



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION			
	Client Name Natural Prairie Organic			(b) (4)
	Facility Name Natural Prairie Organic			
SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 7575110525080000	
	Inspector ID 7575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 5 / 25 / 2011 month day year	Time 8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205	County Hartley
SECTION C	FINDINGS			
	Certification Type: LAND PRODUCER (b) (4)			

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-25-2011

SUMMARY

Person present at time of inspection: Cheri De Jong and Mark Welek

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION D

[Redacted content]



Texas Department of
Agriculture
Organic Land Producer Inspection
Report

ROR-650

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name <i>NATURAL PRAIRIE ORGANIC</i>	(b) (4)
	Facility Name <i>NATURAL PRAIRIE ORGANIC</i>	

SECTION B	INSPECTION INFORMATION			
	Inspection Type <i>ROUTINE</i>	Inspection ID No. <i>75751/0525080000</i>		
	Inspector ID <i>7575</i>	Inspector Name <i>(b) (6)</i>	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date <i>05/25/2011</i> <small>Enter as MM/DD/YYYY</small>	Time <i>8:00</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code <i>205</i>	County <i>HARTLEY</i>

SECTION C	FARM AND LAND INFORMATION			
	Total farm acres: <i>(b) (4)</i>	Certified farm acres: Organic: <i>(b) (4)</i>	Transitional: _____	
		In crop production: Organic: _____	Transitional: _____	
		Not in crop production: Organic: _____	Transitional: _____	
		Certified Greenhouse area (sq. ft.): Organic: _____	Transitional: _____	
	1) Is the information regarding on and off-farm processing under Section B of the ROR-607 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	2) Is the information regarding on-farm storage under Section B of the ROR-607 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	3) Is the information under Section C of the ROR-607 regarding the general farm map accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	4) Is the information under Section D of the ROR-607 regarding the listing of fields, greenhouses/indoor production areas accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	5) Is the information under Section E of the ROR-607 regarding field crop/greenhouse plan for the one-year certification period accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
¹ If No, the producer must submit changes directly to the Organic Certification Program.				
6) Is the information under Section F of the ROR-607 regarding preceding three-year material use accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²		
² If No, possible noncompliance.				
7) Is this business currently in operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (inspection complete)		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance				
Write comments under comments section.				

*Reviewed
6/7/11
(b) (6)*
Regulatory Division

RECEIVED

JUN 06 2011

REGULATORY

Revised 8/25/2010

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-25-2011

SECTION D	BUFFER ZONES		<input type="checkbox"/> NA (if all in-door production)	
	7) Are conventional crops grown on farm?		<input type="checkbox"/> Yes ¹	<input checked="" type="checkbox"/> No
	¹ If Yes, describe how boundaries of field units are marked:			
	8) Is the information under Section G of the ROR-607 regarding the location, type, width, and adjoining land use accurate?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²
	9) Is the information under Section G of the ROR-607 regarding adjacent roadways accurate?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ² <input type="checkbox"/> N/A
	10) Is the information under Section G of the ROR-607 regarding flood waters accurate?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²
	² If No, possible noncompliance.			
	11) Do any fields have a potential for contamination from drift or run-off?		<input type="checkbox"/> Yes ³	<input checked="" type="checkbox"/> No
	³ If Yes, list the information below:			
	Field(s) at Risk		Additional Steps Taken to Prevent Contamination	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance Write comments under comments section.				

SECTION E	GREENHOUSE/INDOOR UNIT INFORMATION		<input checked="" type="checkbox"/> NA (if all out-door production)	
	12) Is the information regarding production systems under Section H Subsection 2 of the ROR-607 accurate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	13) Are all input products used or intended for use in greenhouse/indoor unit production listed in Section H of the ROR-607?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ²
	² If No, area(s) of concern and list the information below:			
	Product	Brand Name or Source	No. of Applications Per Year	Reason for use
	14) Is all of the information in Section H Subsections 3, 4, and 5 of the ROR-607 accurate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	¹ If No, area(s) of concern and explain under comments section.			
<input type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance Write comments under comments section.				

