License	Number	
License	Issued	

License	Fee	<u>\$5</u>	<u>0.0</u>	0_	a
Receipt	#	ı	0	3	38

	Receipt # 1109 70
CIT	Y OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE
	Council, City Clerk, Director of Public Works, Traffic Engineer, and Chief of Police of the City of La Crosse: akes application for a Horse-Drawn Vehicle License.
BUSINESS NAME	Cinderella Carriage LLC
BUSINESS ADDRESS	30321 State Hwy 27 Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614 CT 25 2013 F
OWNER(S) NAME	Lynn Katherine Hemmersbach
OWNER(S) DATE OF BIRTH	OFFICE
OWNER(S) ADDRESS	30321 State Hwy 27 Cashton WI 54619
OWNER(S) HOME TELEPHO	NE 608-606-0614
 HAVE YOU BEEN CON\ 	CONVICTED OF A FELONY OR MISDEMEANOR? YES [X] NO VICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? YES [X] NO YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVIGION (user corporate side if necessary) = 1 = 7
POLICY NUMBER	Tudor Insurance Company PG306431040 001 131028 10/28/13 9:37AM PAID 50.00
POLICY LIMITS	2,000,000.00 Aggregate Per Policy Year
METHOD OF CHARGING	ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. Metered Rates Zone Rates Vehicle Rental RateX_
SCHEDULE OF RATES	1/2 hr \$55 hr \$90
NUMBER OF VEHICLES TO	BE LICENSED 3 4
 lights and safety equip procedures to be taken Vehicle #1 White Vis-a-V Lights and slo Vehicle #2 White Vis-a-V Lights and slo Vehicle #3 Red/Black W 	wing moving vehicle sign Bun Bag vis Carriage 6 passenger Same lights + SMV owing moving vehicle sign Bun Bag + bun bag agonette 8 10 passenger
ATTACHED IS A CURRENT VET FREE FROM INFECTIOUS DISEA X	fit for horse-drawn vehicle service. sove-described vehicle(s) will be kept in a clean and sanitary condition and proper repair and maintenance and will further unicipal Code pertaining to the Horse-Drawn Vehicle license. contained in this application is true and correct. I am aware that withholding information or making false statements on al/revocation of license.
LICENSE [] APPROVED	

CERTIFICATE OF INSURANCE

This Document is a

Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be Issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such POLICIOS. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED TO ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY

NORTH AMERICAN HORSEMEN'S ASSOCIATION

Administrative Office: Ark Agency 310 Washburne Ave., Box 223 Paynesville, MN 56362

Policy No.: PGP 716308

LOCATIONS (if other than malling address)

NAME AND ADDRESS OF INSURED

Cinderella Carriage, LLC 30321 State Hwy 27 Cashton, WI 54619

COMPANY:

Tudor Insurance Company

1/23/2013 Effective: 12:01 AM

Expires: 12:01 AM

1/23/2014

			Limits	of Liability
Type of Liability Insurance X – Comprehensive Form Deductible: N/A per claim and legal defense - Premises/ Operations Products/Completed Operations Care, Custody & Control: \$ per horse max \$ Aggregate Deductible: N/A per claim and legal defense X – Medical Payments: \$1,000 X – Fire Legal Liability: \$50,000	Coverage Form Occurrence	Bodily Injury & Property Damage Combined	Each Occurrence Or Claim \$1,000,000.	Aggregate Per Policy Year \$2,000,000.

EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Exposure Code

B 03

B 04

G 01a

G 01b

Exposure (Activity Description) Commercial Maximum Usage Horses

Low Usage Horses

Horse Drawn Vehicle Rides, City

Horse Drawn Vehicle Rides, Rural

EXCLUSIONS

As per policy contract.

