

<p>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICES</p> <p>APPLICATION FOR LICENSE (TYPE OR PRINT)</p>	<p>OFFICIAL USDA USE ONLY OMB Approved 0579-0470, Exp 06/2023</p> <p>SEND THE COMPLETED FORM TO:</p> <p>USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3W11 FORT COLLINS, CO 80526</p>						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">LICENSE/CUSTOMER NUMBER</td> <td style="width: 33%;">EXPIRATION DATE</td> <td style="width: 33%;">DATE RECEIVED</td> </tr> <tr> <td style="text-align: center;">41-A-0484</td> <td style="text-align: center;">3/9/2026</td> <td></td> </tr> </table>	LICENSE/CUSTOMER NUMBER	EXPIRATION DATE	DATE RECEIVED	41-A-0484	3/9/2026	
LICENSE/CUSTOMER NUMBER	EXPIRATION DATE	DATE RECEIVED					
41-A-0484	3/9/2026						

No license shall be issued unless a completed application and appropriate fees are received, and the applicant is in compliance with the standards and regulations (7 U.S.C. §§ 2132-2143). A license may be denied or license terminated if the applicant has made false or fraudulent statements or provided false or fraudulent records to USDA (9 C.F.R. §§ 2.11 and 2.12).

<p>1. TYPE OF LICENSE:</p> <p><input checked="" type="checkbox"/> CLASS A- BREEDER <input type="checkbox"/> CLASS B- DEALER <input type="checkbox"/> CLASS C- EXHIBITOR</p>	<p>2. TYPE OF ORGANIZATION:</p> <p><input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER</p>
<p>3. NAME, MAILING ADDRESS, AND COUNTY (SEE INSTRUCTIONS):</p> <p>ANGIE McDUFFEE 24362 HWY 10 CUSHING, MN 56443 COUNTY: MORRISON</p>	<p>4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES (P.O. BOX ADDRESSES ARE NOT ACCEPTABLE): <input checked="" type="checkbox"/> Same as Block 1</p> <p>COUNTY:</p> <p><input type="checkbox"/> CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET. <input type="checkbox"/> CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS</p>
<p>5. TELEPHONE NUMBER(S):</p> <p>(b) (6), (b) (7)(C)</p>	<p>6. EMAIL ADDRESS:</p> <p>(b) (6), (b) (7)(C) .com</p>
<p>7. PREVIOUS USDA LICENSE NUMBER (IF ANY):</p>	<p>8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:</p> <p>41-A-0484</p>

9. VIOLATIONS AND NOLO CONTENDRE (9 C.F.R. § 2.1(a)(1)(vii))
Disclose any pleas of nolo contendere (no contest) or finding of a violation of Federal, State, or local laws or regulations pertaining to animal cruelty or the transportation, ownership, neglect, or welfare of animals.

NONE YES, EXPLAIN (ATTACH ADDITIONAL INFORMATION OR RECORDS.)

10. IF THE APPLICANT IS A CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY, LIST THE ENTITY'S OFFICERS AND AGENTS.

CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET

NAME	TITLE

11. LIST THE ACTUAL OR ANTICIPATED TYPES AND MAXIMUM NUMBER OF ANIMALS OWNED, HELD, MAINTAINED, SOLD, EXHIBITED, OR LEASED AT ANY ONE TIME DURING THE PERIOD OF LICENSE (9 C.F.R. § 2.1(a)(1)(i)):

ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER
DOGS	2000	NONHUMAN PRIMATES (GROUPS 1-4) §3.60(B)(2)(i)	N/A	RHINOCEROSSES	N/A
CATS	N/A	NONHUMAN PRIMATES (GROUP 5) §3.60(B)(2)(i)	N/A	HIPPOTAMUSES	N/A
GUINEA PIGS	N/A	NONHUMAN PRIMATES (GROUP 6) §3.60(B)(2)(i)	N/A	GIRAFFES	N/A
HAMSTERS	N/A	BEARS	N/A	WILDEXOTIC HOOFSTOCK	N/A
RABBITS	N/A	EXOTIC/WILD FELIDS AND HYBRIDS	N/A	MARINE MAMMALS	N/A
FARM ANIMALS (exclude horses)	N/A	HYENAS, EXOTIC/WILD CANIDS AND HYBRIDS	N/A	TOTAL ANIMALS	2000
OTHER ANIMALS (not listed elsewhere)	N/A	ELEPHANTS	N/A		

CHECK THIS BOX IF ADDITIONAL PAGES ARE USED TO LIST ANIMALS.

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby certify that I have reviewed the Act, regulations, and standards. To the best of my knowledge and belief, I am in compliance with and agree to continue to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am and all listed persons are 18 years of age or older.

<p>13. PRINT NAME AND TITLE:</p> <p>(b) (6), (b) (7)(C) ANGIE McDUFFEE OWNER</p>	<p>14. DATE:</p> <p>11/29/22</p>
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