

BEEF MARKETING GROUP NATURAL AFFIDAVIT

This affidavit must be completed by approved producers, growers, and feedlots upon change in ownership or shipment of cattle to a feedlot or licensed packing plant.

Eligible cattle MUST be of Black Angus influence based on phenotype, appearance MUST be 51% solid black. Eligibility is based on individual qualifications not group, pen, load, or lot. Cattle enrolled in the Angus Source program to verify genotype are also eligible.

1. I, (owner name-print) \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Premise # (if have one) \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 As an approved: \_\_\_\_\_  
 Original Producer (ranch of birth) \_\_\_\_\_  
 Background \_\_\_\_\_  
 Feedlot (finish cattle only) \_\_\_\_\_  
 -----(check all that apply for the cattle referenced below)-----

have abided by the following production procedures to qualify the animals identified on this document as eligible, in part, to supply natural cattle:

1. That in raising these animals, the following have never been used while under my care:
    - a. Supplemental hormones, of any kind, in the feed or via implant
    - b. Steroids and beta-agonists
    - c. Antibiotics, including ionophores, either therapeutic or sub-therapeutic
    - d. Animal-derived feedstuffs, of any kind
  2. That feed used for these animals did not come in contact with conventional feeds containing any of the above mentioned items; and that the proper documentation (i.e. feed labels, feed supplier affidavits, etc.) to confirm compliance with production claims has been kept and will be available for a period of two years.
  3. That these animals are individually identified and all animals receiving medication or deemed ineligible for any reason have been identified. Good animal husbandry practices have been followed to provide proper housing, good nutrition, and low stress handling to ensure each animal's health and well being has been maintained.
- The seller agrees that if the entire group of animals are not in compliance with BMG Natural Angus requirements and the aforementioned specifications in numbers one, two, and three, seller agrees that BMG has the right to reject and return the cattle to seller. Any expenses incurred by BMG shall be reimbursed by the seller.

Lot # / Group ID: \_\_\_\_\_ Head Count: \_\_\_\_\_ Sex: STR HFR MXD Ship Date: \_\_\_\_\_ (circle one)

To be completed only by the producer of origin: These cattle were born between the dates listed below as established using the method indicated.

Animal Age: \_\_\_\_\_ m/d/y to \_\_\_\_\_ m/d/y

Birth Date Range (m/d/y): \_\_\_\_\_ to \_\_\_\_\_

Determined using: Individual Animal ID \_\_\_\_\_ Group Breeding Records \_\_\_\_\_ Group Calving Records \_\_\_\_\_

Ranch Ear Tags: (#, color, R or L ear) \_\_\_\_\_

Ranch Brand & Location: \_\_\_\_\_

RECEIVED by BMG: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 P.O. Box 1506 • Great Bend, KS 67530  
 Beef Marketing Group Cooperative, Inc.  
 Phone 620.792.5886 • Fax 620.793.8570

INTERNAL USE ONLY Faxed to Tyson: \_\_\_\_\_ Date: \_\_\_\_\_

DATE: \_\_\_\_\_

SELLER'S SIGNATURE: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 DATE: \_\_\_\_\_

SUBMITTED by: \_\_\_\_\_

Supplier #: \_\_\_\_\_  
 \*Must Fill out All Highlighted Areas\*  
 on All Pages



**FIVE RIVERS CATTLE FEEDING**  
 28625 U.S. Highway 34  
 Kersey, Colorado 80644  
 Phone: 970.670.0973  
 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. Retain a copy for your records and forward affidavit to Five Rivers within a month of delivery.

**THE CATTLE REPRESENTED BY THIS AFFIDAVIT HAVE:**

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

**NON-ALLOWABLE PRODUCTS (including but not limited to):**

- Actogain, Compudose, Component, Dexamethasone, Encore, Estroplan, Estrumate
- Lutalyse, Prostagmate, Ralgro, Revalor, Synovec, MGA, Heifermax, Optaflexx, Zilmax
- Antibiotics - Advocin, AS700, LA200, Aureomycin, Baytril, Biomycin, CTC, Draxlin, Neomycin, Enroflox, Erythromycin, Excide, Excenel, Gallimycin, Gentocin, Hexasol, Micolil, Naxcel, Norfencol, Nuflor, Oxytetracycline, Penicillin, Pulimotil, Resflor, Spectinomycin, Sulfas, Terramycin, Tetradure, Tylan, Tylovet, Zactran, Zuprevo.
- Ionophores - Bovatec, Catlyst, Gain-Pro, Rumensin, V-Max.
- Feedstuffs - Feather meal, Fish Oil, Tallow, Poultry Litter, Yellow Grease
- Milk Replacer(post-wean).