NAME AND ADDRESS OF: X - Certificate Holder

City of LaCrosse 400 LaCrosse Street LaCrosse, WI 54601 CANCELLATION:

Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Date Issued: January 10, 2013

Authorized Representative:

CERTIFICATE OF INSURANCE

Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED TO ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY

NORTH AMERICAN HORSEMEN'S ASSOCIATION

Administrative Office: Ark Agency 310 Washburne Ave., Box 223 Paynesville, MN 56362

Policy No.: PGP 716308

LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED Cinderella Carriage, LLC 30321 State Hwy 27 Cashton, Wi 54619

COMPANY:

Tudor Insurance Company

1/23/2013 Effective: 12:01 AM

Expires: 12:01 AM

1/23/2014

Limits of Liability Aggregate Per Each Occurrence **Bodily** Coverage Form Type of Liability insurance Policy Year Or Claim injury & X - Comprehensive Form Deductible: N/A per claim and legal defense **Property** Occurrence Products/Completed Operations - Premises/ Operations Damage Care, Custody & Control: \$ per horse max \$ Aggregate \$2,000,000. \$1,000,000. Combined Deductible: N/A per claim and legal defense X - Fire Legal Liability: \$50,000 X - Medical Payments: \$1,000

EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Exposure Code B 03 B 04 G 01a G 01b	Exposure (Activity Description) Commercial Maximum Usage Horses Low Usage Horses Horse Drawn Vehicle Rides, City Horse Drawn Vehicle Rides, Rural
EXCLUSIONS	CANCELLATION:
As per policy contract.	Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose certificate holder named to the left, but failure to mail such notice shall impose
NAME AND ADDRESS OF: X - Certificate Holder	no obligation or liability of any kind upon the company, its agents or representatives.
City of LaCrosse 400 LaCrosse Street LaCrosse, WI 54601	Date Issued: January 10, 2013 Authorized Representative:

A Carriage Ride For Any Occasion...

At Cinderella Carriage LLC we offer many services, we have taken part in many bride's special day, as well as surprise parties, anniversaries & birthdays. What better way to make your special someone's dream come true!

- Weddings
- · Engagements
- Anniversaries
- Birthdays
- Company Events
- Valentine's Day
- Prom
- Proposals
- Parades
- Family Reunions and more.....

We would love to take part in your special event! Let us know what you have in mind and we will put together a package just for you!

Corporate Needs?

Want an eye catching way to represent your business? We can help! Book us for your Open House, Grand Opening, Local Festival, Company Picnic. Customer Appreciation or Christmas Party.



Come see us at...

March 16, 2013 Irishfest Parade, La Crosse, WI

March 16, 2013 St. Patrick's Parade, Avoca, WI

June 9, 2013 Butterfest Parade, Sparta, WI

September 15, 2013 Blair Cheesefest Parade, Blair, WI

September 28, 2013 Maple Leaf Parade, La Crosse, WI

September 29, 2013 Cranfest Parade, Warrens, WI

October 3, 2013 Torchlight Parade, La Crosse, WI

November 22, 2013 Rotary Lights Parade, La Crosse, WI

November 22, 2013 Twinklefest Parade, Viroqua, WI

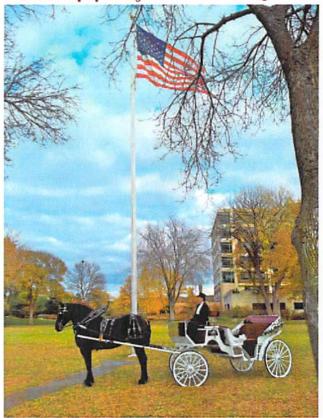


Rotary Lights

Come see the spectacular display of holiday lights at Riverside Park in La Crosse, WI. Enjoy the lights in style, take a ride in one of our carriages or sleigh to view this holiday tradition. Please call or check our website for days we will be present.

Linderella Larriage

For All Your Happily Ever Afters'



30321 State Highway 27 Cashton, WI 54619 608-606-0614 www.cinderellacarriagellc.com



Photo by Metal Bird Media LLC

How We Got Started...

