

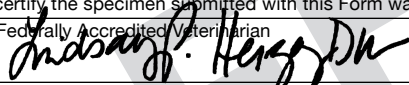
US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 302515LH	1. Accession Number 386532	2. Date Blood Drawn 03/06/19
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Forms Without Adequate Descriptions of the Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. Reason for Testing Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. Name and Address or Stable/Market (Please print or type) Paula McCown	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 031424	
		6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. Name and Address of Owner (Please print or type) Paula McCown 36493 Rheusaw Crawford Rd Pearl River, LA Zip Code 70452 Tel No. 504-813-2040 County St Tammany		9. Name and Address of Veterinarian (Please print or type) Lindsay P Herzog PO Box 4807 Covington, LA Zip Code 70434 Tel No. (985)875-1150 County St. Tammany	

Certification of Federally Accredited Veterinarian

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. Signature of Federally Accredited Veterinarian 	11. Type or Print Signature Name Lindsay P Herzog	12. Signature Date 03/06/19
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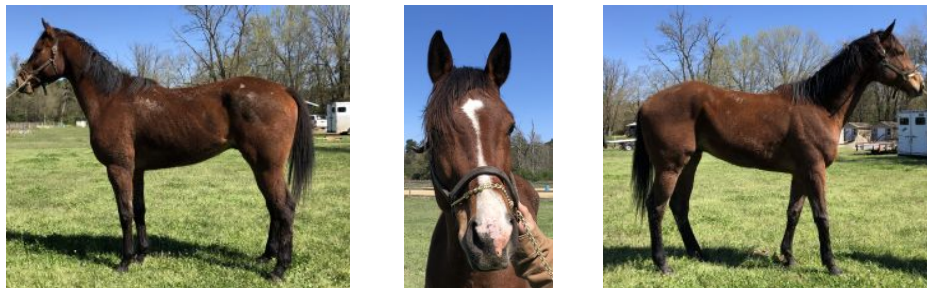
Certification of Owner or Owner's Agent

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Molotov		Q16507	Molotov	Bay	Thoroughbred		6	G	


SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head	Star/Strip/Snip	26. Other Marks and Brands
27. Left Forelimb		28. Right Forelimb
29. Left Hindlimb		30. Right Hindlimb

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 03/21/19	33. Date Reported Out 03/22/19	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. Signature of Technician 		36. Remarks

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).