80	
3				ļ		<u> </u>]	<u> </u>		_	
4				<u> </u>								<u></u>	
5													
25. SOURCE OF PRICING DATA AND/OR SPECIAL ANIMALS AMD/OR MATERIALS USDA calculations and the second	FACTORS A ator per (PECTING Dr. P. F	OX	OF	GRAND TO (Basis for p		297780		419869.80	15707.29	404162.51	404162.51	
26 DATE ANIMALS/MATERIALS APPRAISED AND 04/19/2015	/OR TAGGE	D AND BE	RANDED				I certify that the	e animals and/or m	naterials identified in the	is claim are (initi to regressor the i	GAGOR CERTIF	mitials) of the	plicable (initals) ne animals and/or materials
CERTIFICATION A I certify that materials and/or materials listed a nimals and/or materials requiring appraisals group are of equal value.	above are p are apprais	roperly in ed indivi	dentified	d and a	re eligible fo	r indemnity a r materials in	ident fed in this the an mals and regulations. The	s claim. I make cla d/or materials iden eroby agree that the id. I haraby expres	am (or all amounts due ntified in this claim. I ful he applaised value of a skywana any claim I m	me in accordant ly understand my inimals and/or m have to comi	te with all applicable y right to compensa sterials shown here bensation for anima in this claim. I furths	e laws and regulations ition in accordance with its in accordance with its and/or materials ide er agree to the destruct	s governing the payment for h applicable laws and n all applicable laws and antified in this claim above th clion of said animals and/or
27 NAME AND SIGNATURE OF GOVERNMENT A REPRESENTATIVE RICHANNE LOMKI	PPRAISER C	R SWACISHEN SECTIONS SECTIONS SECTIONS	eng salah dagan apag Maningga salah dagan	28. U.	TITLE SDA VMC)	(b)(6)				31	. THE OF CLAIMA	ντ
28. NAME AND SIGNATURE OF SPECIAL EXPER				•			32-DATE SIG	115	AND SHOULD BE?	MARKED TO:	OWNER-MOI	RIGAGOR (12m7)	AVOR OF MORTGAGOR MORTGAGEE (No. 1)
STATE CERTIFICATION I certify the amore each such amount has been or will be paid	int in Item	25 as di -Claima	ue from	the St	ate Agency	is correct a	nd 34.a. NAME A	ND SIGNATURE (OF MORTGAGEE OR .	AUTHORIZED R	EPRESENTATIVE		
35. NAME AND SIGNATURE			<u></u>	36	. THLE		34.5. MORTGA	AGEE MAILING A	CDRESS	_			
37. STATE AGENCY				38	DATE		34.c. CITY				14.d. ŠTATF	34.e. ZIP CODE	
APPROVED 39 FOR \$ \$404,16251	49. Al	OTMEN	T YO.	41		ND SIGNATUR		ICIZI	Digital y signed by (43. DATE	44 PAGE OF
VS FORM 1-23 (APR 2002)					CAR	UL H	USZYN	12KI —	0.9.2342.19200300 Date: 2015.06.2417	100 1.1 1200100000	atment of Agaculture, ca 1880	n±CAROL TUSZYNSKI.	<u></u>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OME control number. The valid OME control number for this information collection is 05/5-0101. The time required to complete this information collection is estimated to everage 2.5 focus per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the collection of information.

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

	PROCEEDS FROM AN	ARTMENT OF AGRICULTI ANT HEALTH INSPECTIO IMALS SOLD	N SERVICE	LAUGHT	ER			FORM APPROVE OMB NO 0579-0101
REACTOR TAG NUMBERS	DESCRIPTION OF ANIMALS BREED AND MARKINGS	WEIGHT	PRICE PER POUND	GROSS RECE PT	s	FXPENSE	:S 1/	NET PROCEEDS PAID TO OWNIEL OF EACH AN'MA
	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		ļ	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
1	Grade A Table Eggs	25200 dz	\$0.10	2520	00			2520.00
1	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
							 	
			.					
	·							
NOVE REACTORS	SOLD TO (Name of slaughter establishment)							
	Foods, Inc., PO Box 158 Esthery	rille, IA 51334						
	A CONTRACT WITH WITH CONTRACT OF THE CONTRACT	CERTIFICA	TION					···
	I certify that the sum(s) shown above	Purchaser which has been p	☐ Seller aid represe	nts the net sa	lvage fro	om said anii	nals.	
SUNTISE ME OF PURCHAS	e Farms, Inc.				v ·		DATE	2015 - 5/15/20
urchaser =	Estherville Foods, Inc., (b)(6)	Ge	neral Ma	nager	··-• ···			
0)(6)		100	300.00				DATE	10/12
Show the total ex	penses of marketing, including charges for transport	ation, teeding, yardage, s	staughter, and c	ommission for sel	ling agents	······································	/	1041-1

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 distinated 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. DEPARTI ANIMAL AND PLANT PROCEEDS FROM ANIM		N SERVICE	LAUGHT	ER		FORM APPROVED OMB NO 0579-0101
REACTOR TAG NUMBERS	DESCRIPTION OF ANIMALS BREED AND MARKINGS	WEIGHT	PRICE PER POUND	GROSS RECEIPT		EXPENSES 1/	NET PROCEEDS PAID TO DANER OF EACH AN MAL
	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
						· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	<u> </u>				 -
					<u> </u>		_
		-				-	
		-				<u>:</u>	
						-	
	<u></u>						
ABOVE REACTO	DRS SOLD TO (Name of slaughter establishment)			<u> </u>			
	rd Foods of Arkansas, 915 N Jefferso	n, Springdal	e, AR 727	764			
		CERTIFICA					
PAID TO (Owner	l certify that the sum(s) shown above w	Purchaser hich has been p		nts the net sa	lvage fro		E OF TRANSACTION
Sunri	se Farms, Inc.					ŀ	/11/2015
Purchase	r = Sonstegard Foods of Arkansas, I1	nc., (b)(6)				1	
By (Signature) (b)(6)	·	Mary	agel			6	-//-/5
1/ Show the lot	al expenses of marketing, including charges for transportatio	n, feeding, yardage,	slyughter, and o	ommission for se	ling agents		

VS FORM 1-24 (JUL 97)

	Information is required to be completed for the appraisal of a				DMS number.	The vallet DMB or	untroll number for	this intermution		The Ome to compl	ete this collecti	ion of information ;		
	nonies or other benefits may be paid out unless this report is a FR 51).	ompleted and	Med as su	thorized under				including the tin reviewing the form		ion, searching ex	isting tisks sold	rces, gathering and	4	OMB NUMBER 0579-0947
_	UNITED STATES DEPARTMEN ANIMAL AND PLANT HEALTH I				·	1. VS PRO	GRAM DISEA		,		2. PREMIS	SES IDENTIFI	CATION NO.	***
	VETERINARY SE		IN SERV	PE		2 HEDDIEL	OCK IDENT	HPA3			4 UCDD/E	LOCK DISEA	OF STATUS	OOJBBKB
	APPRAISAL AND INDEMN	VITY CLA	UM FOI	RM		3. HERDIFT	OUR DENI	FICKTION	4 O.		infected	LOOK DISEA	SESIAIOS	
	ANNAL C DECTROVED. M.	ATEMALO	DESTRO	VER		5. DATE A	NIMALS/MAT	TERIALS DE	STROYED			F CLEANING	AND DISINFECTI	NG
	ANIMALS DESTROYED MJ	MICROMES	DESTAC	/1E U		4/23/15 - 5								
7a.	OWNER - CLAIMANT LEGAL NAME					9.a. PREMI	SES WHERE	APPRAISA	L WAS MADE (# c	different from	item 7)			
Ph	il Sonstegard-Sonstegard Foods Compar	ıy. Inc												
7.1	DOWNER - CLAIMANT MAILING ADDRESS	(Number	& Stree	t, or RFD)		9.b. PREMI	SES ADDRE	SS (Number	& Street, or RFD)					·
206	50 White Ave.													
7.0	. CITY	7.d. STA	TE	7.e. ZIP 0	ODE	9.c. CITY					9. d . STA∏	E	9.e. ZIP CODF	
	rris	<u> </u>		<u> </u>	345	<u> </u>								
8.	IF JOINT OWNERSHIP, GIVE FULL NAME O	F ALL OV	VNERS	(If same as	s Item 7 a., s	so state)							10. COUNTY	
_													Osceola	
_	APPRAISE	:D:				APPR	AISAL		TOTAL APP	RAISAL				AMOUNT DUE FROM
LINE	PAGE NO. OF VS FORM 1-23A (Description of materials or Animal-resolve tag No. Animal 10 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 lotton, etc.)	16. NO, UMTS/ WEIGHT	19, GRADE ANIMALS OR MATERIALS	20 PUREBRED ANIMALS	21. SALVAGE (FROM VS 1-24.)	22 DIFFER- ENCE	23, JNITED STATES	24, STATE AGENCY
	Flock 1	Chicken	108	27	,	0.87	Head	97.788	\$8 5,075.56		\$0.00		\$85,075.56	\$0.00
	<u> </u>	1							•	1				
2	Flock 2	Chicken	107	27		0,87	Head	95 <u>8</u> 37	\$83,378.19		\$0,00		\$83 378,19	50.00
3	Flock 3	Chicken	32	n/a		3.61	Head	123,635	\$446,3 <u>22.</u> 35		\$0,00		\$446,322,35	\$0.00
		ĺ					_							
4	Flock 4	Chicken	31	n/a		3.67	Head	125.317	\$45 9.913.39		\$0.00		\$459,913,39	50.00
_									E460 264 22		40.00		5450 754 70	lea ea
	Flock 5 Source of Pricing Data and/or special Factor	OCK 5 Chicken 34 n/a RCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING						132.259	\$460.261.32 \$8,593 178 98	\$0.00	\$0.00		\$450,261,32	\$0.00
	UE OF ANIMALS AND/OR MATERIALS: Updated cale			_						 			*********	
5/5	-			L	GRAND TO	TALŞ (Besis			\$10,128,129.79 TGAGER CERTIFIC		\$0.00		\$10,128,129,79	50.00
Œ	DATE ANIMALS/MATERIALS APPRAISED: 4/19/7 RTIFICATION AND APPRAISAL CERTIFICATE rtify that animals and/or materials listed above a		v Identifi	ed and are	eligible for li	ndemolty and	centify that own or am a due me in ac my right to	the enimels a uthorized to s cordance with compensation	nd/or materials ide: represent the owne in all applicable faw i in accordance wit	ntified in this r, or am other rs and regulat th all applical	wise the cla long govern ale laws and	imant, of the a ing the payme is regulations.	nimals and/or/mater nt for the unimals of I hereby agree that	applicable (initials) mortgaged. I further certify to itals identified in this claim. I make claim for all amond/or materials identified in this claim. I fully unders the appraised value of animals and/or materials.
anlı	mais and/or materials requiring appraisals are a proup are of equal value.	ppraised in	dividual	fy unleas al	I animals or	materiais in	inercin is in e	this cinim ab	πin an applicable la	wasana regun	inibus suo i	nerruy expres	MÀ MEIAS BUÀ CIGIUI	I may have to compensation for animals and/or mate o on this claim. I further agree to the destruction of
OR	NAME AND SIGNATURE OF GOVERNMENT APP REPRESENTATIVE	RAISER	25. TITL				(b)(6)				SEN	TATIVE IN	31. TITLE OF CLAIR	MANT Controller
	tricia Fox			al Epiden	nology Offi	cer, Avian I		<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_		
23.	NAME AND SIGNATURE OF SPECIAL EXPERT A	APPRAISE	₹				32, DATE SIC	7/5	33. IF MORTGAGES, FFD MORTGAGES (ITEM 7)	YTHMECHAPT	GH±CK MILL S	E DRAWN IN FAVOR	R UF MORTGAGOR AND S	HOULD SE VAILED TO: OWNER-MORTGAGOR (ITEM 7)
	ATE CERTIFICATION: I certify the amount in Item		trom th	e State Age	ncy is come	ct and each			IRE OF MORTGAGE	EE OR AUTHO	RIZED REP	RESENTATIVE	_	
_	NAME AND SIGNATURE		36. TITL	.E			34.b. MORTG	AGEE MAILIN	IG ADDRESS					
37.	STATE AGENCY		38, DAT	E			34. b. CITY				34.d. STATI	E	34.e. ZIP CODE	
APr	PROVED	35 FOR \$	<u>-</u> 28,925	9. 7 79	40. ALLOTM	ENT NO.	^{41.} P'A ^E P	₹ICYA'®		42 TITLE Digitally signed DN. c-US, o-U.		AS DEALENN pu-Department of	44, PAGE_1_OF_	3_
VS	FORM 1-23 (APR 2002)	•							GALVIN	Agriculture, 0.9 cn=PARRICIA D Date: 2015.11.0	.2342.19200300. ONOHUE GALVII 2 17:34:35 05:00	100.1.1 1200100000 N)	0479.	