Cinderella Carriage L.L.C. was started in the Fall of 2006 as a sideline to our show hitch, Hemmersbach Percherons. Our family has been showing Percherons for over 30 years throughout the Midwest & Canada, enjoying many successes. Our horses are well known for their style & presence. We can be seen in numerous area parades, including the Tapping of the Golden Keg & Maple Leaf parade, where we pull the beer wagon for City Brewery. Our crowd pleasing horses would make a memorable addition to your special day!





Have you ever dreamt of riding in an elegant carriage with a magnificent black horse?

This could be you! A beautifully decorated carriage, an impeccably groomed black Percheron horse, decorations on the horse designed to match your wedding/special event colors, and a professionally attired driver and assistant.

All events require a reservation. Please call us as soon as you know your date, our schedule fills up fast!

binderella barriage LLb

Lynn Hemmersbach
30321 State Highway 27
Cashton, WI 54619
608-606-0614
www.cinderellacarriagellc.com
info@cinderellacarriagellc.com



'Sal'

Sal is a 9 year old Percheron gelding. This will be his fifth year working on the carriage. Sal is a very smart, friendly, patient horse who loves people and does a great job on the carriage.

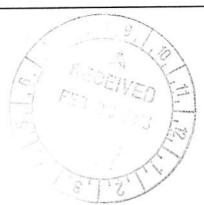


'Jazzy'

Jazzy is a 11 year old Percheron mare. She has been in many parades, weddings & special events. This is Jazzy's third year pulling the carriage. Jazzy is very photogenic & would love to be part of your special event!

SERIAL NO.		1	DATE COMMITTED		COUNTY
WI-1566233	B13-02008		1/23/13		Monroe
Forms Without Adequate Descriptions C	of The Horse and Complete Add	fresses Including Zip Co	des, and Telephone Numbers Will No	ot Be Processed.	
NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729		Leon Valle	1 54656	Hemme E10206 Cashto	& ADDRESS OF STABLE/N ersbach, Wally & Kathy 5A Kelbel Rd n, WI 54619 4-7729
VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428		TEST TYPE ELISA	:	REASO Annual	N FOR TESTING
CERTIFICATION OF FEDERALLY ACC	REDITED VETERINARIAN I CO	ertify the specimen subr	nitted with this form was drawn by me	e from the horse desc	cribed below on the day indicate
SIGNATURE OF FEDERALLY AC	Signed by: K Reason: Autl Date & Time:	risty J Brown, DVM norization 23 Jan 2013 09:31	THE RESERVE THE PARTY OF THE PA	900	DATE BLOOD DRAWN 1/19/13
CERTIFICATION OF OWNER OR OWN	THE RESERVE OF THE PARTY OF THE	ve examined this form a		belief, this form is tru	
SIGNATURE OF OWNER OR OW	1) 1		SIGNATURE NAME Hemmersbach, Wall	y & Kathy	SIGNATURE DATE 1/23/13
NAME OF HORSE Sal		ID1 N/A	ID2 N/A		ID3 N/A
COLOR Black REMARKS:	AGE OR DOB January 1, 2004		BREED Percheron		GENDER Gelding
THE RESERVE OF THE PERSON OF T	ALC: NO.	And these ! Marry and !			L I Carra
NARPATINE DESCRIPTION (S	an animal photograp	h(s) ahove			製
	ee animal photograp	h(s) above)	OTHER MARKS AND BI	RANDS	
HEAD star / scar on nose	ee animal photograp	h(s) above)	OTHER MARKS AND BE	-	
HEAD star / scar on nose		h(s) above)	RIGHT FORELIMB sol	lid	
HEAD star / scar on nose		h(s) above)		lid	
HEAD star / scar on nose LEFT FORELIMB solid LEFT HINDLIMB partial coron	et stic Lab-Barron	TUBE NO.	RIGHT FORELIMB soli	lid	TEST RESUL Negative
HEAD star / scar on nose LEFT FORELIMB solid LEFT HINDLIMB partial coron FOR LABORATORY USE ONLY LABORATORY Wisconsin Veterinary Diagnos P O Box 97, 1521 E Guy Ave Barron, Wisconsin 54812	et stic Lab-Barron	TUBE NO. 1261014-2	RIGHT FORELIMB soli	DATE REPORTED 1/24/13	