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-25-2011

SOIL AND CROP FERTILITY MANAGEMENT NA (if all in-door production)

Soil Type: (b) (4)

15) Is the information under Section J Subsection 1 of the ROR-607 regarding the monitoring of fertility management accurate? Yes No¹

16) Is the information under Section J Subsection 1 of the ROR-607 regarding the components of soil and crop fertility plan accurate? Yes No¹

17) Is the list of all soil and crop inputs used or intended for use under Section J Subsection 2 of the ROR-607 accurate? Yes No²

²If No, and if any additional soil or crop inputs are verified that were not included in the application, list the information below:

Product	Brand Name or Source	No. of Applications Per Year	Reason for use

SECTION F

18) Is all of the information under Section J Subsection 2 of the ROR-607 regarding compost use accurate? Yes No¹

19) Are all copies of labels or lists of ingredients and their source available at the time of inspection?² Yes No¹

²If any additional soil or crop input labels are verified during the inspection that were not included with the application, list them in the above table and attach copies of them with this worksheet.

20) Is all of the information under Section J Subsection 3 of the ROR-607 regarding manure use accurate? Yes No¹

¹ If No, area(s) of concern and explain under comments section.

In compliance at time of inspection Area(s) of concern Possible Noncompliance

Write comments under comments section.

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-25-2011

SECTION G	SOIL AND WATER CONSERVATION		<input type="checkbox"/> NA (if all in-door production)
	21) Are annual rainfall records maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	22) Is the information under Section K Subsection 1 of the ROR-607 regarding the soil and water conservation methods of production and non-production areas accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	23) Is there any evidence of soil erosion?	<input type="checkbox"/> Yes ²	<input checked="" type="checkbox"/> No
	² If Yes, what is the cause of erosion and what practices are in place to prevent further erosion?		
	24) Is the information under Section K Subsection 1 of the ROR-607 regarding the uses of water, the sources of water, and irrigation systems accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
25) Is the information under Section K Subsection 1 of the ROR-607 regarding practices used to protect water quality accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
¹ If No, area(s) of concern and explain under comments section.			
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance			
Write comments under comments section.			

SECTION H	PROPAGATION MATERIALS			
	26) Is the information under Section I Subsection 1 of the ROR-607 regarding the types of propagation materials used accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	27) Is the information under Section L Subsections 2 and 3 of the ROR-607 regarding the sources of propagation materials accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²	
	² If No, and if any additional propagation materials are verified that were not included in the application, list the information below:			
	Product	Brand Name or Source	No. of Applications Per Year	Reason for use
*If any additional propagation material labels are verified during the inspection that were <u>not</u> included with the application, attach copies of them with this worksheet.				
¹ If No, possible noncompliance and list any discrepancies under the comments section.				
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance				
Write comments under comments section.				

TDA License No. (b) (4) Inspector ID No. 7525 Inspection Date 5-25-2011

PEST, DISEASE, AND WEED MANAGEMENT

- 28) Is the information under Section M Subsection 2 of the ROR-607 regarding pest problems and methods used to control pests accurate? Yes No
- 29) Are all materials used to control pest problems listed under Section M Subsection 2 of the ROR-607 accurate? Yes No¹
- 30) Is the information under Section M Subsection 3 of the ROR-607 regarding disease prevention strategies accurate? Yes No
- 31) Are all materials used to control disease problems listed under Section M Subsection 3 of the ROR-607 accurate? Yes No¹
- 32) Is all of the information under Section M Subsection 4 of the ROR-607 regarding weed management accurate? Yes No¹

¹ If No, possible noncompliance. List all materials not listed in the ROR-607 below and attach any labels or source information if available.

SECTION I

Product	Brand Name or Source	No. of Applications Per Year	Reason for use
(b) (4)			

Write comments under comments section.