	ANIMAL AND PLANT HEALTH INSPECTION SERVICE	HEALTH INSPEC	TION SERVICE	City and Zip Code) (Type or Print)	r Print)				PAGE	7	A S	ı	
	VETERINA APPRAISAL AND INC ANIMALS DESTROYED	⋩∰⊟	SERVICES ANITY CLAIM FORM MATERIALS DESTROYED	Phil Sonstegard Sonstegard Foods Company, Inc. 2060 White Ave. Harris, Iowa 51345	pany, Inc.				3. PROPER N	3. PROPER NAME OF DISEASE INVOLVED HPAI	ASE INVOLVE HPAI	G _	
	APPRAISED	IDENTIFICATII	ON (Animals-Reactor Tag nd or other; Materials-Ibs,	[DENTIFICATION (Animals-Reactor Tag no. or Breed, Age, Sex, Tag #. Tattoo, Brand or other; Materials-Ibs, Eu., Tons, Board Feet, etc.)	APPRAISAL VALUE PER UNIT	MIT (Head,	WEIGHT OR NO. LINITS	TOTAL APPRAISAL	UREBRED	SALVAGE (From VS 1-	DJFFER.	AMOU	AMOUNT DUE FROM
LINE	NO. SPECIES	_	Weeks in 2nd lay		UNIT	Lb., lons, etc.)		MATERIALS	ANIMALS	24)		STATES	SIAIE AGENCY
7	Flock 6	34	.√a		3.48	HEAD	120,608	\$419,715.84					80.00
2	Flock 7	24	n/a		4.1	HEAD	126.875	\$520,187.50					\$0.00
ιņ	Flock 8	25	rva		4.04	HEAD	126.108	\$509,476.32		-			80:00
ъ.	Flock 9	26	n/a		3.98	HEAD	122,571	\$487,832.58					\$0.00
S	Flock 10	27	n/a		3.92	HEAD	123.875	\$485,590.00					\$0.00
6	Flack 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	п/а		2.31	HEAD	116.572	\$269,281.32				ļ	\$0.00
os.	Flock 13b	54	e/u		2.24	HEAD	115,938	\$259.701.12	_				\$0.00
10	j 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
4	Flock 16a	51	n/a		2,43	HEAD	115,966	\$281,797.38					\$0.00
15	Flock 16b	20	n/a		2.49	HEAD	117.039	\$291,427.11					\$0.00
16	Flock 17a	82	n/a		0.51	нЕАD	111,487	\$56,858.37					\$0.00
17	Flock 17b	82	n/a		0.51	HEAD	110,368	\$56,287,68					50.00
18,	Flock 18a	4	n/a		2.85	HEAD	119.363	\$341,378.18					\$0.00
19	Flock 18b	£4	n/a		2.93	HEAD	119.688	\$350,685.84					\$0.00
20	Flock 19a	7.3	ıva		1.06	HEAD	55,602	\$58,938.12					\$0.00
21	Flock 19b	73	n/a		1.06	HEAD	55.722	\$59,065.32		1			\$0.00
22	Flock 20a	68	n/a		1.37	HEAD	111.490	\$152,741,30					\$0.00
23	Flock 20b	67	n/a		4	HEAD	111.611	\$160,719.84					80.00
24	Flock 21a	65	n/a		1.56	HEAD	55,907	\$87,214.92	Ÿ				\$0.00
	_							20 200 404 00					

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

Application		ANIMAL AND PLANT HEALTH INSPECTION SERVICE	ID PLANT	HEALTH INSPE	ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. LEGYL NAME AND MALING ALDREGG OF CONNERVOLANGEN (No. 4)to Gleer of R.F.D. No., City and Zip Code) (fige or Print)				N. 1.0. 180. City	PAGE	ا ا	ور در	ı	
Authors District City Manual Sinstratory District City		APPRA	VETER. AISAL AND	INARY SERVIC DINDEMNITY C	ES LAIM FORM	Phil Sonstegard Sonstegard Foods Company, Inc.					3. PROPER N	AMF OF DISE	ASE INVOLVI HPAI	ED.	
Action Series Action Serie		ANIMALS	DESTROY	/EDMATER	IIALS DESTROYED	2060 White Ave. Harris, Iowa 51345									
Functor 225 Application		APPRAIS	SED	IDENTIFICAT	ION (Animals-Reack		APPRA	ASAL	WEIGHT OR NO.	TOTAL APP	RAISAL	SALVAGE		AMOU	AMOUNT DUE FROM
Finck 21b 65	LINE		SPECIES	AGE in Weeks	and or other; Material		VALUE PER UNIT	(Head, Lb. Tons, etc.)	STIND	GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS	(From VS 1- 24)		UNITED	STATE AGENCY
Finck 22a	-	Flock 21b		65			1.56	HEAD	55.872		•				\$0.00
4 Fibor(22) 18 n/a 4.22 HEAD 176.66 553.4614.92 4 Fibor(22) 75 n/a 0.94 HEAD 37.674 \$554.156 7 5 Fibor(22) 75 n/a 0.94 HEAD 37.701 \$554.354 7 1 Fibor(22) 70 n/a 1.25 HEAD 37.701 \$41.002 7 1 Fibor(23) 70 n/a 1.25 HEAD 37.609 8 7 1 Fibor(24) 70 n/a 0.94 HEAD 131.31 \$41.002 7 1 Fibor(24) 70 n/a 0.94 HEAD 131.31 \$35.606.80 9 1 Fibor(24) 70 n/a 0.94 HEAD 131.35 \$35.606.80 9 1 Fibor(25) 46 n/a 1.25 HEAD 131.35 \$35.60.80 9 1 Fibor(25) 46 n/a 1.25 HEAD 131.35 \$35.60.80 9 1 Fibor(25)		Flock 22a		18	e/u		4.22	HEAD	126,551	\$534,045.22			İ		\$0.00
Finck 23a 75 11/a 10.94 HEAD 37.674 535.4356 10.94 HEAD 37.674 535.4356 10.94 HEAD 37.674 535.43594 10.94 HEAD 37.674 535.43594 10.94 HEAD 37.674 535.43694 10.94 HEAD 37.674 535.43694 10.94 HEAD 37.674 13.674		Flock 22b		18	e/u		4.22	HEAD	126,686	\$534,614.92					SO.00
Flook 23b 75 71/a Place 23b Plac		Flock 23a		75	e/u		0.94	нЕАр	37.674	\$35,413.56					\$0.00
1.25 HeAD 37.669 \$47.086.25		Flock 23b		75	e/u		0.94	HEAD	37,701	\$35,438,94				ı	\$0.00
γ 1.25 HEAD 37.681 \$47.10125		Flock 23c		70	e/u		1.25	HEAD	37,669	\$47,086.25					\$0.00
Flock Zela 75 n/a 0.94 HEAD 130.869 \$122.828.86 Color Legal Flock Zela Flock Zela \$1.25 HEAD 130,884 \$15.605.00 Color Legal		Fjock 23d		70	n/a		1.25	HEAD	37.681	\$47,101.25					20.00
Flock 24b 70		Flock 24a		75	n/a		0.94	HEAD	130,669	\$122,828.86					\$0.00
11 Floot 25a 46 n/a 2.74 HEAD 131,317 \$359,908.58 PR 13 Floot 25b 46 n/a 2.74 HEAD 131,357 \$359,918.18 PR 14 HEAD 131,357 \$359,918.18 PR PR PR 14 HEAD HEAD \$0.00 PR PR PR PR 15 HEAD HEAD \$0.00 PR PR <td></td> <td>Flock 24b</td> <td></td> <td>70</td> <td>n/a</td> <td></td> <td>1.25</td> <td>HEAD</td> <td>130,884</td> <td>\$163,605.00</td> <td></td> <td></td> <td></td> <td></td> <td>S0.00</td>		Flock 24b		70	n/a		1.25	HEAD	130,884	\$163,605.00					S0.00
11 Flock 256 46 n/a 2.74 HEAD 131.357 \$358.918.18 1	10	Flock 25a		46	e/u		2.74	HEAD	131,317	\$359,808.58					\$0.00
13 HEAD S0.00	:	Flock 25b		46	e/u		2.74	HEAD	131,357	\$359,918.18					\$0.00
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VS FORM 1-234 (MAY 84) Previous editions are absolute Approved by the Comptroller Gen., U.S. (In Lieu of SF-1034)

a	nia information is required to be completed nimals, for which indemnify is claimed. No snefits may be paid out unless the report is whorized under (9, CFR 51).	monles or	olher	ve nijasta	ski OMĚ formatio	i number. Ti In is estimate	no valid OMI ed to averag	B control number	for this informatk response, inclu	required to respond on collection is 0579 ding the time for revi lawing the form.	-0047. The lin	sa to complete th	is collection of	OMB NUMBER 0579-0047
_	UNITED STATES DI ANIMAL AND PLANT	HEALTH I	NSPEC	TION S		- ,		1. VS PROGRA HPAI 2015	M DISEASE NA	ME	1	2. PREMISES 10 DOJBBK8	ENTIFICATION NO.	
	VETER	rinary se	RVICES	\$				3. HERD/FLOC	K IDENTIFICATI	ON NO.		4. HERD/FLOCK	DISEASE STATUS	· ·
	APPRAISAL ANI	D INDE	MNIT	Y CL	AJM F	OR		Osceoła 1]:	infected		
	ANIMALS DESTROYED	5	MAT	erials	DESTR	OYED		5. DATE ANIMA 7/15/2015 - 8/		DESTROYED		DATE OF CLE	aning and disinf	ECTING
7.:	. OWNER-CLAIMANT LEGAL NAME						•	9.a. PREMISES	WHERE APPR	AISAL WAS MADE (lf dillerent fro.	n l(em 7)		
Dr	Phil Sonstegard/Sonstegard Foods C	o./ Sunds	se Fam	ns				Same						
7.0	. OWNER-CLAIMANT MAILING ADDRES	S (Numbai	r & siroo	i, or RF	Ď)			9.6. PREMISES	ADDRESS (Nur	nber & street, or RF	O)			
20	30 White Ave							Same						
7.4	. CITY	7.	d, STA	T E	7.e. 2	IP CODE		9.c. CITY				d. STATE	9.e. ZIP CODE	
Нв	rris	1A	١		5134	5		Same			;	Same	Same	
8.	IF JOINT OWNERSHIP, GIVE FULL NAME	OF ALL O	WNER	S (If son	e as ita	m 7.e., 30 sl	010)						10. COUNTY	
													Osceola	
_	APPR	AISED					T	APPRAIS/	L.	TOT	ALAPPRAI	SAL	AMOUNT	DUE FROM
LINE	11 DESCRIPTION/DENTIFICATION/PAGE NO. OFVS FORM 1-23A (Description of Materials of Animal-reactor teg No., Animal ID No., bittoo, Tag, or Brand)	YZ SPECIES	13. AGE	14. SEX	15. 9REEO	16. GRACE PUREBREN MATERIALS	17. UNIT (head, lb, ton,atc)	18. NO.UNITS/ WEIGHT	19. VALUEPER UNIT	20, TOTAL APPRAISAL	21, SALVAGE VS FORM 1-2	DIFFERENCE	ZO. UNITED STATES	24, STATE AGENCY
7	Вохея	7/6	n/a	n/tı	м/µ	nia	n/a	120,630	1.05	127,867.80			127,857.80	
2	Corners	n/a	n/a	n/a	n/a	n/a	n/a	3,676	0,52	00.116,1			1,911.00	
3	Egg Fkals	n/a	מ'ות	o√a	náa	n/a	nfa	284,340	o.ca	22,747.20			22,747.20	
4	Foom Cartons	n/g	n/p	ala	n/a	nia.	n/a	306,360	0.12	36,763,20		ļ	36,763.20	
5	Palfuts	nta	ru'as	nře	rv'o	inda	n/a	843	7.50	6,322.56			6,322.50	
ÁN	SOURCE OF PRICING DATA ANDIOR SPECIAL I MALS ANDIOR MATERIALS 181 (INVOICE)	FACTORS AF	FECTING	SVALUE	.OF	GRAND TO	YALS Iymoni)			\$ 414,166.33		<u> </u>	\$ 414,168.30	<u> </u>
28.	DATE ANIMALSIMATERIALS APPRAISED AND	KOR TAGGE	D AND BI	RANDED) modification (flu	- naimala andiar m	OWNER-CLAM the identified in the	KANT MORTI Jacquien ava (ini	BAGOR CERTIF	ICATION not one	icable (Inibals)
	08/12/2015							mortgaged. Ift	ather cartly that to	wn cramauthorizad to	entinesenten	wher, or am others	rise the staintant, of the	affinaliam to bote alternate
алі	CERTIFICATION A utily that materials and/or materials listed a male and/or materials requiring appraisals of up are of equal value.	have are m	ropady i	dectifica	i and ar	e elicable for	indemnity a materials in							icable (initials) animals and/or materials poverning the paymant for spyficable flaws and still applicable fires and alled in this claim above th on of said animals and/or
静	NAME AND SIGNATURE OF GOVERNMENTAL PROPERTY OF PITCHER AND SIGNATURE OF GOVERNMENTAL PROPERTY OF THE PITCHER AND ADDRESS OF THE P	PRAISER G	ifiger Cornecty Services (Sphile trade of	en on USO	28. VI	गार्ग्स MO		(b)(6)	SE OF OWNER C	ADHTUA RO TAANIA	ZED REPRESA	ETATIVE IN 31	. TITLE OF CLAIMAN	
	NAME AND SIGNATURE OF SPECIAL EXPERT						 	32 DATE SIG	NEO	33. IF MORTAGED	, FEDERAL, INI WILED TO: (DEMNITY CHECK Y		NOR OF MORTGAGOR
					<u> </u>			0/60	//>			COOCCCUTATOR		
\$1 84	ATE CERTIFICATION Trentify the an th such amount has been or will be paid.	tount in ites the Owner	m 25 ss -Clehna	due tre: ni.	m ine S	late Agency	is conect a			E MORTGAGEE OR A	QINGRIZZO A	EFREGENIANE		
35	NAME AND SIGNATURE				38.	TME		34,b. MORTGA	agee Mailing ad	DRESS				
37.	STATE AGENCY				38.	DATE		34.6. CITY			3	4.d. STATE	34.a. ZIP CODE	
AP	94.44,168.90	40. ALI	LOTMEN	TNO.	41.	PÄŤŔ	ICIA I	' DONOH	IUE	Digitally signed by DN: c=US, o=U.S. (AZ TITLE PATRICIA DOM Jovernment, or	OHUE GALVIN	43. DATE	44. PAGE 1 OF 2
"VS	FORM 1-23 (APR 2002)	<u> </u>		•		GALV				0.9.2342.19200300 DONOHUE GALVII	0.1200.1.1 <u>-1200</u>	1000000479, cn=P	ATRICIA	
					1	JALV	IIN			Date: 2015.11.02 1				