This Equine Infectious Anemia (EIA) test	was processed by an NVSL	Accredited Lab	oratoryGloba	NetLink's eEIA test for	m contains all data fie	ds as found on fed	deral form VS 10-11	
GlobalVetLink - EQUINE INFECTION	OUS ANEMIA LABORA	ATORY TEST				Į.	EIA-1566257	
SERIAL NO. WI-1566257	ACCESSION B13-02008	NO.		DATE COMMITTE 1/23/13	ED .	COUNTY Monroe		
Forms Without Adequate Descriptions Of	The Horse and Complete A	ddresses Includ	ling Zip Codes,	and Telephone Number	s Will Not Be Process	ed.		
Hemmersbach, Wally & Kathy Leor E10206A Kelbel Rd Krist Cashton, WI 54619 7369 608-654-7729 Spar			NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292		He E: Ca	NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729		
VETERINARY LICENSE OR ACCREDITATION NO. TEST TO 044961 / WI:3428 ELISA			STTYPE JSA			EASON FOR TE	STING	
CERTIFICATION OF FEDERALLY ACCR	EDITED VETERINARIAN I	certify the spec	imen submitted	with this form was drav	vn by me from the hor	se described below	v on the day indicated above.	
SIGNATURE OF FEDERALLY ACC	Signed by: Reason: A Date & Tim	Kristy J Brow uthorization ne: 23 Jan 20	13 09:43:08 -		, DVM	1/19/13		
SIGNATURE OF OWNER OR OWN	NER'S AGENT	nave examined	this form and, to	SIGNATURE NA		-	URE DATE	
NAME OF HORSE	au a	ID1 N/A		Tremmerosas:	ID2 N/A		ID3 N/A	
COLOR Black	COLOR AGE OR DOB		T	BREED Percheron			GENDER Female	
REMARKS:		AND DESCRIPTION ASSESSMENT	and the same of the same of					
NARRATIVE DESCRIPTION (Se	ee animal photogra	aph(s) abou	/e)	-		*		
HEAD star				OTHER MARKS AND BRANDS				
LEFT FORELIMB solid			and with a second second	RIGHT FORELIM	B solid	T. O'scare Separativities		
LEFT HINDLIMB solid				RIGHT HINDLIMB solid				
FOR LABORATORY USE ONLY				7				
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151 TUBE NO. 1386378-0			RECEIVED /13	DATE REPO 1/24/13				
TECHNICIAN Bonnie A Fogelberg	CONTROL OF THE LOCAL PROPERTY OF THE PARTY O			ATURE OF TECHN	? Forf	Reason: A Date & Tin	: Bonnie A Fogelberg uthorization ne: 24 Jan 2013 11:39:01 -08:00	
NOTICE TO DOCUMENT INSPECTOR: related to this document with your state	S. This official document was or issuing state veterinarian	as authorized in 's office.	agreement with	the state of animal or	igin, issuing veterinar	ian, via GlobalVetL	Link.com Please address any questions	



