


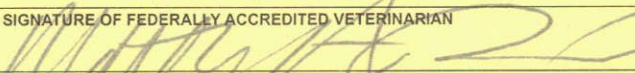
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. S 0392511	1. A  7802575085	2. DATE BLOOD DRAWN 11/25/19
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Rancho San Miguel PO Box 741 San Miguel, Ca Zip Code 93451 Tel No. 805-467-3847 County SLO	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 085274	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Rozamund Barclay 37306 200th Ave SE Auburn, wa Zip Code 98092 Tel No. 253-820-2578 County King		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Matt Burd, DVM PO Box 741 San Miguel, Ca Zip Code 93451 Tel No. 805-835-2004 County SLO	

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 Matt Burd, DVM	12. SIGNATURE DATE 11/25/19
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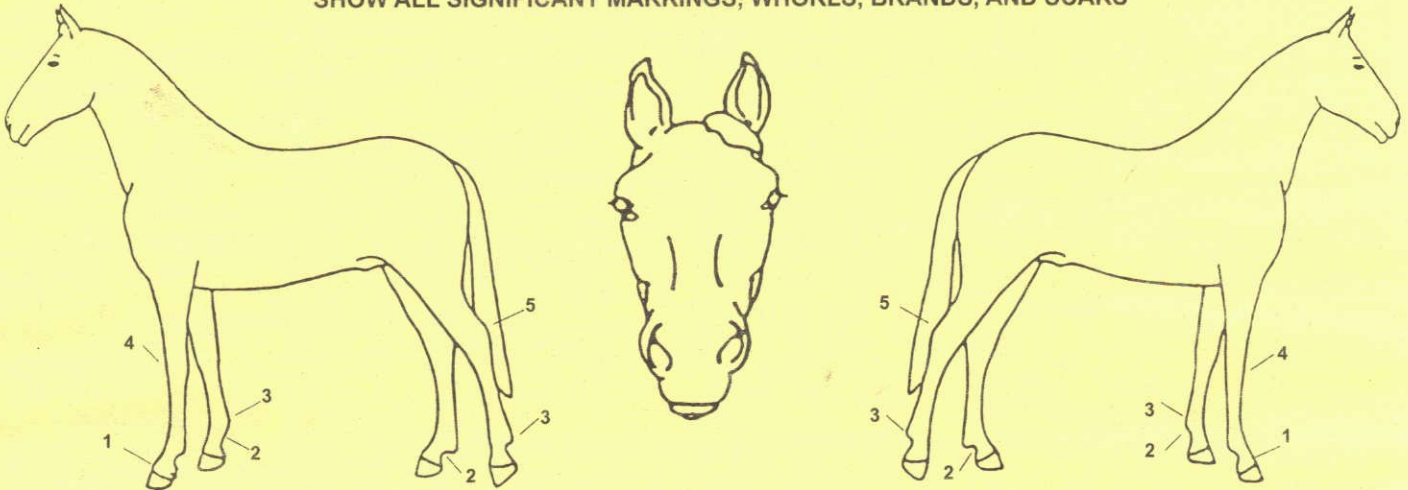
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Lindsay Boutwell	14. TYPE OR PRINT SIGNATURE NAME Lindsay Boutwell	15. SIGNATURE DATE 11/25/19
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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
			Mia Luccia	DK B/B	TB		8yr	F	


SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS	
25. HEAD no white markings	26. OTHER MARKS AND BRANDS n/a
27. LEFT FORELIMB no white markings	28. RIGHT FORELIMB no white markings
29. LEFT HINDLIMB no white markings	30. RIGHT HINDLIMB no white markings

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX Laboratories Irvine, CA	32. DATE RECEIVED 11-25-19	33. DATE REPORTED OUT 11-27-19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN 		35. 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).