Page 7 of 44

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	CONTINUATION SHEET - INDEMNITY CLAIM FOR:	SHEET	-INDEN	ANITYC	A MIN	i i i						3.PROPER IV	3. PROPER NAME OF DISEASE (NVOLVED	SE (NVOLVED	i
₹ □	ANIMAL DESTR	DESTROYED	× ×	MATERIALS DESTROYED	S DEST							HPAI 2015			
1/3	APPRAISED	l g	Asia	Ole React	O Tog Ne	IDENTIFIATION Animals Reactor Top No. Tattoo. Bearing Marries Library (Bearing Start Fact, ob.) Bearing other Charles Library (Bearing Start Fact, ob.)	APP.	APPHAISAL SAIT	W SO		oy to choch	SALVAGE (from	DIFFER	AMOUNT DUE FROM	UEFRO.
No.	NO SPECIES		AGE SEX	X BREED	93		PERUNIT	(Head, Ld., Tona, etc.))	SET S	ANIMALS OR MATERIALB	ANIMALS	V <u>§ 1-2</u> 4) (5	ENCE	STATES	AGENCY
<u> </u> "	200	- F2	~ <u>2</u>	چ <u>د</u>	\Box	Paper Cartons USDA Medium	50.12		810,840	12	5	3	8	\$ 97,275.60	\$
-	ιν'e	皇	퉏	_	n/a P	Paper Certone USDA Large	0,12		810,540	97,276.80				97,278,80	
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Page 8 of 44

This information is required to be completed for the appraisal of animals, for which indemnity is 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 appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid 0579-0007 0579-0047, 0579-0101, 0579-0137, 0579-0185, 0579-0189, 0579-0192, and 0579-0208. The time required to complete this

OMB Approved 0579-0007, 0579-0047, 0579-0101,

out unless this report is co authorized under (9 CFR	51).		gathering	and ma	intaining	the data needs		pleting and review	ing the collection	of information.	tions, searching	existing data sources		and 0579-0208
,A	UNITED STATES D NIMAL AND PLAN	IT HEAL	TMENT OF LTH INSPE LY SERVICE	CTION	ULTUR! SERVIC	Ē E		1. VS PROGRAM HPAI	I DISEASE NAM	IE		2. PREMISES IDENT 00JBBK8	TIFICATION NUMBE	R
								3. HERD/FLOCK	IDENTIFICATIO	N NUMBER		4. HERD/FLOCK DIS	EASE STATUS	
API	PRAISAL AN	D INI	DEMNIT	Y CL	AIM F	OR		Osceola 1				Infected		
ANIMA	LS DESTROYED			MATER	RIALS D	ESTROYED		5. DATE ANIMAL 09/29/20		DESTROYED		6. DATE OF CLEAN	NG AND DISINFECT	TING
7.a. OWNER-CLAIMANT	LEGAL NAME							9,a. PREMISES V	WHERE APPRA	ISAL WAS MADE	(If different from	Item 7)	-	
Dr. Phil Sonstegar						ırise Farms	•	Same						
7.b. OWNER-CLAIMANT	MAILING ADDRES	SS (Nun	nber and st	reet, or :	RFD)	•		9.b. PREMISES A	ADDRESS (Num	ber and street, or l	RFD)	_		
2060 White Ave.								Same						
7.c. CITY			7.d. STAT	E		.e. ZIP CODE		9.c. CITY	_			9.d. STATE	9.e. ZIP CODE	
Harris			IA		1	51345		Same		_		Same	Same	
8. IF JOINT OWNERSHIP	P. GIVE FULL NAM	E OF A	LL OWNER	RS (If sa	me as II	em 7.a., so sta	te)			_		' 	10. COUNTY	
													Osceola	
		RAISE	D_					APPRAISAL	-		OTAL APPR			DUE FROM
I 11. DESCRIPTION/IOÉN I NUMBER OF VS FORM 1 N Materials of Animal-react E Animal ID Number, Tattor	1-23A (Description of or Tag Number,	SPEC IF5	13. AGE	14. SEX	16. BREED	16. GRADE PUREBRED/ MATERIALS	UNIT (head lb ton, etc.)	NO. LNITS/ WEIGHT	19, VALUE PER UNIT	20. TOTAL APPRAISAL	SALVAGE VS FORM 1-3	22. DIFFERENCE	UNITED STATES	STATE AGENCY
1 Feed Ingredients (see		N/A	N/A	N/A	N/A		ļ						317,040.85	
2													<u> </u>	
3														
4		_				† —								<u> </u>
5		 		1		<u> </u>		<u> </u>			 			İ
25. SOURCE OF PRICING DA ANIMALS AND/OR MATERIA cost bools	ATA ANDIOR SPECIA LS	L FACTO	ORS AFFECT	ING VAL	UE OF	GRAND TOTAL (Başis for payır							317,040.85	
26. DATE ANIMALS/MATERIA 8/17/15	ALS APPRAISED AND	NOR TAG	GGED AND E	RANDE)	•		I certify that the	animals and/or m	OWNER-CLA aterials identified in	AIMANT MORT this claim are (in	GAGOR CERTIFICAT itlals), are not (Init e owner, or am otherwis	not application	able (initials)
	naterials requiring a	ed abov	e are prope	erly iden	tified an	d are eligible fo	r indemnity nals or	materials identified the payment for applicable laws all applicable law identified in this destruction of sa	ied in this claim. I the animals and/o and regulations. I ws and regulation claim above the v aid animals and/o	make claim for all a or materials identifie hereby agree that the s and I hereby express value at which such trimaterials.	imounts due me id in this claim. I i he appraised val essly waive any o animals and/or n	n accordance with all at fully understand my righ use of animals and/or ma :laim I may have to com naterials are appraised a	opicable laws and region to compensation in a terials shown herein is pensation for animals as shown on this claim	ulations governing accordance with in accordance with and/or materials , i further agree to the
Patricia Fox	OF GOVERNMENT A	PPRAIS	ER OR REPF	RESENTA	TIVE	National	Epi Office	(b)(6)				TATIVE IN ITEMS 7 OR 8	Controll	11
29. NAME AND SIGNATURE			•		C/(c)	15	33, IF MORTAGED AND SHOULD BE	D, FEDERAL INDE MAILED TO:	MNITY CHECK WILL BE OWNER-MORTGAGO	DRAWN IN FAVOR OF R (Item 7) MO	MORTGAGOR RTGAGEE (Item 7)			
STATE CERTIFICATION: each such amount has b	: I certify the amou been or will be pair	unt in It d to the	em 25 as c Owner-Cl	iue fron aimant	n the St	ate Agency is	correct and	34.6, NAME AND	SIGNATURE OF	MORTGAGEE OR AL	JTHORIZED REPI	RESENTATIVE	_	
35. NAME AND SIGNATURE					_	36. TITLE	_	34.b. MORTGAG	EE MAILING ADDI	RESS				
37. STATE AGENCY						38, CATE		34.c. CITY			34	d. STATE	34.e. ZIP CODE	
APPROVED	39, FCR 5		40. ALLOT	MENT N	<u> </u>	41. BY NAME A	ND SIGNATU	RE_		Digitally signed	JART TETATECNONUS	GALVIN	43. DATE	44.
	\$3:147 ;0 440. 9 5					PATR	ICIA D	DONOH	JE GAL\	// N. c=US, a=U.S 0.9 2342.192003 Date: 2015.11.03	Government, ou=Dec 00 100.1 1=120019900 1 2:2 <u>0-4</u> 4 -05 00	GALVIN artment of Agriculture. 30479, cn=PATR CIA DONG HUE	A. VIN	PAGEOF

	Information is reculired to be completed for the appraisal of animals or other benefits may be paid out unless this report is complete.				valid OMB contr	ol number for the	s information colle	iction is 9579-0047		election of Informa	ation is estimated to aye	eq avuod 0810. egana		
5† <u>)</u> .					the form.	1								QMB NUMBER 0670-0047
	UNITED STATES DEPARTMEN ANIMAL AND PLANT HEALTH II	NSPECTIO				1. VS PROG	RAM DISEASE	NAME HPA	ū		2. PREMISES IDE	ENTIFICATION N		COJEBK8
	VETERINARY SE					3 HERD/FLO	OCK IDENTIFY	CATION NO		,	4. HERD/FLOCK	DISEASE STAT.	_	
	APPRAISAL AND INDEMN	III Y CLA	IM FUI	T(701		Osceola 1					Infected			
	ANIMALS DESTROYED _X_ M	ATERIALS	DESTRO	OYED		5 DATE AN 05/20/15 - 06	IMALS/MATER V/20/2015	RIALS DESTRI	CEYC		6. DATE OF CLEA	ANING AND D'S	NECTING	
7a.	OWNER - CLAIMANT LEGAL NAME					9.a FREMIS	ES WHERE A	PPRAISAL W	AS MADE (If different fro	m Item 7)				<u> </u>
Son	stegard Foods Company	_	_			Same								
7 b	OWNER - CLAIMANT MAILING ADDRESS (Numb	or & Street, o	v RFO)		_	9 b PREMIS	ES ADDRESS	(Number & St	reet, or RFD)					
206	0 White Ave.					Same								
7 c	CITY	7.d. STATE	Ξ	7 e ZIP CC	DE	9.c CITY					9.d. STATE		9.s. Z P CODE	
Han		IA			345	Same					Same		Same	
8 . I	F JOINT OWNERS-IIP GIVE FULL NAME OF ALL (OWNERS (If same a	is item 7.a.,	sc state)								10 COUNTY Osceola	
	APPRAISE					APPE	RAISAL		TOTAL APPR	AISAL			1	AMOUNT DUE FROM
	11 DESCRIPTION/IDENTIF/CATION/		13										Ï	
LINE	PAGE NO. OF VS FORM 1-23A (Description of materials	12 SPECIES	AGE In weeks	14, Weeks in 2nd ay	15 BREED	16. VALUE PER UNIT	17 UN 1 (head biton etc.)	18 NO UNIT\$/ WEIGHT	19 GRADE ANIMALS OR MATER ALS	20 PURËBRED ANIMALS	21 SALVAGE (FROM VS 1-24)	22. DIFFER- ENCE	23. UNITED STATES	24. STATE AGENCY
1	F nished feed				_	68.4 <u>4</u> 4	tons	3,109.255	\$212,809.85		\$0.00		\$2*2.809 85	50.00
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2									\$0.00		\$0.00		\$0.00	50.00
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	OURCE OF PRICING DATA AND/OR SPECIAL FACTORS	AFFECTIN	G VÄLUÉ			Sub	Total- Page 2	0	\$0.00	50 00	\$6,00			50.00
OF A	ANIMALS AND/OR MATERIALS: COST DASIS			<u>i</u>	GRAND TO	TALS (Basis	for payment)		\$212,809.85	S0 00	\$0.00		\$212,609.85	i sa.oo
	Date animals/meterials appraised: 8/7/2015						I certify that	the animals :		led in this cla				nble (initials) mortgaged. I further certify that I own o ad in this claim. I make claim for all amounts due me li
anir	rtify that animala and/or materials listed above at nais and/or materiala requiring appraisals are ap						compensation	on in accorda	nce with all applicable	laws and reg	ulations. I hereby	agree that the	appraised value σ	s identified in this claim. I fully understand my right t f animals and/or materials shown herein is in accordanc animals and/or materials identified in this claim above th
gro	up are of equal value.						value at whi	ch such anima	els and/or materials are	appraised as	shown on this cl	alm. I further a	gree to the destruc	ction of said animals and/or materials.
	NAME AND SIGNATURE OF GOVERNMENT APPR REPRESENTATIVE	RAISER	28 TITL	E			(b)(6)		<u> </u>	/		TEM 6 OR 8	31 TITLE OF CLA	UMANT Cortaller
	Pitcher		VMQ)	Carre
29	NAME AND SIGNATURE OF SPECIAL EXPERT A	PPRAISER					132. DATE SIC 10/10	4/15_					SOR AND SHOULD SE N	MARLEO TO OWN-EK-NIORTGAGOR (ITEM 7) MORTGAGEE (ITEM 7)
	TE CERTIFICATION: I cartify the amount in Item h amount has been or will be paid the Owner-Cla		from the	State Age	ncy is correc	t and each	34,a, NAME :	AND SIGNATI	JRE OF MORTGAGEE	OR AUTHORE	ZED REPRESENTA	ATIVE		
	NAME AND SIGNATURE		35. TITL	Ē			34.5 MORTO	SAGEE MAILIN	.G ADDRESS					
37.	STATE AGENCY		38. ĐAT	E			34. c CITY	_			34 d STATE		34.e ZIP CODE	
APP	ROVED	39. FOR \$ \$2.112,	309. 95	5	40 ALLOTM	ENT NO	41. NAME OF	SIGNATURE	OHUE GALVIN	Maria National by P DN c=US, 5=U.S. Go 0:9734719203301	r ATRICIA (XONORIUE GALVIN Vernment, ou-Department (2011–1200) (0000047), og	43. DATE of Agriculture, PAURICIA DONO HUE	44 PAGE_1_OF	_1_
VS!	FORM 1-23 (APR 2002)									GALVIN Date: 2015 11.02 17				