his Equine Infectious Anemia (EIA) test was pro BlobalVetLink - EQUINE INFECTIOUS A						1566230	
SERIAL NO. NI-1566230	ACCESSION NO. B13-02008		DATE COMMITTE 1/23/13	DATE COMMITTED 1/23/13		COUNTY Monroe	
Forms Without Adequate Descriptions Of The Ho	rse and Complete Addresses	Including Zip (Codes, and Telephone Numbers	Will Not Be Processed.			
MIL & ADDITECT OF STREET		ADDRESS OF VETERINA lley Veterinary Services Brown, DVM te Ave. WI 54656	RIAN NAME Hemn E1020 Casht	NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729			
VETERINARY LICENSE OR ACCREDITATION NO. TES 044961 / WI:3428 ELIS				Annua			
CERTIFICATION OF FEDERALLY ACCREDITE	O VETERINARIAN I certify th	e specimen su	bmitted with this form was draw	n by me from the horse de	scribed below on t	he day indicated above.	
SIGNATURE OF FEDERALLY ACCRED	Signed by: Kristy J Reason: Authoriza Date & Time: 23 Ja	tion an 2013 09:3	30:17 -08 00	DVM	DATE BLOC 1/19/13 true, correct and co		
CERTIFICATION OF OWNER OR OWNER'S AGENT 1 certify that I have examined this form an SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NA		SIGNATURE 1/23/13		
NAME OF HORSE Max	NAME OF HORSE ID1			ID2 N/A		ID3 N/A	
002011	AGE OR DOB January 1, 2002			BREED Percheron		ENDER Selding	
	All Business and a second				当人		
NARRATIVE DESCRIPTION (See al	nimal photograph(s)	above)	A STATE OF THE STA		4000000		
HEAD star / snip			THE RESERVE OF THE PARTY OF THE	OTHER MARKS AND BRANDS solid			
LEFT FORELIMB solid		The second second	The second secon	RIGHT FORELIMB solid RIGHT HINDLIMB solid			
LEFT HINDLIMB solid FOR LABORATORY USE ONLY		Sec. Signal Sec.					
	TIL	BE NO.	DATE RECEIVED	DATE REPORT	ED	TEST RESULTS	
Wisconsin Veterinary Diagnostic Li P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151	3	61025-2	1/24/13	1/24/13		Negative	
TECHNICIAN Bonnie A Fogelberg		Mark Hardwood Deligation	SIGNATURE OF TECHN		Signed by: Bo Reason: Author	nnie A Fogelberg	

RECEIVED

	CTIOUS ANEMIA LABOR	ATORY TEST			EIA-1566231		
SERIAL NO. WI-1566231	ACCESSION B13-02008	NO.	DATE COMMITTE 1/23/13	ED	COUNTY Monroe		
Forms Without Adequate Descriptions	Of The Horse and Complete A	Addresses Including Zip	Codes, and Telephone Number	s Will Not Be Processed.			
			te Ave. WI 54656	Hemn E1020 Casht	E & ADDRESS OF STABLE/MARKET mersbach, Wally & Kathy 06A Kelbel Rd ton, WI 54619 554-7729		
VETERINARY LICENSE OR ACCREDITATION NO. TES 044961 / WI:3428 ELIS			PE	REAS Annua	ON FOR TESTING		
	CREDITED VETERINARIAN	I certify the specimen su	bmitted with this form was draw	vn by me from the horse de	escribed below on the day indicated above.		
SIGNATURE OF FEDERALLY A	ACCREDITED VETERINAL Signed by: Reason: A Date & Tim	RIAN : Kristy J Brown, DVI uthorization ne: 23 Jan 2013 09:3	SIGNATURE NA Kristy J Brown 30:59 -08:00	AME , DVM	DATE BLOOD DRAWN 1/19/13		
SIGNATURE OF OWNER OR O	WNER'S AGENT		SIGNATURE NA		SIGNATURE DATE 1/23/13		
NAME OF HORSE Roy		ID1 N/A		ID2 N/A	ID3 N/A		
COLOR Black	AGE OR DOB January 1, 2006	AGE OR DOB January 1, 2006			GENDER Gelding		
				and the state of t			
NARRATIVE DESCRIPTION		aph(s) above)					
HEAD star / strip - scar on	nose			OTHER MARKS AND BRANDS solid			
LEFT FORELIMB solid	are an extraored for the second		THE RESERVE OF THE PERSON NAMED IN	RIGHT FORELIMB solid			
LEFT HINDLIMB solid			RIGHT HINDLIME	RIGHT HINDLIMB solid			
FOR LABORATORY USE ONL	Y			CHARLES PARTY CALL CALL A CALL CALL	and the same of th		
LABORATORY Wisconsin Veterinary Diagr P O Box 97, 1521 E Guy Av Barron, Wisconsin 54812 715-637-3151		TUBE NO. 1261019-2	DATE RECEIVED 1/24/13	DATE REPORTE 1/24/13	TEST RESULTS Negative		
TECHNICIAN SIG Bonnie A Fogelberg			SIGNATURE OF TECHN	ician Fanf	Signed by: Bonnie A Fogelberg		