MAINTENANCE OF ORGANIC INTEGRITY

- 33) Are any crops grown conventionally on farm? Yes No
- 34) Is all of the information under Section N Subsection 1 of the ROR-607 regarding conventional or transitional crops accurate? Yes No¹
- 35) Is all of the information under Section N Subsection 2 of the ROR-607 regarding equipment used in organic production accurate? Yes No¹
- 36) Is all of the information under Section N Subsection 3 of the ROR-607 regarding harvest practices of organic crops accurate? Yes No¹
- 37) Is all of the information under Section N Subsection 4 of the ROR-607 regarding post-harvest practices accurate? Yes No¹
- 38) Is all of the information under Section N Subsection 5 of the ROR-607 regarding crop storage practices accurate? Yes No¹
- 39) Is all of the information under Section N Subsection 6 of the ROR-607 regarding the transportation of crops accurate? Yes No¹ N/A

¹ If No, possible noncompliance. List any discrepancies under the comments section.

In compliance at time of inspection Area(s) of concern Possible Noncompliance

Write comments under comments section.

SECTION J

TDA License No. (b) (4)

Inspector ID No. 7578

Inspection Date 5-25-2011

SECTION K

RECORD KEEPING		
40) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Field Activity Log ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Harvest Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Previous Land Use ² (3 previous years for new applicants)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Material Storage Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Seed Source Documentation ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Complaint Log ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Applied Material Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Documentation of Seed and/or Seedling Production	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Manure and/or Compost Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Labor Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41) Does record keeping system adequately provide for auditing the organic production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i> ² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i> ³ <i>If No, possible noncompliance.</i> *Note, all records must be maintained for 5 years.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance Write comments under comments section.		

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-25-2011

RESIDUE SAMPLE COLLECTION LOG

42) Total number of samples collected: 9

SECTION I

Inspector Sample Number	Reason for Residue Sampling	Sample Source	Sample Type	Field Numbers/ Greenhouse Units Sampled:
7575 " " 014	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	3, 8, 14, 17, 19 & 22
7575 " " 015	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	33, 43, 48, 49 & 55
7575 " " 016	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	57, 53, 60, 63, 67 & 69
7575 " " 017	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	502, 508, 573, 527, 537 & 539
7575 " " 018	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	302, 305, 311, 313, 317, 401, 402, 404 & 417.
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-25-2011

SUMMARY FOR PRODUCER

43) Person present at time of inspection: MARK WEICK

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION M

SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF

COMMENTS

(b) (4)

SECTION N

Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Land Producer Inspection Report
- Organic Land Producer Inspection Findings
- Residue Sample Collection Receipt
- PI-518 Official Sample Chain of Custody
- Additional Attachments (specify):



Texas Department of Agriculture
Residue Sample Collection Receipt

ROR-661

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name	(b) (4)
	Natural Prairie Organic	
	Facility Name	
	Natural Prairie Organic	

SECTION B	INSPECTION INFORMATION			
	Inspection Type		Inspection ID No.	
	Routine		7575110525080000	
	Inspector ID	Inspector Name	Region	
7575	(b) (6)	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date	Time	AM/PM	County Code	County
5 / 25 / 2011 month day year	8 : 00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	205	Hartley

RESIDUE SAMPLE COLLECTION LOG				
Total number of samples collected: 5				
Inspector Sample Number	Reason for Residue Sampling	Sample Source	Sample Type	Field Numbers/ Greenhouse Units Sampled;
7575-11-014	Routine Inspection	Tissue	Composite Sample	3, 8, 14,17,19&22
7575-11-015	Routine Inspection	Tissue	Composite Sample	33, 43, 48, 49&55
7575-11-016	Routine Inspection	Tissue	Composite Sample	57,58,60,63,67&69
7575-11-017	Routine Inspection	Tissue	Composite Sample	502,508,513,527,537&53
7575-11-018	Routine Inspection	Tissue	Composite Sample	302,305,311,313,317
7575-11-018	Routine Inspection	Tissue	Composite Sample	401,402,404&417



P.O. Box 12847 Austin, Texas 78711 • (800) 835-5832 • (512) 463-7476 •
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Texas Department of Agriculture
 Official Sample Chain of Custody

PI-518

Commissioner Todd Staples | Texas Department of Agriculture

Company or Individual Name NATURAL PRAIRIE ORGANIC				
(b) (4)		Inspector No. 7575	Inspection Date 5-25-2011	
Sample Number 7575-11-014				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
5/25/2011	(b) (6)	STATE VEHICLE	GOOD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5/26/2011	(b) (6)	LOWE STAR OVERNIGHT	GOOD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
Official Sample Chain of Custody