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	EMNITY CLAIM FORM		SUN DENTIE SATION NO		т венинцеде с	SEASE STATUS	High Path A	vian Influenza	
ANIMALS DESTROYED	MATERIALS DESCRICTED	(E DATE A	CANAL STANTERIAL STREET	10 5/12 5		CALAND STANKED		YILL THITCHISA	- -
Phil Sonstegard / Sunrise	Farms	(2 78CM	SES WHERE APPIRA SALA	KS MADT of offerencing m	ier 7				
2060 White Ave	· Side of True	\$ 5526	ES ADEMINA ALTERNA A	ing it is a					
Harris	iÄ ^{***} šit	345.	-··		51 TTATE	٠.	e Zin C50€	·- ··-	
SUF JOINT OWNERSHIP, GIVE COLL NAME	CANAL DANKERS STREET	San Tylina stary				7	TEMP A		
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Topic a success		-		£€ for the state for	#1 DZ	7. SANST 1. S	r searcetite s		
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1.00 <u>0.75000</u>		·	<u>-</u>	\$ 0.8 4% 85	<u>50 %_</u> .	. \$2,7 9 ; 4,4 %,. <u>5</u>	2,995,474,.5		
·	 : -	;	·· i ·	34.03			\$0.5		
* ;·- · · - · - ·					S CII	· <u> </u>		··· -·	
	-, 1 5 (13-, 11-, 11-)	·	SUBTOTALS	\$0.00 \$4.644.070.13 .00	50 50 FC 00	50.70 F8 at \$ 770.70 \$	3 (d) (d) (d) (d) (d)		
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certify that an intels aud/or contentals to tell as			Secondance with a Lappin reproductives and accorda	table fame and regulation not with all appricable to	a görərning the baynılı zwa and regulations	Perephia hi⊷e para Oppurpe auquale s	ention matelials atentile Sionappraised value of	d in this claim. "Auty under snime's andror materals sh	u;and my dpotu cwn haraan I
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MANUS AND SIGNATURE ST 2	Gwger-Cke-park 3004		MORTBAULE MAIL Y	CALIMESS					
0 e	<u>√ 3615</u>		94 L 1/2 a		Alt STATE	_	2.6200€		
erecived a 0	\$8,968,170.13	5.5	 41 NAME DES GRATURE Cally sugged by PATRE A SI	OF THE		To Deth (1)	mage (of 3 12	- · · · · · · · · · · · · · · · · ·	
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			£ 2015 04 25 5 03 19 -04°						

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

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

0

1322138

ZANIMALS DESTROYED __ MATERIALS DESTROYED

d 3 PROPER NAME OF DISEASE INVOLVED HPAI

	APPH	AISED	IDENTIFICATION (Animals-Reactor Tag no or Breed, Age, Sex, Tag					AISAL	WEIGHT	PA JA101	PRA/SAL	SALVAGE	OIFFER:	AMOU	NT DUL FROM
	NO	SPECIES				nals-lbs. Bu. Tons Board Feet etc.)		UNIT (Head, ub., Toris, etc.)	OR NO. UNITS	ORADE ANIMALS OR MATERIALS	PURÉBRED ANIMALS	(Fram VS 1- 24)	ENCE	UNITED STATES	STATE AGENC
1	1	Chicken	108	- <u>30</u>	BREED	27 weeks 2nd as	0.81	HEAD	97 788	\$79,206.28			<u> </u>		\$0.00
7	2	Chicken	108	F		27 weeks 2nd lay	0.61	HEAD	95.837	\$77,627.97			· <u>-</u> -		50.00
3	3	Chicken	32	F		Age niweeks 1stlay	3 49	HEAD	123,635	\$431,486.15			_		\$0.00
4	4	Chicken	31	F		Agein weeks listlay	3.57	HEAD	125,317	\$447.381,69					\$ 0,00
5	5	Chucken	34	F		Age in weeks Istlay	3 35	HEAD	32,259	\$443,067.65					\$0.00
б	6	Chicken	34	F		Age:ra weeks - tst lay	1 35	HFAD	120,608	\$404 036.80					50 00
7		Chicken	24	r		Age in weeks 1si lay	4 0 7	HFAD	126,875	\$516,381,25					\$0,00
8	8	Challen	25	£		Age virweeks 1#1 lay	4	HEAD	126,108	\$504.432.00					\$0.00
9	g.	Chicken	2€	F		Age in weeks if striky	3 93	HEAD	122 571	\$481 704 03					\$0.00
10	10	Chicken	27	F		Age -n weeks Isliay	J 88-	HEAD	123,875	\$4 78 157. 5 0					\$0.00
- 11	11	Chicken	B4	F		Age in weeka 1sifay	0.61	HEAD	98,987	\$989.87					\$0,00
•2	12	Chicken	84	F		Age in weeks 1st lay	0.01	HEAD	110 554	\$1,105.54					\$0.00
13	13a	Chicken	53	<u>. </u>		Age in weeks "stray	197	HEAD	16.572	\$229 646.84					\$0.00
14	13b	Chicken	54	į.		Age n weeks intray	1.3	HEAD	115,938	\$220 282. 2 0					so oc
15	1 4 a	Chicken	56	F		Age a weeks Isllay	1 75	HFAD	116.371	\$203,649.25					\$0.00
16	14b	Chaken	55	۴		Age < weeks 1st fey	1 82	HEAD	113 924	\$207.341.68					\$0.00
17	15a	Chicken	75	F		Age riweeks 'silay	3 28	HEAD	123 911	\$406 428 08					\$0.00
18	155	Chicken	76	<u>-</u>		Age n weeks 1st lay	3.2	HLAD	124,642	\$398 R54.40					\$0.00
19	16a	Chicken	51	F		Age in weeks all lay	2 11	HEAD	115.966	\$244,688.26					\$0.00
20	16 b	Chacker.	5C	F		Age n weeks "stlay	2+9	HEAD	117.039	\$256 315 41					\$0.00
21	17a	Chicken	82	·		Age in weeks Isillay	301	HEAD	111 487	\$1 : 14 87					\$0,00
22	17b	Chicken	82	F		Age niweeks Isliay	0.01	HFAD	110,368	\$1,193.68	· · · · · ·				\$0.00
23	18a	Chicken	44	+		Age /n weeks -*st/lay	2.62	HFAD	119 363	\$312 731.06					\$0.00
24	18b	Crapage	43	٠		Age riveeks fallay	2 69	HFAD	119,668	\$321 960 72					\$0.00
			·——		·····		· · · · · · · · · · · · · · · · · · ·	-	ľ	\$6 669 595 18	\$0.00	\$9.30	\$9.00	\$0.00	50 00

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

 LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street or R.F.D. No., City and Zip Gode). (Type or Print) 	PAGE	_3	O F	3 110	
Phil Sonstegard	3. PROPER	NAME OF DI	SEASE I	NVOLVED	
Q				HPA!	

XANIMALS DESTROYED __ MATERIALS DESTROYED

	APPR.	AISED	IDENTIC	CATION (nimal De	actor Tag no. or Breed, Age, Sex. Tag	APPR	AISAL	WEIGHT	TOTAL APP	RAISAL	SALVAGE		AM QU	NT DUE FROM
LINE I	NO.	SPECIES	#. Tattoo	Brand or	other, Male	enals lbs, Bu., Tons, Board Feet, etc.)	VALUE PER UNIT	UNIT (Head Lb., Tons, etc.)	OR NO. UNITS	GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS	(From VS 1- 24)	DIFFER - ENGE	UNITED STATES	STATE AGENCY
,	19a	Chicken	71	F	Janeero	Age in weeks, 1st lay	0.52	HEAD	55 602	\$28.913.04					\$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	нела	111,490	\$98.111.20					\$0.00
4	20h	Chicken	67	F		Age in weeks, 1st lay	0.95	HEAD	111 511	\$106.030.45					\$0.00
5	21a	Chicken	65	F		Age in weeks, Est lay	L.1	HEAD	55 907	\$61 497 70					\$0.00
6	21b	Shicken	65	F		Age in weeks, 1st lay	1.1	MEAD	55.872	\$61,459.20					\$0.00
7	228	Chicken	18	F		Age in weeks, 1st lay	4.08	HEAD	126,551	\$516.328.08					\$0 0 0
8	22b	Chicken	je	F		Age in weeks, 1st lay	4 08	HEAD	126,686	\$516 878 88					\$0.00
9	23 a	Chicken	75	F.		Age in weeks, list lay	0.37	hEAI)	37 674	\$13 939.38					\$0.00
10	23b	Chicken	75	F		Age in weeks, 1st lay	0.37	HEAD	37,701	\$13,949.37					\$0 36
11	23c	Chicken	70	F		Age in weeks, 1st fay	0.74	HEAD	37.669	\$27,875.06					\$0.00
12	23d	Ch.cken	70	F		Age in weeks. 1st lay	0.74	HEAD	37,661	\$27 883 94					50.00
13	24a	Chicken	75	F		Age in weeks, 1st lay	0.37	HEAI)	130,569	\$48,347.53				!	\$0.00
14	24b	Chicken	70	F		Age in weeks, Est lay	U. 74	HEAD	130,884	\$96 854.16					50 00
15	25a	Chicken	46	F		Age in weeks, Est lay	2.48	HEAD	131,317	\$325,666,16					\$0.00
16	25b	Chroken	45	١.		Age in weeks list fay	2.49	HEAD	131.357	\$325 765.36			<u> </u>		\$0.00
17								HEAD		\$0.00			<u>.</u>		SO 00
18		ļ						HEAD		\$0.00					\$0.00
19								HEAD		\$0.00					\$0.00
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23			1					HEAD		\$0.00					\$0.00
24					<u></u>			HEAD		\$0.00					\$0.00
						rry forward to Page 1, VS Form 1-23)					\$0.00	\$0.00	\$0 GO	\$0.00	\$0.00