All records must be retained for a minimum of three years and made accessible to a Five Rivers 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:** \_\_\_\_\_

AA

**Backgrounder: (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 following information:

Location Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Cattle Arrived: \_\_\_\_\_ Number Hd. Received: \_\_\_\_\_

**Manager/Signature:** \_\_\_\_\_

AA

**Feedlot: (Please Print)**

Feedlot Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Cattle Arrived: \_\_\_\_\_ Number Hd. Received: \_\_\_\_\_ Assigned Lot#: \_\_\_\_\_

**Manager/Signature:** \_\_\_\_\_

**NATIONAL BEER NATURESOURCE ANGUS/NATURAL ANGUS CATTLE CHAIN OF CUSTODY AFFIDAVIT**

This document is completed (by only trained personnel) each time management control of the cattle is changed. This document is kept on file at each location for a minimum of 2 years.

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

Cattle represented by this document have been humanely raised and handled according to the requirements listed in the Program. Cattle represented by this document have only been fed an all-vegetarian diet.

Cattle represented by this document are born and raised in the United States. Cattle represented by this document have no predominantly Brahman ears or Humps. Cattle have no dairy influence.

Breds of cattle documented on this affidavit as being Black Angus influenced, have at least 50% Black Angus genetics and meet the Black Angus Phenotype requirements (as stated in the NatureSource Program and the USDA AMS GIA Specifications) or meet the USDA AMS PVP Angus Source Program and are identified with Affidavit.

Breds of cattle documented on this affidavit as being Red Angus influenced, have at least 50% Red Angus genetics and meet the Red Angus Phenotype requirements (as stated in the Program) or meet the USDA AMS PVP Red Angus Program and are identified with USDA AMS PVP Red Angus Feeder Calf Visual Tags or represented by the National Beef Genotype Affidavit.

**SOURCE RANCH/FARM COMPLETES THIS SECTION:**

Ranch/Farm Name AND Contact Information	Cattle identification - Describe in detail how the cattle are identified that is unique to your ranch/farm and/or this calf crop.
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Number of calves represented by this document: \_\_\_\_\_ Date Shipped to Next Operation: \_\_\_\_\_

Breed(s) of Cattle: \_\_\_\_\_ Name of Next Operation: \_\_\_\_\_

The above information is complete and accurate and I attest that all cattle represented by this document meet all the requirements listed above. I understand this document is part of the National Beef NatureSource Angus/Natural Angus Beef Program records to support the above information. I agree to keep all records supporting this affidavit as well as a copy of this affidavit on file for a minimum of 2 years. National Beef is allowed to audit my operation and records pertaining to the program.

(Original) Ranch/Farm Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**GROWING PHASE OPERATION COMPLETES THIS SECTION**

Operation Name AND Contact Information	Cattle identification - If any changes were made to the identification of the cattle, describe those changes below.
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The above information is complete and accurate and I attest that all qualified cattle represented by this document meet all the requirements listed above. I understand this document is part of the National Beef NatureSource Angus/Natural Angus Beef Program and I have adequate records to support the above information. I agree to keep all records supporting this affidavit as well as a copy of this affidavit on file for a minimum of 2 years. National Beef is allowed to audit my operation and records pertaining to the program.

Growing Phase Operation Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FEEDLOT COMPLETES THIS SECTION**

Feedlot Name AND Contact Information	Cattle identification - If any changes were made to the identification of the cattle, describe those changes below.
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The above information is complete and accurate and I attest that all qualified cattle represented by this document meet all the requirements listed above. I understand this document is part of the National Beef NatureSource Angus/Natural Angus Beef Program and I have adequate records to support the above information. I agree to keep all records supporting this affidavit as well as a copy of this affidavit on file for a minimum of 2 years. National Beef is allowed to audit my operation and records pertaining to the program.