PI-518

COMMISSIONER TODD STAPLES | TEXAS DEPARTMENT OF AGRICULTURE

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>(b) (4)</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-015</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LONG STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
 Official Sample Chain of Custody

PI-518

COMMISSIONER FOOD STAPLES | TEXAS DEPARTMENT OF AGRICULTURE

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>(b) (4)</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-016</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LONE STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
Official Sample Chain of Custody

PI-518

COMMISSIONER TODD STAPLES | TEXAS DEPARTMENT OF AGRICULTURE

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>(b) (4)</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-017</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LONG STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
 Official Sample Chain of Custody

PI-518

Commissioner Todd Staples | Texas Department of Agriculture

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>(b) (4)</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-018</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LONE STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Texas Department of Agriculture Pesticide Laboratory

1500 Research Parkway, Suite B100
College Station, TX 77845 (979) 458-4213

Organic Certification Sample Laboratory Report

Lab Sample ID: O11327

Sample Information:

Date Collected:	5/25/2011	Date Received by Lab:	5/31/2011	Date Reported:	6/22/2011
Collected By:	(b) (6)	Collector's Sample #:	7575-11-014		
Grower/Facility:	Natural Prairie Organic				
Sample Description:	Vegetation				
Analyses Requested:	Organic Certification Scan				
Remarks:					

Analyses Performed:	Pesticide Found:	Amount:	Units:
Organic Certification Scan	None Detected	N/A	N/A

RECEIVED
JUN 24 2011
REGULATORY

(b) (6)

Lab Director

Texas Department of Agriculture Pesticide Laboratory

1500 Research Parkway, Suite B100
College Station, TX 77845 (979) 458-4213

Organic Certification Sample Laboratory Report

Lab Sample ID: O11328

Sample Information:

Date Collected:	5/25/2011	Date Received by Lab:	5/31/2011	Date Reported:	6/22/2011
Collected By:	(b) (6)	Collector's Sample #:	7575-11-015		
Grower/Facility:	Natural Prairie Organic				
Sample Description:	Vegetation				
Analyses Requested:	Organic Certification Scan				
Remarks:					

Analyses Performed:	Pesticide Found:	Amount:	Units:
Organic Certification Scan	None Detected	N/A	N/A

RECEIVED
JUN 24 2011
REGULATORY

(b) (6)

Lab Director

Texas Department of Agriculture Pesticide Laboratory

1500 Research Parkway, Suite B100
College Station, TX 77845 (979) 458-4213

Organic Certification Sample Laboratory Report

Lab Sample ID: O11329

Sample Information:

Date Collected: 5/25/2011 Date Received by Lab: 5/31/2011 Date Reported: 6/22/2011
Collected By: (b) (6) Collector's Sample #: 7575-11-016
Grower/Facility: Natural Prairie Organic
Sample Description: Vegetation
Analyses Requested: Organic Certification Scan
Remarks:

Analyses Performed:	Pesticide Found:	Amount:	Units:
Organic Certification Scan	None Detected	N/A	N/A

RECEIVED
JUN 24 2011
REGULATORY

Region: 1

(b) (6)
Lab Director

AMS01404

Texas Department of Agriculture Pesticide Laboratory

1500 Research Parkway, Suite B100
College Station, TX 77845 (979) 458-4213

Organic Certification Sample Laboratory Report

Lab Sample ID: O11330

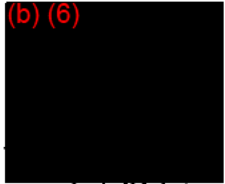
Sample Information:

Date Collected:	5/25/2011	Date Received by Lab:	5/31/2011	Date Reported:	6/22/2011
Collected By:	(b) (6)	Collector's Sample #:	7575-11-017		
Grower/Facility:	Natural Prairie Organic				
Sample Description:	Vegetation				
Analyses Requested:	Organic Certification Scan				
Remarks:					