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

ACCOUNTING CODE: 5XVSSD0319CCCEMGYAVIN01USDA

ALLOTMENT NO. FISCAL YEAR U.S. DEPARTMENT OF AGRICULTURE See below 2015 ANIMAL AND HEALTH INSPECION SERVICE VETERINARY SERVICES STATE lowa 7/10/2015 **INDEMNITY CLAIM TRANSMITTAL** ☑ OTHER(Specify) HPAI CATTLE OTHER DAIRY GRADE (turkey) PURE-BRED CALVES NURSING REACTS APPRAISAL SALVAGE **FEDERAL** STATE NAME GRADE GRADE INDEMNITY INDEMNITY PURE-BRED 1100914019 Premise: Phil Sonstegard/Sonstegard Foods Company, Inc/Sunrise Farms 2060 White Ave \$404,162.51 \$404.162.51 \$0 \$0 Harris, IA 51345 BOC: 4222 \$404,162.51 \$0 \$404,162.51 \$0 Totals

VS FORM 1-31 (AUG 78)

OFFICIAL IN CHARGE

Previous editions are obsolete

PATRICIA DONOHUE GALVIN

ACCOUNTING CODE: 5XVSSD0319CCCEMGYAVIN01USDA

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U.S. DEPARTMENT OF ANIMAL AND HEALTH INS					ALLO	OTMEN'	т no. See below			FISCAL YE	EAR 2016
VETERINARY SI	ERVI	CES			STAT	/A					02/2015
						RUCELL THER(S	OSIS	CULOSIS I P	ARATU	BERCULOS	S
			ADE TAD			HER key)					
NAME	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED	APPRAISAL	SALVAGE	FEDE INDE	RAL MNITY	STATE INDEMNITY
1100914019											
Phil Sonstegard / Sunrise Farms 2060 White Ave Harris, IA 51345							\$ 1,159,959.66	\$0	\$1,1	59,959.66	\$0
Premise: 00JBBK8											
BOC: 4222 Birds (Recalculated)											
5XVSSD0319CCCEMGY 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 A					\ 						
Totals OFFICIAL IN CHARGE		_	_			Digit	\$ 1,159,959.66	\$0 N	\$1,1	59,959.66	\$0
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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 ANIMAL AND HEALTH INSF VETERINARY SE	PECT	ION			ALLO	OTMEN	г no. See below			FISCAL Y	EAR 2016
INDEMNITY CLAIM T	RΔ	NS	МІТ	ΓΤΔL	IOW					11/	/03/2015
			•		□BF	RUCELL		CULOSIS D P	ARATU		
			CAT		× O	THER(S	pecify) HPAI		1		1
						HER key)					
NAME	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED	APPRAISAL	SALVAGE	FEDE INDE	RAL MNITY	STATE INDEMNITY
1100914019											
Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345							\$ 414,168.30	\$0	\$4	14,168.30	\$0
Premise: 00JBBK8											
BOC: 4222 Materials: Boxes, Flats, & Cartons											
5XVSSD0319CCCEMGY, 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 A					×						
Totals OFFICIAL IN CHARGE						Digitally signed by	\$ 414,168.30	\$0	\$4	14,168.30	\$0

Previous editions are obsolete

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

PATRICIA DONOHUE GALVIN

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					AL L C	STREENIN	T NO			FICCAL VI	E A D
U.S. DEPARTMENT OF ANIMAL AND HEALTH INSI					ALLC	TMENT	See below			FISCAL YE	2016
VETERINARY SE	RVI	CES			STAT	Έ					
INDEMNITY CLAIM T	'RA	NS	МΙΤ	ΓTAL	IOW	/A				11/	/03/2015
					□ВР	UCELL		CULOSIS D P	ARATU	BERCULOS	IS
	r		O A T-		NO.	HER(S	pecify) HPAI	7	1		Υ
			CAT	LE		HER					
		ا ا	ADE		(tur	key)					
NAME	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED	APPRAISAL	SALVAGE	FEDE INDE	RAL MNITY	STATE INDEMNITY
		-		021	+	ш ш					
1100914019											
Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345							\$ 317,040.85	\$0	\$ 3	17,040.85	\$0
Premise: 00JBBK8											
BOC: 4222 Materials: Feed Ingredients											
5XVSSD0319CCCEMGY. 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 A											
		-			+				-		
Totals							\$ 317,040.85	\$0	\$ 3	17,040.85	\$0
OFFICIAL IN CHARGE PA	TRIC	ΞIΑ	DON	NOHUE (ALVI	0 gitelly si N 15N 7 13N 0.92342.1	ignes by PATRIC A DONOFFES CALVIN IN U.S. Government, on Department of Agr 9200300.00.111 1200100000579, on PA	andhue, Ričia Donorce Galvin			
					-		5.11.03 17:00:14 -05'00'				

Previous editions are obsolete

ALLOTMENT NO. FISCAL YEAR U.S. DEPARTMENT OF AGRICULTURE See below 2016 ANIMAL AND HEALTH INSPECTION SERVICE **VETERINARY SERVICES** STATE 11/03/2015 INDEMNITY CLAIM TRANSMITTAL IOWA ☐ BRUCELLOSIS # TUBERCULOSIS ☐ PARATUBERCULOSIS CATTLE OTHER DAIRY GRADE (turkey) PURE-BRED CALVES NURSING REACTS APPRAISAL SALVAGE **FEDERAL** STATE NAME GRADE INDEMNITY INDEMNITY PURE-BRED 1100914019 Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345 \$ 212,809.85 \$0 \$ 212,809.85 \$0 Premise: 00JBBK8 BOC: 4222 Materials: Finished Feed 5XVSSD0319CCCEMGYAVIN01USDA 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 AP,EX,AVIN.01 \$ 212,809.85 \$ 212,809.85 \$0 Totals PATRICIA DONOHUE GALVIN

Districtly signed by FATR CA DONOHUE GALVIN

DISCRETS, GREEN GAVENIMENT, DUE TO EACH OF Agriculture,
0.92382.1920.030.01.01.1-1.2001.000.000.04-9, cn-PATRICIA DONOHUE GALVIN OFFICIAL IN CHARGE

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.

Date: 2015 11:03 16:56:48 -05'00'

ACCOUNTING CODE: 5XVSSD0319CCCEMGYAVIN01USDA

ALLOTMENT NO. FISCAL YEAR U.S. DEPARTMENT OF AGRICULTURE See below 2015 ANIMAL AND HEALTH INSPECION SERVICE VETERINARY SERVICES STATE lowa 06/22/2015 **INDEMNITY CLAIM TRANSMITTAL** ☐ BRUCELLOSIS ★ TUBERCULOSIS ☐ PARATUBERCULOSIS ☑ OTHER(Specify) HPAI CATTLE OTHER DAIRY GRADE (turkey) PURE-BRED CALVES NURSING REACTS APPRAISAL SALVAGE **FEDERAL** STATE NAME GRADE GRADE INDEMNITY INDEMNITY PURE-BRED 1100914019 Phil Sonstegard / Sunrise Farms \$8,968,170.13 2060 White Ave \$8,968,170.13 \$0 \$0 Harris, IA 51345 Premise: 00JBBK8 BOC: 4222 \$8,968,170.13 \$0 \$8,989,170.13 \$0 **Totals** OFFICIAL IN CHARGE PATRICIA DONOHUE GALVIN

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

ACCOUNTING CODE: 5XVSSD0319CCCEMGYAVIN01USDA

A BACK MARCHY	OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE O	F PAGES	
	·-·		1 ;		Ta ==	1		4
2. AMENDMENT/M	ODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO), (If applica	ible)
0002 6. ISSUED BY	CODE	05/08/2015 APHIS-MRPBS-ASD-6		MINISTERED BY (If other than item 6)	CODI	E T		
USDA APHIS ASD Procus Butler Squ 100 N 6TH	MRPBS rement Branch mare, 5th Floor	ATITO EXCOO SOD O						
8. NAME AND ADD	RESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	/vs 9/	A. AMENDMENT OF SOLICITATION NO.				
SONSTEGARD 5005 S BUR 1100342029	FOODS COMPANY OAK PL		× 10	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDER G-6395-C-15-0077 DB. DATED (SEE ITEM 13)	NO.			
CODE 1100	342029#	FACILITY CODE	7 (04/24/2015				
		11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS				
Items 8 and 15, a separate letter of THE PLACE DE virtue of this ame reference to the 12. ACCOUNTING A POO. 5 X	and returning coor relegram which includes a reference SIGNATED FOR THE RECEIPT OF andment you desire to change an officiation and this amendment, and AND APPROPRIATION DATA (If req VSSD0319CCCEM). 13. THIS ITEM ONLY APPLIES TO M	pries of the amendment; (b) By acknowle to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND the allowed such change may be seeived prior to the opening hour an puried) SYAVINOTUSDA, 2500	edging related property in the second date second date second RS. IT M	tion or as amended , by one of the following rescript of this amendment on each copy of the callure of Your Acknowledgement to either may result in Rejection of yet lelegram or letter, provided each telegram pecified. Crease: Modifies the Contract/Order No. as a second of the contract of the contrac	O BE REOUR OF OUR OF OUR OF OT LETTER	milted; or incoming the property of the proper	(c) 8y	
8.	THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT		T THE AI THORIT	DMINISTRATIVE CHANGES (such as change Y OF FAR 43.103(b).				
1	OTHER (Specify type of modification	•						
X M1	utual agreement of			1 copies to the issu				
Tax ID Num DUNS Number A. The pu	NOFAMENDMENT/MODIFICATION hber: 46-0392669 er: 154549059		ncluding	solicitation/contract subject matter where leading to the first subject matter where leading to the su	sible.)			
\$120/hour	for side dump and	operator in accordan	nce v	with the rates in revis	ed A	ttachr	nent A	
costs assoregular or of the sid	ociated with operate overtime hours as die dump will be 6 a	tion of this equipment re involved for the cand will be used up	nt. opera to 13	operator costs/pay, fue The bill rates will be ator. It is expected to 2 hours per day for 6 d	the hat ays	same the qu a weel	wheth whit wheth	er
	d herein, all terms and conditions of l TITLE OF SIGNER (Type or print)	ine document referenced in Item 9 A or 1	16/	neretofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OF NRY D. NELSON				
15B. CONTRACTO	OR/OFFEROR	15C. DATE SIGNED		UNITED STATES OF AMERICA	1	1	6C. DATE S	SIGNED
	nature of person authorized to sign)			(Signature of Contracting Officer)	CTANG	APD FOR	1 ~ 10	10-93\
NSN 7540-01-152 Previous edition u				•	Prescrit	ARD FORM ped by GSA 3 CFR) 53.2		10-03)

Page 20 of 44

	INCECTOR OF DOCUMENT DENIS CONTINOCE	PAGE	OF
CONTINUATION SHEET	AG-6395-C-15-0077/0002	2	4

NAME OF OFFEROR OR CONTRACTOR SONSTEGARD FOODS COMPANY

TEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	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		1		
	contact (personnel and equipment costs) is				
	increased:				
	FROM: \$2,109,000				
	BY: \$208,000				
	TO: \$2,317,000				
	C. All other contract terms and conditions				
	remain unchanged as the result of this	1			
	modification.	1	1 1		
	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				
	Payment:				
	Invoice Processing Platform (IPP)	1	1	•	
	All invoices must be submitted				
	electronically through the			į .	
	Invoice Processing Platform (IPP)				
	via www ipp gov				
	Agency Code: AP00 Budget Yr Start: 5X SHC:				
	VSSD0319CCCEMGYAVINO1USDA BOC: 2500				
	FOB: Destination				
	Period of Performance: 04/24/2015 to 06/30/2015	1			
	Add Item 003 as follows:		-		
03	Funding for side dump with operator for manure				208,000.
•	removal & disposal for an estimated 4 weeks.				
	This is funded at the not-to-exceed amount of			1	
	\$208,000				
	Obligated Amount: \$208,000.00				
	obligaced Amodic. 9200,000.00				
		1			
			1		

NSN 7540-01-152-8067

103 Dumptrucks (10-12 ton)	Skidloader (1/2 ton buc other direct costs	101 Payloader (3 cubic yard all other direct cos	EQ	006 Unit Supervisory – perso control over crew chiefs (shift)—Overtime Rate	005 Crew Chief – person giving work direc	004 Labor – removing birds a barns –Overtime Rate	003 Unit Supervisory – per control over crew chiefs shift)	002 Crew Chief – person giv	001 Labor – removing bird barns -		ITEM SCHEDULE OF
Dumptrucks (10-12 ton) with operator, fuel and all other direct costs ST/OT is same bill rate	Skidloader (1/2 ton buckets) with operator, fuel and all other direct costs ST/OT is same bill rate	Payloader (3 cubic yard bucket) with operator, fuel and all other direct costs ST/OT is same bill rate	EQUIPMENT	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Overtime Rate	Crew Chief – person giving work direction to crews of 10 people for removal—Overtime Rate	Labor – removing birds and other materials from 25 barns—Overtime Rate	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Regular Rate	Crew Chief - person giving work direction to crews of 10 people for removal—Regular Rate	Labor – removing birds and other materials from 25 barns –Regular Rate	LABOR	SCHEDULE OF SUPPLIES/SERVICES
Per Hour	Per Hour	Per Hour		Per Hour	Per Hour	Per Hour	Per Hour	Per Hour	Per Hour		UINU
\$90.00	\$90.00	\$130.00		\$65.00	\$52.50	\$37.50	\$45.00	\$35,00	\$25,00		UNIT PRICE
NSF	NSF	NSF	\$609,000	NSF	NSF	NSF	NSF	NSF	NSF	\$1,500,000	FUNDED AMOUNT