Feedlot Representative Signature: \_\_\_\_\_

Date of Cattle Verification: \_\_\_\_\_

### TYSON FRESH MEATS NAE BEEF AFFIDAVIT

*This affidavit must be completed by approved producers, growers, and feedlots upon shipment of cattle to a feedlot or Tyson plant.*

**Cattle eligible for CABN program MUST be of Black Angus influence based on phenotype, main body MUST be solid black, with no other color behind the shoulder, above the flanks, or breaking the midline behind the shoulders, excluding the tail. Red, yellow, white, or grey cattle do not qualify without Angussource® program enrollment. Eligibility is based on individual qualifications not group, pen, load, or lot. Cattle enrolled in the Angussource® program to verify genotype are also eligible.**

**Cattle eligible for Open Prairie Natural Angus® Beef program MUST meet the requirements of CABN stated above or display Registered Angus parentage (black or red) with Natural Angus Beef Certification [SRNat 010] or Red Angus phenotype of solid red or red baldy. Cattle must be approved by a Tyson representative. Eligibility is based on individual qualifications not group, pen, load, or lot.**

1. (manager or owner name-PRINT): \_\_\_\_\_ doing business as \_\_\_\_\_

(Company / Feedyard / Ranch Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### As an approved:

- Original Producer (ranch or birth)  Backgrounder/Grower (only check if cattle grown were NOT born on premise)  Feedlot (finish cattle only)
- Global Animal Partnership GAP Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I/we have abided by the following production procedures listed in 1, 2, 3, & 4 below while under my care to qualify the animals identified on this document as eligible, in part, to supply NAE cattle:

1. In raising these animals, the following have never been used while under my care:
    - a. Supplemental hormones, of any kind, in the feed or via implant
    - b. Steroids and beta-agonists
    - c. Antibiotics, including ionophores, ether therapeutic or sub-therapeutic (non-antibiotic coccidiostats labeled for use in cattle are allowed)
    - d. Animal-derived feedstuffs, of any kind (tallow, fish oil, feather meal, blood meal, etc.)
  2. The feed used for these animals did not come in contact with conventional feeds containing any of the above mentioned items; and the proper documentation (i.e., feed labels, feed supplier affidavits, etc.) to confirm compliance with production claims has been kept and will be available for a period of two years.
  3. Each animal is identified and all animals receiving medication or deemed ineligible for any reason have been identified. Good animal husbandry practices have been followed to provide proper housing, good nutrition, and low stress handling to ensure each animal's health and well-being has been maintained.
  4. I attest that all livestock referenced by this document and transferred here of U.S.A. origin (i.e., born and raised in the U.S.A.).
- The undersigned, previously agreeing to adhere to these rules, confirms that to the best of his/hers/its knowledge the cattle identified below meet each of the four requirements above and will cooperate to resolve any issues that may arise that would lend doubt to the eligibility of any of the cattle referenced by this document.

Lot #/Group ID: \_\_\_\_\_ Head Count: \_\_\_\_\_ Sex: STR HFR MXD (circle one) Ship Date: \_\_\_\_\_

*This section is to be completed by the seller and describe the identification of the cattle at the time of sale / delivery.*

Calving Season Year: \_\_\_\_\_ (check which season applies)  Spring  Fall

Ranch Ear Tags (Check all that apply):  Yes  No  R Ear  L Ear Ear Notch:  Yes  No  R Ear  L Ear

Describe Ranch Tags (color, #s, etc): \_\_\_\_\_

Ranch Brand:  Yes  No Draw Brand & Indicate Brand Location: \_\_\_\_\_

Lot Tags (Check all that apply):  Yes  No  R Ear  L Ear

Describe Lot Tag(s) (color, #s, etc): \_\_\_\_\_

SUBMITTED by: \_\_\_\_\_

Seller's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Buyer's Signature \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED by: \_\_\_\_\_



Meyer Natural Angus Program
Meyer Natural Foods
1990 Rocky Mountain Ave. • Loveland, CO 80538
Phone: 970-292-5006 • Fax: 970-292-5542

Cattle Affidavit

All producers must sign and complete in full their appropriate segment of this affidavit. Completed affidavit must be provided to an MNF Representative.

