



NATIONAL BEEF NATURESOURCE CATTLE CHAIN OF CUSTODY AFFIDAVIT (Attachment NS 4)

This document must be completed each time cattle change management control and/or control (by trained personnel at that location) kept on file for a minimum of 1 year at each location.

ORIGINAL RANCH/FARM COMPLETES THIS SECTION

CATTLE IDENTIFICATION INFORMATION:

| | | |
|----------------------------------|--------------|-----------------|
| Ranch/Farm Operation Name: _____ | | |
| Contact Person: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ |
| Phone Number(s): _____ | | |

| | |
|-------------------------------------|--|
| Describe tagging system used: _____ | Brand/Other Methods of Identification (Describe clearly) |
| Tag color(s) _____ | |
| Number (Range of Numbers) _____ | |
| Other Description on the Tags _____ | |

Number of calves represented by this document: _____ Date of Transfer (calves are SHIPPED to next location): _____

Breed(s) of Cattle: _____

Name of Destination Location (for example—XYZ stocker): _____

Cattle represented by this document have never been administered antibiotics (injected or fed/therapeutic or sub-therapeutic), ionophores (Rumensin and/or Bovatec); Beta-Agonists (Optaflexx, Zilmax), supplemental hormones or growth promoting implants or fed animal by-products.

Cattle represented by this document have been handled and cared for according to National Beef's Animal Welfare Policies for Natural Beef, fed an all-vegetarian diet for the life of the cattle and born and raised in the United States.

Cattle represented by this document have no evidence of Brahman and Dairv influence.

Breeds of cattle documented on this affidavit as Black Angus or Black Angus cross have, at minimum, 50% Black Angus genetics and meets Black Angus Phenotype.

Breeds of cattle documented on this affidavit as Red Angus or Red Angus cross have, at minimum, 50% Red Angus genetics and meets Red Angus Phenotype.

The above information is complete and accurate. I understand that this documentation is part of National Beef's NatureSource Natural Beef Programs and I have adequate records to support the above information. I agree to keep all records supporting this affidavit and this affidavit on file for a minimum of 1 year. I understand that my operations and documents may be audited by National Beef.

(Original) Ranch/Farm Signature: _____ Date: _____

THE TRANSFER LOCATION COMPLETES THIS SECTION

Date calves are RECEIVED at this location: _____ # of Head Received: _____

| | |
|--|---|
| Operation Name AND Contact Information | Cattle identification – If any changes were made to the identification of the cattle, describe those changes below. |
|--|---|

The above information from the ranch is complete and accurate. I understand that this documentation is part of National Beef's NatureSource Natural Beef Programs and I have records to support the above information. I agree to keep all records supporting this affidavit and this affidavit on file for a minimum of 1 year. I understand that my operations and documents may be audited by National Beef.

Transfer Location Signature: _____ Date: _____

THE FEEDLOT COMPLETES THIS SECTION

Date calves are RECEIVED at feedlot: _____ # of Head Received: _____

| | |
|--------------------------------------|---|
| Feedlot Name AND Contact Information | Did Animal Identification Match the above descriptions and statements? _____ Were any animals removed from the program? Why? _____ |
|--------------------------------------|---|

Feedlot Signature: _____ Date: _____
Original Date: 8/10/12 Revised Date: 7/5/13 National Beef Proprietary Document

(JBS)

FIVE RIVERS

JBS USA FIVE RIVERS

28625 U.S. Highway 34
Kersey, Colorado 80644
Phone: 970.356.2323
Fax: 970.356.6070

All Natural Cattle Affidavit
(For Office Use)
Contract # _____
Lot # _____

Each Location (Ranch-Background-Feedlot) MUST complete in full, their respective section. Once signed, and Five Rivers Cattle Feeding (The Feedlot) becomes Purchaser of cattle, retain a copy for your records and forward Affidavit to the Address above or Fax to 970.356.6070. Five Rivers will maintain a file of the original Affidavit.

THE CATTLE REPRESENTED BY THIS AFFIDAVIT HAVE:

- Never received supplemental growth promotants.
- Never received antibiotics or ionophores.
- Never been fed any animal-derived feedstuffs.
- A minimum of 50% Red or Black Angus Genetics.
- No Dairy or Brahman Influence.
- A.U.S. Born and Raised origin.
- Been raised in compliance w/ HFAC Animal Care Standards for beef cattle and BQA guidelines.

NON-ALLOWABLE PRODUCTS (Including but not limited to):
Growth Promotants - Compudose, Component, Dexamethasone, Encore, Estroplan, Lutalyse, Regagro, Revalor, Synovex, MGA, Halofenox, Optiflexx, Zilmax.
Antibiotics - A100, AS700, LA200, Aureomycin, Baytril, Bloxyn, C10, Dromid, Nec mycin, Erythromycin, Excede, Excenel, Gallimycin, Gantacin, Hexasol, Micoth, Naxo Nufor, Oxytetracycline, Penicillin, Resflor, Spectinomycin, Sulfas, Tetradura, Tylan.
Ionophores - Bovatec, Cattlyst, Gain-Pro, Rumensin, V-Max.
Feedstuffs - Feather meal, Fish Oil, Tallow, Poultry Litter, Yellow Grease
Milk Replacer (post-wean).

A records must be retained for a minimum of three years and made accessible to a JBS Representative or approved 3rd party.
Any Cattle or Operation found out of compliance with stated requirements will be disqualified from the program indefinitely.

Cow/Calf Producer: (Please print)

Ranch Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of First Calf Born: ____/____/____

Identification: _____

Ear Tags: Dangle / EID Tag / Combo / other: _____ Branded: (Yes / No) Brand ID or Symbol _____

Number of Head: (Steers) _____ (Heifers) _____ Calves Shipped: ____/____/____

Ranch Manager / Signature: _____

Background: (Please Print)

Were cattle kept at a location other than origin ranch or the feedlot (Yes / No) No, indicates cattle moved direct to feedlot.
If Yes, provide the the following information:

Location Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Date Cattle Arrived: ____/____/____ Number Hd Received: _____

Manager / Signature: _____

Feedlot: (Please Print)

Feedlot Name: FIVE RIVERS CATTLE FEEDING - Kurei Feedlot Phone: (970) 356 - 2323

Address: 28625 U.S. Highway 34 City: KERSEY State: CO Zip: 80644

Date Cattle Arrived: ____/____/____ Number Hd Received: _____ Assigned Lot #: _____

Manager / Signature: _____

Document Number AR003

Appendix A

Revision Date: 12/01/2011