Appendix A—as revised in Mod 02

	901	105	104
SUPPLIES	Side dump with operator	Hydraulic cage lift with operator, fuel and all other direct costs ST/OT is same bill rate	Modified atmosphere killing carts with fuel and all other direct costs
	Per Hour	Per Hour	Per Hour
	\$120.00	\$70.00	\$8.00
	\$208,000	NSF	NSF

	SOLICITATION/CO	ONTRACT/ORDE	R FOR COMM	ERCIAL ITEMS	- 1	QUISITION NU	MBER		PAGE OF		
2. CONTRACT N		R TO COMPLETE BLO	· · · · · · · · · · · · · · · · · · ·	4, & 30 4. ORDER NUMBER	747	389		5. SOLICITATION NUMBER	1 1	5	6. SOLICITATION
AG-6395	-C-15-0077/	0003	3. AWARD/ EFFECTIVE DATE								ISSUE DATE
	OR SOLICITATION DRMATION CALL:	a. NAME LARRY N	ELSON		1	. TELEPHONE 612 336			a. OFFER D	UE DATE	E/LOGAL TIME
9 ISSUED BY	· · · · · · · · · · · · · · · · · · ·		CODE	APHIS-MRPBS-	A 10. THIS ACOU	ISITION IS	AU [X]	RESTRICTED OR	SET ASIDE:		% FOR:
ASD Pro Butler 100 N 6	HIS MRPBS curement Br Square, 5th TH STREET OLIS MN 554	Floor	;		SMALL BU HUBZONE BUSINESS SERVICE- VETERAN SMALL BL	SMALL S DISABLED -OWNED	C. (wo:	IEN-OWNED SMALL BUSINI SB) ELIGIBLE UNDER THE V II AUSINESS PROGRAM OSB	NOMEN-OWN	NAICS: 5	62910 NDARD: \$14.0
11. DELIVERY	FOR FOB DESTINA-	12. DISCOUNT TERMS						13b, RATING			
	ESS BLOCK IS				RATE	CONTRACT IS D ORDER UN((15 CFR 700)		14. METHOD OF SOLIC		RFP	
15. DELIVER TO		CODE	APHIS-VS	-WR-82YM	16. ADMINISTE	RED BY					-MRPBS-ASD
2150 Ce Bldg B,	S-WR-82YM ntre Avenue #3E13 llins CO 80	526			USDA AF ASD Pro Butler 100 N 6 MINNEAF	cureme Square STH STR	nt Br , 5th EET	Floor			
17a. CONTRAC		1100342029#	FACILITY CODE		18a, PAYMENT	WILL BE MAD	E BY		CODE I	PP	
5005 S I	ALLS SD 571				All inv	voices onicall Proce	must y thr ssing	Platform (I be submitted ough the Platform (I			
	IF REMITTANCE IS DIFF	ERENT AND PUT SUCH.	ADDRESS IN OFFER	₹	18b. SUBMIT (NVOICES TO A	DDRESS S	SHOWN IN BLOCK 18a UNLE	ESS BLOCK B	ELOW	
19.	<u> </u>		20.		IS CHEC	KED	SEE ADD	ENDUM 23.		2	4,
ITEM NO.		SCHEDU	LE OF SUPPLIES/SI	ERVICES		QUANTITY		UNIT PRICE		AMC	
	A. The puadditional (Labor cosfollows: 1. CLIN (FROM: \$1, BY: \$2,	er: 1545490 prpose of the not-to-exc	is modificeed fundi N 002 (Ed		CLIN 001						
	TING AND APPROPRI							26. TOTAL AWARD AMOU	-	vt Use	Only)
	vssd							\$1,054,			
				52.212-4. FAR 52.212-3 DE FAR 52.212-4. FAR 5			IED. AE ADDENI	odenda Da			NOT ATTACHED.
28 CONTR COPIES TO ALL ITEMS SHEETS S	RACTOR IS REQUIRE O ISSUING OFFICE S SET FORTH OR OTI SUBJECT TO THE TEF RE OF OFFERORICONTR	D TO SIGN THIS DOC CONTRACTOR AGRE HERWISE IDENTIFIED RMS AND CONDITION	UMENT AND RET ES TO FURNISH ABOVE AND ON	FURN AND DELIVER		29. AWARD (DATED INCLUDING (HEREIN, IS (ANY ADO	YOUR OFFI	ER ON SOLH WHICH ARE	CITATIO SET FO	OFFER ON (BLOCK 5),
30b. NAME A	ND TITLE OF SIGNER	(Type or print)	3	Oc. DATE SIGNED		OF CONTRA	•	OFFICER (Type or print)			ATE SIGNED
	FOR LOCAL REPRO							-	D FORM 144 d by GSA - F	9 (REV.	. 2/2012)

Page 24 of 44

19 ITEM NO		20. SCHEDULE OF SUPPLIES	VSERVICES			21. QUANTITY	22. UNIT	23. UNIT PR	ICE	24. AMOUNT
	1, 1, 1, 1, 1									
	2. CLIN 00	2 (equipment) is	increas	ed:						
	FROM: \$609	,000							ŀ	
	BY: \$304	,500								
	TO: \$913	,500								
	B. An upda	ted Appendix A is	attach	ed.				·		
	C. As a re	sult of this modi	ficatio	n, the tot	al					
	funded amou	nt of this contra	ct is i	ncreased:						
	FROM: \$2,31	.7,000								
	BY: \$1,05	4,500								
	TO: \$3,37	1,500								
	D. All othe	er contract terms	and con	ditions re	emain				İ	
	unchanged a	as the result of t	his mod	ification.	.]					
	Delivery: 0	06/30/2015								
	Agency Code	e: APOO Budget Yr	Start:	5X SHC:						
	VSSD0319CCC	EMGYAVINOlUSDA BC	c: 2500							
	Period of E	Performance: 04/24	/2015 t	0 06/30/20	15				1	
	add Itam Of)4 as follows:								
•	Aug item of	og as ioliows.								
004	CLIN 001 Ac	ditional Funding	for Lab	or for						750,000.00
	Removal/Dis	sposal and Cleanin	ig and D	isinfectio	on at					
	Sunrise Far	cms						1		
	Obligated A	Amount: \$750,000.0	00							
	Continued .									
32a. QUANTIT	TY IN COLUMN 21 HAS	BEEN								
RECEN	VED 🗀 INSI	PECTED ACCEPTE	D, AND CONF	ORMS TO THE CO	NTRACT, E	XCEPT AS	NOTE	D:		
32b. SIGNATU	JRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E	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					
329. E-MAIL OF AUTHORIZED GOVERNMENT REPRES					ESENTATIVE					
33. SHIP NUM	33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED 36. PAYMENT 37. CHECK NUMBER					37. CHECK NUMBER				
33. GHI 140W	is cit	SA. YOUCHER ROMBER	CORRECT F				_			
PARTIAL	. ☐ FINAL				COM	APLETE	Ĺij	PARTIAL [FINAL	
38, S/R ACCO	OUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY							
41a. I CERTIF	Y THIS ACCOUNT IS C	L CORRECT AND PROPER FOR PAY			42a, RE	EÇEIVED B	Y (Prin	t)		
416. SIGNATU	JRE AND TITLE OF CE	RTIFYING OFFICER	41c.	DATE	42b. RI	ECEIVED A	T (Loca	ation)		
					42c. DA	TE REC'D	YYAMI	M/DD)	42d. TOTA	AL CONTAINERS
										67AMBARD EARM 4/40 (DEV. 2/7642) 88CK

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
CONTINUATION SHEET		3	5

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	тик (D)	UNIT PRICE (E)	AMOUNT (F)
	Add Item 005 as follows:				
)05	CLIN 002: Additional funding for Disposal Equipment with Operators. Obligated Amount: \$304,500.00	A. K. J. C. C. T. T. T. T. T. T. T. T. T. T. T. T. T.			304,500.0
			3		
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		made. More 1400 minutes			
					The state of the s
	·	L ALF A PARTE PRE			
		Above moderning reserve			
					į

ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES	UNIT	UNIT PRICE	FUNDED AMOUNT
	LABOR			\$2,250,000
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
	EQUIPMENT			\$913,500
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

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

AMENDM	ENT OF SOLICITATION/MODIF	ICATION OF CONTRACT		1 CONTRACT DICCOE	İF	PAGE OF	PAGES	-
2 AMENDY	ENT/MODIFICATION NO	3 EFFECTIVE DATE	4 3	FQ.JISITION/PURCHASE REQ. NO	5. PRO	1 JECT NO	(If applica	8 ble)
0004		05/18/2015	743	3043				
6 ISSUEDE	COI		7 4	OMINISTERED BY (If other than Item 6)	CODE	Ī		
ASD Pr Butler 100 N	PRIS MRPBS courement Branch Square, 5th Floor GTH STREET POLIS MN 55403							
8 NAVEAN	ID ADDRESS OF CONTRACTOR (No., s	traet, county, State and ZiP Code;	100	9A AMENDMENT OF SO ICITATION NO				
5005 S L100342	GARD FOODS COMPANY BUR OAK PL 2029# PARLS SD 57108-2228		ж	99 DATED (SEE ITEM 11) 10A MODIFICATION OF CONTRACTIOND AG=6395=C=15 DDT/ 10B DATED (SEE ITEM 13)	ER NO			
CODE :	100342029#	FACILITY CODE		0472472015				
		11. THIS ITEM ONLY APPLIES	TO AMEN					
Items 8 a soparate THE PLA virtue of the reference	nd 15 and returning lotter or tolegram which includes a refere CEIDESIGNATED FOR THE RECSIPT is his amendment you desire to change an ito the solicitation and this amendment.	copies of the amonoment (or By ackinded to the solidation and amonoment of CHERS PRIOR TO THE HOUR AN offer already submitted. Such change mand is received or or to the opening hour	owledging numbers (DIDATE S nay be ma nad date		heloffer subm IF 10 BF REC F YOUR OFF ramion etter i	hilted or (CEIVED A FR If by makes	c) By T	
	NTING AND APPROPRIATION DATA (# XVOUDO 319 CCCE	· · · · · · · · · · · · · · · · · · ·		por case:	\$343,	458,0	0	
				MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBE	D IN ITEM	114.	
CHEÇKIONE				INGES SET FORTH IN ITEM 14 ARE MADE ADMINISTRATIVE CHANGES (such as cha ITY OF FAR 43 103(b)				
_	C THIS SUPPLEMENTAL AGREEM	MENT IS ENTERED INTO PURSUANT	TO AUTHO	ORITY OF				
	D OTHER (Specifytype of modifica							
<u>X</u>	Mutual agreement c			im 2 coses to the				
E. IMPORTA				im copies to the rg sovicitation/contract subject matter where				
DUNS N A. Th site p cannot quotes materi expens for th Summis altera Contin	reparation dosts in perexpended. Contral. Government will not all during or after the to remove excessions of the Farms will not be tions. ued provided herein, alterms and conditions	dification is no add addordance with the offer will only be re t provide any furths he end of this conti rock or other mater; Subrise Farms decis charged any posts v	attadennoù er don rado. iet ad des tr 'a th	itional not to exceed their quotes. The tota due of for the services apensation for expense Sunrise Farms will be the Government will be leave rock and other is contract for site of shereto'er changed, remains unchanged as A NAME AND HILE OF CONTRACTING	is of to provide a to re e liabl not be materi onditio	these ed in emove le for held in in	quote these this rany Tiablo r place	o.
]:	ARRY D. NELSON				
1	RACTORIOFFEROR (Signature of person authorizent in sign)	rsc pares gn/ 5/18/19	' ا ر	BBLUNITED STATES OF AMERICA arry.d.nelson@usda.go Distally sign Distribution V	TB 11 SO 59-9500	nesusda grav v	6C DATES	SIGNED
	01-152 [:] 8070 dilion unusable				Prescribe	RD FORM ed by CSA CFR) 53 2		10-83)

CONTINUATION CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF .
CONTINUATION SHEET	AC-6395-C-15-0077/0004	2	8