For Office use only:

MNA #
Contract #

Before completing and signing, read this section carefully to ensure your cattle uphold MNF Standards.

- 50% Red or Black Angus Genetics (Determined by using the simple average of the Angus Genetics in the Sire and the Dam).
Never received ionophores, antibiotics, or beta-agonists.
Never been administered any growth implants or hormones.
Vegetarian Fed: No Mammalian, Fish, or Avian By-Products with the exception of milk or milk derived products.
Raised in accordance with MNF Humanely Handled Standards.

Producers are subject to on-site evaluations on all Standards included on this affidavit.

COW/CALF PRODUCER: (Please print) Name / Ranch:

Address:
Date of First Calf Born:
Sex (check one): Steer, Heifer, Mixed
City:
State:
Zip:
Form of ID (check all that apply): Visual Tag, EID Tag, Brand, Describe other.
If Producer finished cattle at home, Direct Fed Microbial (DFM) used:
Print Name:
Signature:
Date signed:
Phone:
Not Applicable

BACKGROUND: (Please Print) Were calves grown at a location other than home ranch or feedlot?

Yes No
If Yes, complete this section:
Name / Company:
Address:
City:
State:
Zip:
Print Name:
Signature:
Date signed:
Phone:
Were calves finished at home ranch? Yes No
If No, complete this section:
Lot # (if applicable):
Approved Direct Fed Microbial (DFM) used:

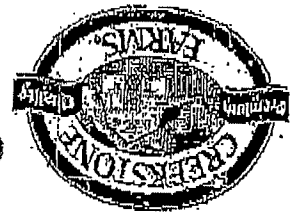
FEEDLOT: (Please Print) Were calves finished at home ranch?

Yes No
If No, complete this section:
Lot # (if applicable):
Approved Direct Fed Microbial (DFM) used:
City:
State:
Zip:
Print Name:
Signature:
Date signed:
Phone:
Were calves finished at home ranch? Yes No
If No, complete this section:
Lot # (if applicable):
Approved Direct Fed Microbial (DFM) used:

Jan. 24, 2019 11:40AM

Metzner

No. 0049 r.w.f. 6/1/02



# Creekstone Farms Natural Black Angus Source Verification Affidavit

CFFB ID#

Rev. 4/6/06

Complete and sign this form. Return the form to a Creekstone Farms Premium Beef, LLC (CFFB) designated agent in the self-addressed envelope provided OR fax to 620-741-3195. Document must be signed and completed in order to become eligible for the CFFB natural program.

The genetic make up of these cattle are Black Angus or Black Angus cross and managed to promote the Creekstone Farms Premium Beef, LLC promise to the consumer.

1. The cattle specified on this form have been fed 100% vegetarian diet.
2. No ruminant meat, bone meal, or tallow has been fed to any of the cattle specified on this form.
3. The cattle specified on this form have been handled in a humane manner.
4. No antibiotics or ionophores have ever been administered to any of the cattle specified on this form.
5. No implants or growth promotants have ever been administered to any of the cattle specified on this form.
6. No implants or growth promotants have ever been fed or administered to any of the cattle specified on this form.
7. These cattle are of United States origin, have never left the United States and source verifiable to birthplace.
8. Management records will be kept and accessible to the Auditor, Creekstone Farms Representative, USDA and/or purchaser of cattle upon request. I understand that my records may be audited.

### (A) Cow/Calf

Manager/Owner Signature \*

Please print

Date

Name:		Address		City		State		County		Zip Code	
Telephone #:		Brand, Tag, EID, Other		Head Count		Sex		Estimated Sale WT		Date of Transfer & Location Transferred To	

### Cattle Transferred To:

(B) Stocker/Backgrounder

Manager/Owner Signature

Please print

Date

Name:		Address		City		State		County		Zip Code	
Telephone #:		Brand, Tag, EID, Other		Head Count		Sex		Estimated Sale WT		Date of Transfer & Location Transferred To	

### Cattle Transferred To:

(C) Feeder

Manager/Owner Signature

Please print

Date

Name:		Address		City		State		County		Zip Code	
Telephone #:		Brand, Tag, EID, Other		Head Count		Sex		Estimated Sale WT		Date of Transfer & Location Transferred To	