Analyses Performed:	Pesticide Found:	Amount:	Units:
Organic Certification Scan	None Detected	N/A	N/A

RECEIVED
JUN 24 2011
REGULATORY

Region: 1

(b) (6)

Lab Director

Texas Department of Agriculture Pesticide Laboratory

1500 Research Parkway, Suite B100
College Station, TX 77845 (979) 458-4213

Organic Certification Sample Laboratory Report

Lab Sample ID: O11331

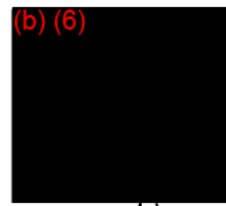
Sample Information:

Date Collected:	5/25/2011	Date Received by Lab:	5/31/2011	Date Reported:	6/22/2011
Collected By:	(b) (6)	Collector's Sample #:	7575-11-018		
Grower/Facility:	Natural Prairie Organic				
Sample Description:	Vegetation				
Analyses Requested:	Organic Certification Scan				
Remarks:					

Analyses Performed:	Pesticide Found:	Amount:	Units:
Organic Certification Scan	None Detected	N/A	N/A

RECEIVED
JUN 24 2011
REGULATORY

Region: 1

(b) (6)

Lab Director



Texas Department of Agriculture
Producer Organic System Plan

ROR-607

TODD STAPLES, COMMISSIONER

SECTION A: VERIFICATION INFORMATION. Includes fields for Full Legal Business Name (NATURAL PRAIRIE ORGANIC), Facility Name, Social Security No., D.B.A., Controller ID, and Federal Taxpayer ID. Application type: Annual Update.

SECTION B: GENERAL INFORMATION AND DOCUMENTATION CHECKLIST. Includes instructions and a list of 20 items to be checked, such as 'Completed and enclosed form ROR-600', 'City or County Map', 'General Farm Map', 'Soil and Water Conservation Plan', etc.

Business Name NATURAL PRAIRIE ORGANIC

Page ___ of ___

GENERAL INFORMATION (CONTINUED)

Do you intend to certify any livestock?

(b) (4)

(livestock includes all type of animals raised to produce organic food or fiber)

If yes, have you filled out Organic Livestock form (ROR-603)?

(b) (4)

Please note that you must complete an Organic Livestock Producer Supporting Documentation form (ROR-603) in order to certify animals. Please contact the Texas Department of Agriculture (TDA) Organic Certification Program with questions or to request additional forms.

SECTION B (CONTINUED)

Do you conduct any on-farm processing? (cleaning, milling, bagging, bottling, etc.)

(b) (4)

If yes, you may need to fill out an Organic Processor Supporting document form. Please contact the TDA Organic Certification Program to confirm which processor form you will need to complete or to request additional forms.

Do you have any off-farm processing done? (cleaning, milling, bagging, bottling, etc.)

(b) (4)

If yes, the processing facility must also apply for certification of organic product prior to handling/processing of your organic product

Do you have any on-farm storage?

(b) (4)

(b) (4)

GENERAL FARM MAP

On the General Farm Map diagram page that follows, display the layout of your farm with relative location of all fields. Fields should be separate and distinct with a field numbering system that is followed throughout this application. Do not duplicate field numbers.

SECTION C

For larger farms, make copies of the General Farm Map diagram page as needed for multiple field locations

Show the following on your map(s): field boundaries (fences, roads windbreaks, etc), buffer zones, adjoining land use, well locations, waterways, buildings, and other landmarks.

If you have multiple locations, indicate which location each map represents.