NAME OF OFFEROR OR CONTRACTOR
SONSTEGARD FOODS COMPANY

ITEM NO	SUPPLIES/SERV:CES	QUANTITY	TINU	DNII PRICE	AMOUNT
(A)	(n)	(C)	(1)	(E)	(F)
	-				
	3. 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.				
	C. An updated Appendix A is attached.				
	D. As a result of this modification, the total				
	funded amount of this contract is incressed:				
	FROM: \$3,371,500	1			
	BY: \$343,458				
	ro: \$3,714,958				
	E. All other continuot terms and conditions remain				
	unchanged as the result of this modification. Delivery: 06/30/2015			1	
	Dollvery Location Code: APHIS-VS-WR-81YM				
	APHTS-VS-WR-82YM				
	2150 Centine Avenue				
	Bidg B, #3E13				
	Fort Collins CO 80526 US				
	Paymont:		1		
	Invoice Processing Platform (IPP)				
	All invoices must be submitted		1 [
	electronically through the				
	invoice Processing Platiform (TPP)				
	via www ipp dov				
	Agondy Code: APOD Budget Yr Start: DN SHC:				
	VSSD0319CCCEMGYAVIN01USDA BOC: 2500				
	FOB: Destination		<u> </u>		
	Period of Performance: 04/24/2015 to 08/30/2015		l	1	
	Add Item 006 as follows:				
006	Site preparation work at the NUE amount of			İ	343,458.
	\$343,458.00				
	Obligated Amount: \$343,458.00			ļ	
			1 1		
			H		
		1			
				1	
		ļ	1 1	1	



No.		
DATE:	5/8/2015	

QUOTE TO:	SUNRISE FARMS	
		QUOTE:
	HARRIS, IA	MISC SITE PREP (NORTH ROADS)

	DI	ESCRIPTION	AMOUNT
MISCE	LLANEOUS SITE PREP FOR NORTH RC	DADS	
	* PRICE INCLUDES		
	INSTALL CULVERT		
	SCRAPE CLAY FOR NEW DRIVEWA	YS AT NORTH SIDE OF FARM	
	CLEAN DITCH		
	**EQUIPMENT TO EXCAVATE, SO	CRAPE, LEVEL, & COMPACT AREA	
	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
	**MATERIAL MA	A' ERIAL INCLUDES HAUL NG & SALES TAX	
	60' - 24" METAL CULVERT - NO		\$1,800.00
	2 - 24" CLAMP BANDS		\$60.00
			<u></u>
		TOTAL	\$9,118.00



No.		
DATE:	5/8/2015	

QUOTE TO:	SUNRISE FARMS	
		QUOTE:
	HARRIS, IA	SITE PREP
		3 TRUCK WASH PADS

	DESCRIPTION	AMOUNT
* PREPAR	RE 3 TRUCK WASH AREAS	
	* PRICE INCLUDES	1
	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 & FIFTINGS FOR WASH STATIONS WATER SUPPLY	\$6,600.00
	TOTA	L \$30,110.00



No.	
DATE:	5/8/2015

QUOTE TO:	SUNRISE FARMS	
		QUOTE:
	HARRIS, IA	SITE PREP - CLEAN HARBOR AREA

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



No.	
DATE:	5/8/2015

QUOTE TO:	SUNRISE FARMS	
		QUOTE:
	HARRIS, IA	SITE PREP - COMPOSTING ROAD

DESCRIPTION		AMOUNT
OAD TO BRING PRODUCT IN & OUT FOR COMPOSTING & BIRD	DISPOSAL	
WITH TRUCK TURN-AROUND AREA		
ROAD APPROX 88,000 SQ FT TURN AREA A	APPROX 40,000 <u>SQ</u>	FT
* PRICE INCLUDES		
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		
**EQUIPMENT TO EXCAVATE, SCRAPE, LEVEL, COMPACT	T & ROCK AREAS	
FST SQUARE FOOTAGE - 128,000 SQ FT @ \$0.60 P/SQ	FT	\$76,800.00
**MATERIAL MATERIAL INCLUDES HAULING &	& SALES TAX	-, -, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>
2330 TON - 3" ROAD STONE - ROAD & TURN AROUND A	AREA	\$72,230.00
2200 TON - 1" ROAD STONE - ROAD & TURN AROUND A	REA	\$68,200.00
14 - ROLLS TYPE F FABRIC LINER - ROADWAY		\$9,240.00
40' - 24" METAL CULVERT & CLAMP - NORTH SIDE OF M.	ANURE 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
	TOTAL	\$227,930.00

Appendix A—as revised in Mod 03

ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES	UNIT	UNIT PRICE	FUNDED AMOUNT
	LABOR			\$2,250,000
001	Labor removing birds and other materials from 25 barns –Regular Rate	Per Hour	\$25.00	NSF
005	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	S45.00	NSF
004	Labor – removing birds and other materials from 25 barns. Overtime Rate	Per Hour	\$37.50	NSF
900	Crew Chief – person giving work direction to crews of 10 people for removal—Overtime Rate	Per Hour	\$52.50	NSF
900	Unit Supervisory – person having direct supervisory control over crew chiefs (max of 5 individuals per 8 hour shift)—Overtime Rate	Pcr Hour	865.00	NSF
	EQUIPMENT			S913,500
101	Payloader (3 cubic yard bucket) with operator, fuel and all other direct costs SU/OT is same bill rate	Per Hour	\$130.00	ASN
102	Skidloader (1/2 ton buckets) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	890.00	NSF
103	Dumptrucks (10-12 ton) with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	S90.00	NSF

Appendix A—as revised in Mod 03

104	Modified atmosphere killing carts with fuel and all other direct costs	Per Hour	28:00	ASF
105	Hydraulic cage lift with operator, fuel and all other direct costs ST/OT is same bill rate	Per Hour	\$70.00	NSF
	EQUIPMENT—PART B			
106	Side dump with operator	Per Hour	\$120.00	\$208,000
	ADDITIONAL LINE ITEMS			
201	Site Preparation Work	1 LOT	S343,458	\$343,458
	TOTAL CONTRACT FUNDED AMOUNT	5 5 5 5		S3,714,958

AMENDME	ENT OF SOLICITATION/MODIFIC	ATION OF CO	ONTRACT		1. CONTRACT ID CODE	PAGI	OF PAGES
		,					2
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE			EQUISITION/PURCHASE REQ. NO.	5. PROJEC	T NO. (If applicable)
0006		See 310	ak 160		8820		
6. ISSUED BY	CODE	APHIS-M	RPBS-ASD-6	7. F	ADMINISTERED BY (If other than Item 6)	CODE	
ASD Pro Butler 100 N 6	HIS MRPBS curement Branch Square, 5th Floor TH STREET OLIS MN 55403						
8. NAME AND	ADDRESS OF CONTRACTOR (No . street	, county. State and	ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.		
5005 S E 11003420	ARD FOODS COMPANY BUR OAK PL 029# ALLS SD 57108-2228				9B. DATED (S <i>EE ITEM 11)</i> 10A. MODIFICATION OF CONTRACT/ORDER N	O.	
				^	AG-6395-C-15-0077		
0005		EACH PER CO			10B. DATED (SEE ITEM 13)		
CODE 11	.00342029#	FACILITY COD			04/24/2015		
		11. THIS IT	EM ONLY APPLIES TO A	MEN	DMENTS OF SOLICITATIONS		
	A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	ODIFICATION OF PURSUANT TO: CT/ORDER IS ME HIN ITEM 14, PU	SDA, 2500 F CONTRACTS/ORDERS (Speedy authority) THE (ODIFIED TO REFLECT T URSUANT TO THE AUTH	CHA	MODIFIES THE CONTRACT/ORDER NO. AS DE NGES SET FORTH IN ITEM 14 ARE MADE IN TABLE ADMINISTRATIVE CHANGES (such as changes TY OF FAR 43.103(b).	HE CONTRA	TEM 14.
	D. OTHER (Specify type of modification	and authority)					
E. IMPORTAN	IT: Contractor ⊠ is not.	☐ is required t	o sign this document and	retu	rn copies to the issuing	a office.	
Tax ID 1 DUNS Nu A. The	Number: 46-0392669 mber: 154549059 purpose of this modi	fication	is to add ac	idi	g solicitation/contract subject matter where feasib tional not-to-exceed fun d price list (Appendix A	ding fo	or CLIN
в. сът	N 001 (Labor funding)	is incr	cased by \$1,(000	,000 to a new NTE amount	of \$4,	750,000
FROM: \$! BY: \$!	5,823,958 1,000,000 6,823,958	fication	, the total f	Eun	ded amount of this contr	act is	increased:
		e document refe	renced in Item 9 A or 10A	∖. as	heretofore changed, remains unchanged and in f	ull force and	effect.
	ND TITLE OF SIGNER (Type or print)	_ 3330mon 1816	I CHI O FLOT TOP	16	A. NAME AND TITLE OF CONTRACTING OFFICE ARRY D. NELSON		
15B. CONTRA	ACTOR/OFFEROR		15C. DATE SIGNED	16	B. UNITED STATES OF AMERICA Digitally signed by arryd. TV.d.nelson@usda.gov Dictor=laryd nelsor work.	ala.gov	16C. DATE SIGNED
	(Signature of person authorized to sign)			_	(Signature of Contracting Officer)	05'00'	

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 AG=6395-C-15-0077/0006
 2
 2

NAME OF OFFEROR OR CONTRACTOR
SONSTEGARD, FOODS, COMPANY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
(A)	D. All other contract terms and conditions remain unchanged as the result of this modification. Delivery: 08/15/2015 Delivery Location Code: APRIS-VS-WR-82YM APRIS-VS-WR-82YM 2150 Centre Avenue Bldg B, #3E13 Port Collins CO 80526 US Payment: Invoice Processing Platform (TPP) All invoices must be submitted electronically through the Invoice Processing Platform (TPP) via www ipp gov Agency Code: APOO Budget Yr Start: 5X SEC: VSSD0319CCCRMGYAVINOIUSDA RCC: 2500 FOB: Destination Period of Performance: 04/24/2015 to 08/15/2015 Add Item 009 as follows: \$1,000,000 in additional not-to-exceed funding for continued cleaning and disinfection work at Sunrise Farms. Obligated Amount: \$1,000,000.00			(E)	1,000,000.

Appendix A—as revised in Mod 05

ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES	UNIT	UNIT PRICE	FUNDED AMOUNT
	LABOR			\$4,750,000
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	S52.50	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
	EQUIPMENT			\$1,522,500
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
	EQUIPMENT—PART B			
106	Side dump with operator	Per Hour	\$120.00	\$208,000
	ADDITIONAL LINE ITEMS			
201	Site Preparation Work	1 LOT	\$343,458	\$343,458
	TOTAL CONTRACT FUNDED AMOUNT			\$6,823,958

According to the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid.

This information is required to be completed for the appraisal of animals, for which indemnity is claimed: QNB number. The valid QMB control number for this information collection is 0579-0047. The time to complete this collection of information is No monies or other benefits may be paid out unless this report is completed and filed as authorized under to average _0160 hours per response, including the time for reviewing inabtraction, searching existing data sources, gathering and CRR 51).