RECEIVE

st was processed by an NVSL Acc	redited Laboratory —G	lobaNetLink's eEIA test form conta	ains all data fields as fou	ind on federal form VS 10-11	
TIOUS ANEMIA LABORATO	RYTEST			EIA-1566224	
ACCESSION NO. B13-02008	ACCESSION NO. B13-02008			COUNTY Monroe	
Of The Horse and Complete Addre	esses Including Zip Cod	les, and Telephone Numbers Will N	Not Be Processed.		
NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 S08-654-7729 Sparts		NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656		NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729	
VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428			Annual	FOR TESTING	
CREDITED VETERINARIAN I cer	tify the specimen subm	itted with this form was drawn by r	ne from the horse descr	ibed below on the day indicated above.	
CCREDITED VETERINARIA Signed by: Kri Reason: Auth Date & Time:	N isty J Brown, DVM orization 23 Jan 2013 09:26:	SIGNATURE NAME Kristy J Brown, DVI 24 -08 00	М	1/19/13	
INER'S AGENT I certify that I have	e examined this form a	nd, to the best of my knowledge ar	nd belief, this form is true	e, correct and compete.	
1 14			ally & Kathy	SIGNATURE DATE 1/23/13	
	ID1 N/A	ID2 N/A		ID3 N/A	
AGE OR DOB January 1, 2001		BREED Percheron		GENDER Gelding	
	MILL				
(See animal photograp	h(s) above)				
		OTHER MARKS AND	BRANDS	THE RESIDENCE OF THE PARTY OF T	
		RIGHT FORELIMB solid			
		RIGHT HINDLIMB solid			
Y					
nostic Lab-Barron venue		DATE RECEIVED 1/24/13	DATE REPORTED 1/24/13	TEST RESULTS Negative	
		SIGNATURE OF TECHNICIA	The f	Signed by: Bonnie A Fogelberg Reason: Authorization Date & Time: 24 Jan 2013 11:38:55 -08:	
The state of the s	CREDITATION NO. CREDITATION NO. CREDITED VETERINARIAN 1 certain and a complete Address of the comple	ACCESSION NO. B13-02008 Of The Horse and Complete Addresses Including Zip Cod NAME & AD Leon Valley Kristy J Brown, 2008-269-33 CREDITATION NO. TEST TYPE ELISA CREDITED VETERINARIAN 1 certify the specimen subm ACCREDITED VETERINARIAN Signed by: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:26: WNER'S AGENT WWY ACTUAL ID1 N/A AGE OR DOB January 1, 2001 (See animal photograph(s) above) (See animal photograph(s) above) TUBE NO. 1261013-2	ACCESSION NO. B13-02008 Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Income Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292 CREDITATION NO. TEST TYPE ELISA CREDITED VETERINARIAN Certify the specimen submitted with this form was drawn by the Specimen Submitted with this form	ACCESSION NO. B13-02008 Of the Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed. NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Katle Ave. Sparta, WI 54656 608-269-3292 CREDITATION NO. TEST TYPE ELISA CREDITED VETERINARIAN Signed by: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:26:24-08 NINER'S AGENT WINER'S AGENT NIA AGE OR DOB January 1, 2001 TUBE NO. 1261013-2 TUBE NO. 1261013-2 NATURE NAME Leon Valley Veterinary Services Kristy J Brown, DVM Reason: Authorization Date Reported NIA NIA AGE OR DOB January 1, 2001 TUBE NO. 1261013-2 NATE RECEIVED DATE REPORTED 1/24/13 DATE RECEIVED DATE REPORTED 1/24/13 SIGNATURE OF TECHNICIAN DATE REPORTED 1/24/13 DATE REPORTED 1/24/13 SIGNATURE OF TECHNICIAN DATE REPORTED 1/24/13 SIGNATURE OF TECHNICIAN	