Business Name NATURAL PRAIRIE ORGANIC

Page of

GENERAL FARM MAP (CONTINUED)

NOP §205.202(c)

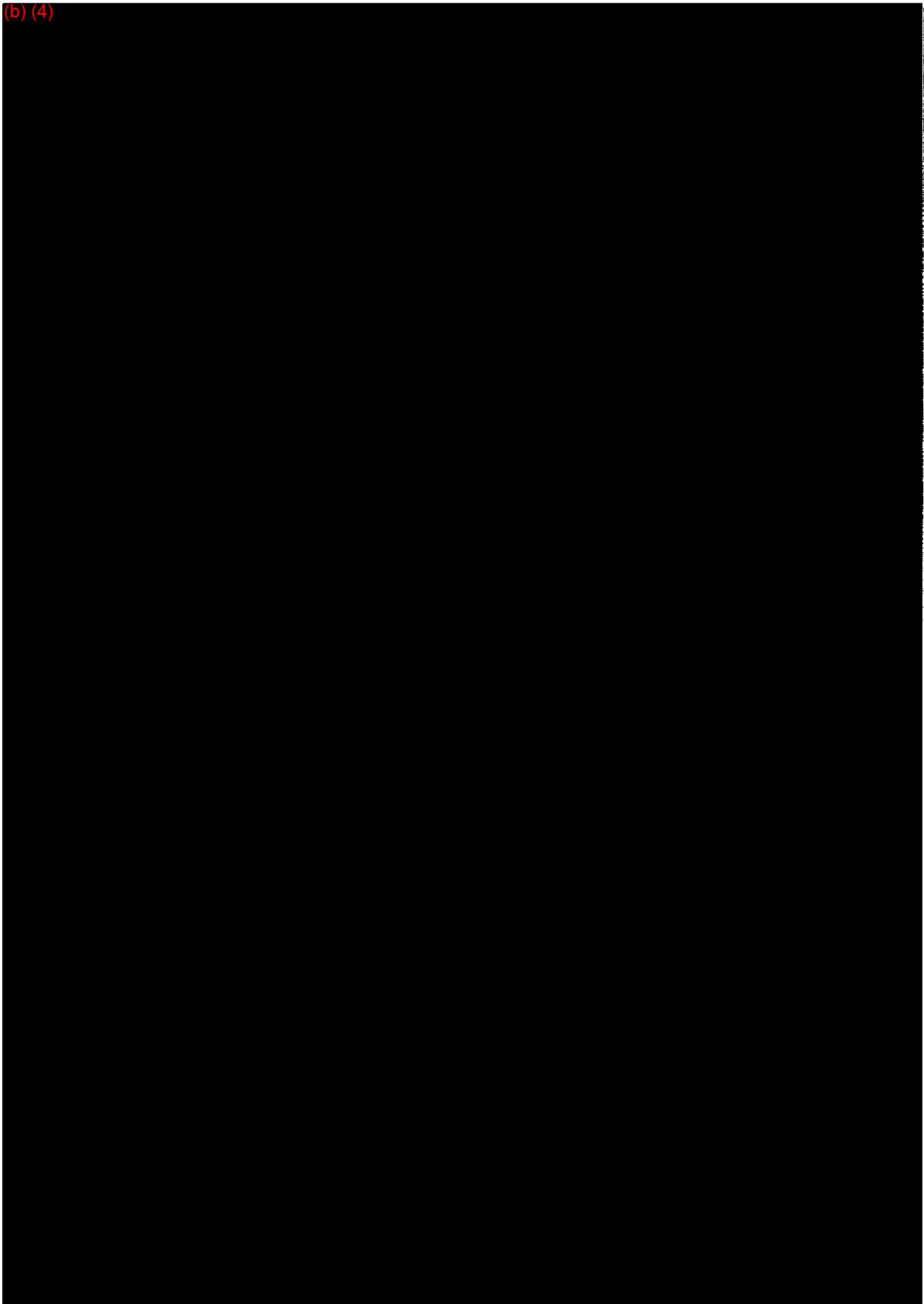
Location : see attached Whole Farm Unit/Field No.