OMB NUMBER 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES						HPAI 2015						2. PREMISES IDENTIFICATION NO. 00JBBN2					
	APPRAISAL AND INDEMN		AIM FO	RM		3. HERD/FLO	OCK IDENTIFIC	CATION NO.			4. HERD:FLOCK DISEASE STATUS Infected						
	X ANIMALS DESTROYEDM.	ATERIALS	DESTR	DYED		5. DATE ANIMALS/MATERIALS DESTROYED 6.							D DISINFFCTING				
7a.	OWNER - CLAIMANT LEGAL NAME				-	5/20/2015 9.a. PREMIS	.a. PREMISES WHERE APPRAISAL WAS MADE (If different from Itom 7)										
	hil Sonstegard/Sonstegard Foods C	ompan	v. Inc	/Sunrise	Farms	Sunrise Farms / Pullet Farm #1											
	O. OWNER - CLAIMANT MAILING ADDRESS (Numer			B.b. PREMISES ADDRESS (Number & Street, or RFD)													
20	060 White Ave.					6404 180	Oth St										
7.0	, CITY	7,d. STAT	E	7,e. ZIP CC	DUE	9.c. CITY		_			9.d. STATE		9.e. ZIP CODE				
H	arris	I.A	٩	51	345	Ocheyed	lan				IA.		51354				
8.	IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL	OWNERS	(if same i	as Item 7.a.,	so stato)								10. COUNTY Osceola				
APPRAISED							RAISAL	Ĭ .	TOTAL APP	RAISAL	<u> </u>		AMOUNT DUE FROM				
LINE	11 DESCR PTION/IDENTIFICATION/ PAGE NO OF VS FORM 1-23A (Description of materials or Animal-roactor 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 UNI1	17. UNIT (head, lb lon, etc.)	18. NO. UNITS/ WEIGHT	19. CRADE ANIMALS OR MATERIALS	20. PURFBRFD 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	ļ	\$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								ļ	\$ 0.00	ļ	\$0.00		\$0.00	\$0.00			
_4					_				\$0.00		\$0.00		\$0.0 <u>0</u>	\$0.00			
5								·	\$0.00		\$0.00		\$0.00	\$0.00			
25	SOURCE OF PRIGING DATA AND/OR SPECIAL FACTORS ANIMALS AND/OR MATER ALS: APRIL 3 - May 5 Updated	S AFFECTIN	IG VALUE				Total- Page 2	 	\$0.00	\$0.00	\$0.00	<u> </u>	\$912,806.70	\$0.00			
UF.	ANIMAL S A 10/03 MA EX RES. April 0 - May 0 operator	-			GRAND TO	OTALS (Basis	for payment)	AIM ANT UCC	\$912,806.70 RYGAGER CERTIFI	\$0.00 CATION	\$0.00	!		_			
CE I co ani	DATE ANIMALS/MATERIALS APPRAISED: 4/24/2/ RTIFICATION AND APPRAISAL CERTIFICATE entify that animals and/or materials liated above an imals and/or materials requiring appraisals are ap- output are of equal value.	re properly	ı Idontific dividuali	ed and are e y unlosa all	ligible for inc animals or m	demnity and natorials in a	t certify that I own or am amounts dur understand materials shi and/or mater	the animals and authorized and in according to me in according to own herein is right identified.	and/or materials id to represent the or rdance with all ap- compensation in a in accordance wi	entified in this owner, or am plicable laws a accordance w th all applicab ove the value	otherwise t and regulati vith all appl de laws and	he claimant, of lons governing loable laws and regulations and	the animats and to the payment for the regulations. I have by expressions.	ot applicable(initials) mortgaged. I further certify the or materials identified in this claim. I make claim for a le animals and/or materials identified in this claim. I full croby agree that the appraised value of animals and/or y waive any claim I may have to compensation for animal appraised as shown on this claim. I further agree to the			
ОH	NAME AND SIGNATURE OF GOVERNMENT APPE REPRESENTATIVE 29 Schmitt, DVM		(b)(6)	UDE OF OWA	EE CLAMANT OF	MITHORIZE	PEPRESE	NTATIVE IN	31. TITLE OF CLAIMANT Confroller								
29.	NAME AND SIGNATURE OF SPECIAL EXPERT A STEPHANIE KORDICK	PPRAISER	₹	sons	na a vitorota collec	,	32. DATE SIC	1/15	MORTGAGEE (ITEM 1)					SHOULD BE MAILED TO OWNER-MORTGAGOR (TEM 7)			
	ATE CERTIFICATION: I certify the amount in Item		from the	State Ager	icy is correct	and each	34.a. NAME	ÁND SIGNAT	URE OF MORTGA	GEE OR AUTH	IORIZED RE	PRESENTATIVE					
	ch amount has been or will be paid the Owner-Cla NAME AND SIGNATURE		_	34.b. MORTO	GAGFE MAILI	NG ADDRESS				_							
37.	STATE AGENCY		38. DAT	E			34. c. CITY				34.d. \$1A1		34.e, 7IP CODE				
ΑP	PROVED	39. FOR \$ \$9.112,8			40. ALI OTM	EN) NO.			DNOHUE	143 g TJT, Ligned I 1 ON: c - US, c - US Li Agricultura, 443	342.19200300.10	ASEDATE Department of SECTOR	44. PAGE _1_ OF	_ ¹			
٧S	FORM 1-23 (APR 2002)						GALV	'IN		on=PATRICIA DO							

app clai out	is information is required to loraisal of animals, for which imed. No monies or other because this report is complete the provided under (9 CFR 51).	indemnity is enefits may be	paid	collection of 0579-0007	of infor 1, 0579	mation ui -0047, 00	nless it displays 379-0101, 0579 stimated to aver	: a valid OM: -0137, 0579 : ace 1 bourt	in agency may not o B control number. I 0-0185, 0579-0189, per response, includ pleting and reviewin	The valid UMB 0579-0192, and tine the time fol	OMB Approved 0579-0007, 0579-0047, 0579-0101, 0579-0137, 0579-0185, 0579-0189, 0579-0192, and 0579 0208							
aur	UNIT	ED STATES D	IT HEAI	TMENT OF LTH INSPEC	AGRIC CTION	Ui TURE	•		1. VS PROGRAMI HPAI	DISEASE NAM	DENTIF	IFICATION NUMBER						
	APPR/	VETE AISAL AN		Y SERVICE DEMNIT		AIM F	OR		3, HERD/FLOCK II	DENTIFICATIO	K DISE/	EASE STATUS						
	ANIMALS D						ESTROYED		5. DATE ANIMALS/MATERIALS DESTROYED 6. DATE OF CLEANING AND DISINFECTING 5/20/2015									
7.a DE	. OWNER-CLAIMANT LEGA	AL NAME tegard Fo	ods (Company	/. Inc	./Sunr	ise Farms		9.2. PREMISES WHERE APPRAISAL WAS NADE (It different from Item 7) Sunrise Farms Pullet Farm #1									
7.b	OWNER-CLAIMANT MAIL	ING ADDRES	S (Nur	nber and sir	eet, or	RFD)	<u></u>		9.b. PREMISES ADDRESS (Number and street, or RFD) 6404- 180th St.									
7.c. CITY /.d. STATE 7.6							r.e. Z P CODE 51345		9.c. CITY Ocheyedan				9.d. STATE	5	9.e. ZIP CODE 51354			
8.1	F JOINT OWNERSHIP, GIV	E FULL NAM	E ÔF A	I I. OWNER	₹ (il si	ame as II	em 7.a., so stal	le)	10. COUNTY Osceola									
	<u></u>	ACD	RAISE	:n			·		APPRAISAL		To	OTAL APPR	AISAL			DUE FROM		
- N	11. DESCRIPTION: DENT FIC NUMBER OF VS FORM 1-23A Materials of Animal-reactor Tag	ATION/PAGE (Description of Number,	12. SPEC	13 AGE	14 SEX	15 BREED	16. GRADE FUREBRED/	17. UNIT (head, lb,	18. NO. UN TS/ WEIGHT	VALUE PER UNIT	20. TOTAL APPRAISAL	21. SALVAGI VS FORM 1	72. DIFFEREN		D. UNITED STATES	24. STATE AGENCY		
1	Animal ID Number, Lattop, Tag layer pullets		IES chicker	13 wks 4 days	f	Sora- radus	MATERIALS	ton, etc.) head	138,665	3,41	472,847.65	<u> </u>						
2	layer pullets		cncker	13 ww 1 day	f	5550 1550		head	119.183	3.41	406,414.03	<u> </u>				 		
3						ļ						<u> </u>				<u> </u>		
4			<u> </u>			<u> </u>	ļ <u> </u>					 -				 		
5 25	SOURCE OF PRICING DATA A	ND/OR SPECIA	L FACT	ORS AFFECT	ING VA	. UF QF	GRAND TOTAL		057040	 	фо з прос4 са	<u> </u>	-					
	MALS AND/OR MATERIALS						(Basis for paym	ent)	257848		\$879261.68		TGAGOR CERTII	FICATIO	W			
	DATE ANIMALS/MATERIALS A 25/2015	PPRAISED AND	D/OR TA	GGED AND 8	RANDE	:D			: moreogood furti	her certify that I r	aterials identified in own or am authorize	this claim are (i id to recressort t	n:tals), are n helowner, or am of	ct (initials herwise t	he claimant, of the	arimnars antoiti		
and	CERT ertify that the animais and/or a that animals and/or materi aterials in a group are of equ	als requiring a	ed abov	e are prope	dy idei	ntified an	d are eligible fo	r indemnity mals or	the payment for it applicable laws a all applicable law identified in this c	the animals and/ and regulations. It is and regulation claim above the valid animals white	s and I hereby expre value at which such : * materials	d in this dairn. I he appraised va easily waive any ankhals and/or	fully understand male of animals and claim I may have to male nationals. The appropriate is appropriate to the control of the	ny nght to Vor mater o compet aised as s	compensation in a rals shown herein it resation for animals shown on this claim	ccordance with sin accordance with and/or materials if further agree to the		
	NAME AND SIGNATURE OF G	-	PPRAIS	ER OR REPR	RESEN?	ATIVE	28. TITLE		30 SIGNATURE O	OF CWINER/CLA	MANTONAUTHOR	ED REPRESE)	TATIVE IN I <u>TEM</u> S 7	ÖR B	- Prysic	MANT		
	reg Schmitt, D		2". 1		_		State Distric!	Veterinaria	AZ. DATE SIGNED		TTT IS ESTED IN THE	L FELIFBRI AN	ENTRIT CHECK II	ILL BE U	AWN IN FAVOR OF	MORTGAGOR		
	NAME AND SIGNATURE OF S								4/28	115	AND SHOULD BE	MAILER O.	OWNER-MORT	GAGOR ((Hem 7, ☐ MCI	RTGAGES (dem 7)		
SY	ATE CERTIFICATION: I ce ch such amount has been	rtify the amo or will be par	unt in I id to th	tem 25 as d e Owner-Cl	lue fro aiman	m the St t.		correct and			MORTGAGEE OR AU	JTHORIZED REI	RESENTATIVE		<u></u>	,		
35.	NAME AND SIGNATURE						36. TITLE		34 b. MORTGAGEE MAILING ADDRESS									
37	STATE AGENCY					MA	36 DATE	D	gitally signed by MART I N: q-US o-US Govern	rent,		5	1 a. STATÉ	34	.e. ZIP CODE			
AP	PROVED 38	FOR \$		40. ALLOT	MENTI	(O.	41. BY NAME A	(Re rois dN)	u -Department of Agucu 1 ⁸ Martin Smeltzer,	ilture.		42. TITLE		43	JA1È	44		
	\$\$	3769,266,6	68			SM	ELTZ		9.2342.19200300.100.12 314	1-1200100001	<u></u>					PAGE OF		
	FORM 1-23 P 2010								ECT 20 1.07.07 17.1771	0-07								

					ALLO	TMEN				FISCAL YE					
U.S. DEPARTMENT OF ANIMAL AND HEALTH INSE	PECT	ION					See below				2016				
VETERINARY SE	ERVI	CES			STAT	ΓΕ									
INDEMNITY CLAIM TRANSMITTAL						/A					03/2015				
				RUCELL THER(S		CULOSIS D P	ARATU	BERCULOS	IS						
			CAT	TLE		☑ OTHER(Specify) HPAI									
						HER key)									
NAME	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED	APPRAISAL	SALVAGE	FEDE	RAL MNITY	STATE INDEMNITY				
1100914019															
Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345							\$ 33,545.02	\$0	\$	33,545.02	\$0				
Premise: 00JBBN2															
BOC: 4222 Birds (Recalculated)															
5XVSSD0319CCCEMGY. 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000 A															
					×				-						
Totals							\$ 33,545.02	\$0	\$	33,545.02	\$0				
OFFICIAL IN CHARGE						Ogla	illy signed by PATRICIA DONORIUS GALVIr	N			·				

Previous editions are obsolete

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

PATRICIA DONOHUE GALVIN

Discreto de Patricia Donohue GALVIN

Discreto de 1935, done francia de Department de Apaculture

Discreto de 1935, done francia de Department de Apaculture

Discreto de 1935, done francia de Campanda de Apaculture

Discreto de 1935, done francia de Campanda de Apaculture GALVIN

Discreto de 1935, done francia de Campanda de Cam

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

ALLOTMENT NO. See below STATE lowa STATE S

INDEMNITY CLAIM TRANSMITTAL

☐ BRUCELLOSIS * TUBERCULOSIS ☐ PARATUBERCULOSIS ☐ OTHER(Specify) HPAI

			MOTHER(Specily) HPAI								
	ATTL	E.									
		ED	ADE			HER key)					
NAME	GRADE	PURE-BRED	DAIRY GRADE	CALVES NURSING REACTS	GRADE	PURE- BRED	APPRAISAL	SALVAGE	FEDERAL INDEMNITY	STATE INDEMNITY	
1100914019											
Phil Sonstegard/ Sonstegard Foods Company, Inc./ Sunrise Farms 2060 White Ave Harris, IA 51345							\$879,261.68	\$0	\$879,261.68	\$0	
Premise: 00JBBN2											
BOC: 4222											
5XVSSD0319CCCEMGY 15XX AP001600BN APVSSD0319 AP01EFCCCEMGY000					×						
Totals							\$879,261.68	\$0	\$879,261.68	\$0	
OFFICIAL IN CHARGE	ATRIC		ON	OHUE GA	LVIN	12N c 11S. o 0.9.2342 192	ierl by PATRICIA CONONUE GAIRM ILS Government, buil Department of Agricult Basico 1991,11 (2001) 0900004/9, bii PATRICIA 7-7-12-2-136-94901	I Ire CONORGE GALVIN	I		

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