Scale: One space = Sq.Ft. or Acres

SECTION C

Make additional copies of this page as needed

(b) (4)



28

(b) (4)

Business Name NATURAL PRAIRIE ORGANIC

Page of

SECTION D

1. LISTING OF FIELDS, GREENHOUSES/INDOOR PRODUCTION AREAS— Please see instructions

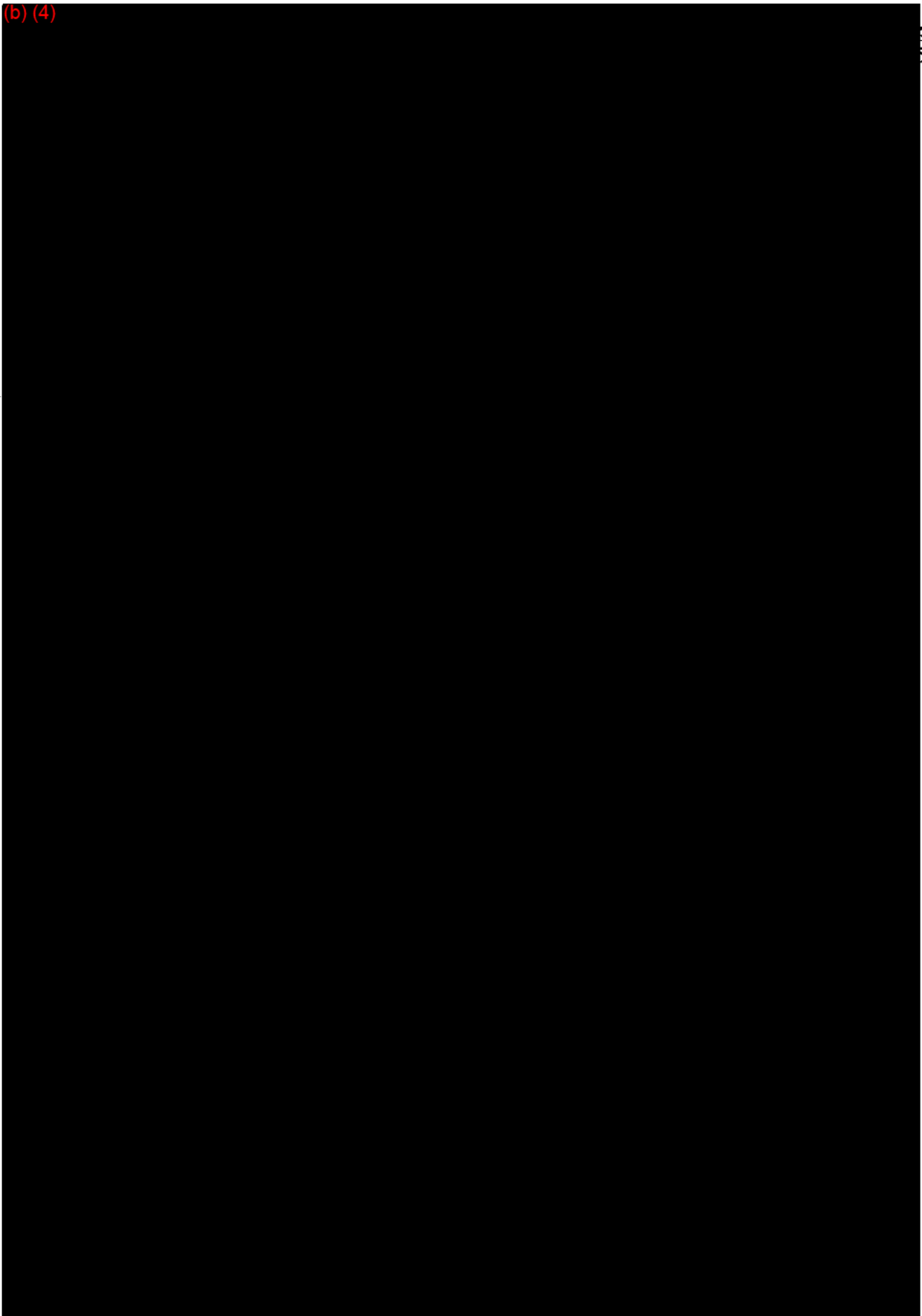
Unit/Field No. should coincide with numbering system used on map(s) in Section C. The transition Expiration Date is equal to 36 months from the date that a prohibited substance was last used on a field.

NOP §205.202(b)

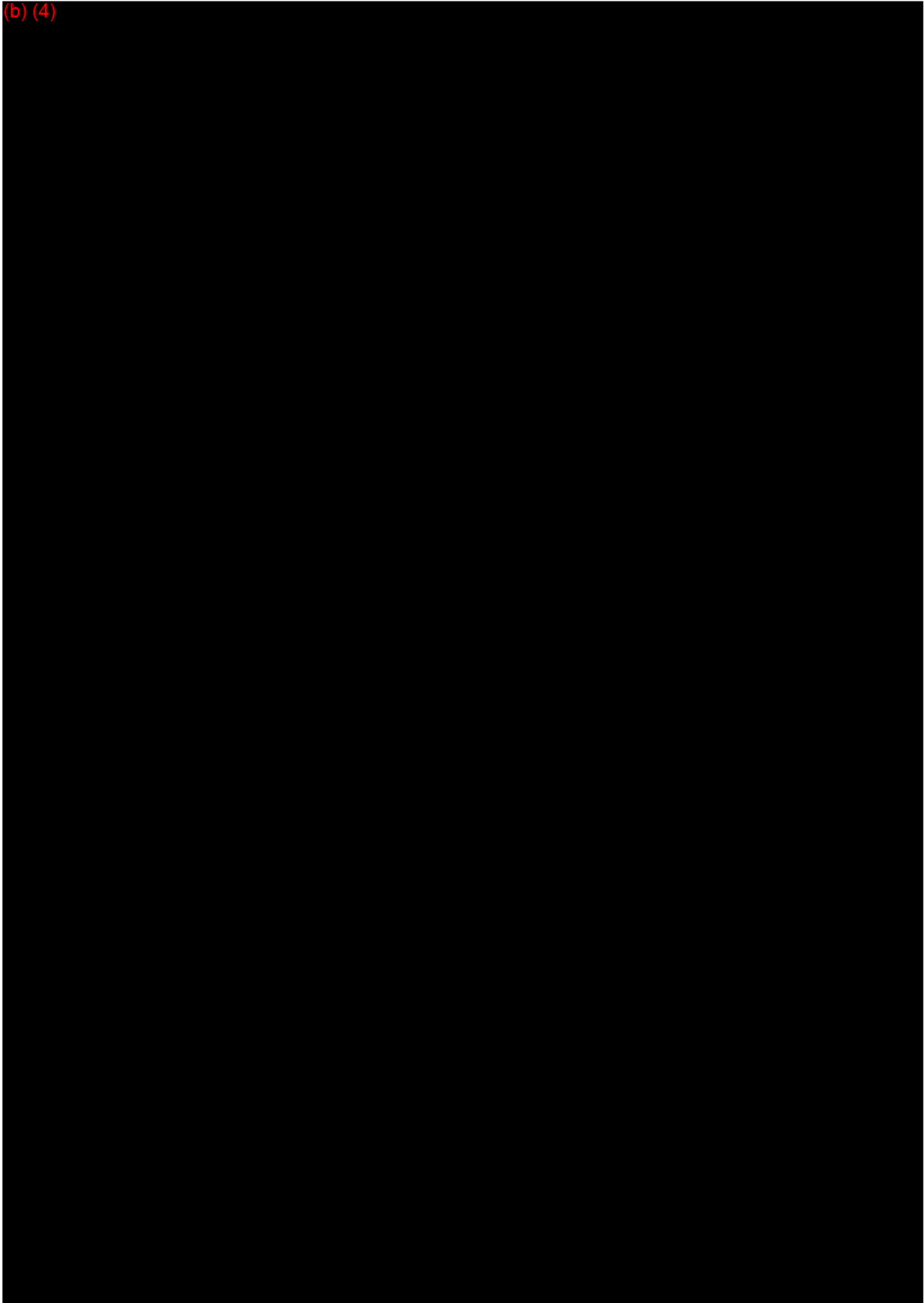
Unit/Field No.	USDA-FSA No. (if applicable)	County	Unit/Field Type	Size		Transition Expiration Date	Is this field irrigated?
				No.	Type		
See attachment			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) (4)

MSA



(b) (4)



Facility Name NATURAL BEVERIE ORGANIC

Page of

PRECEDING THREE-YEAR MATERIAL USE INFORMATION

NOF §205.202(b) & §205.201(b)(2)

Field or Production Unit No. Not Applicable - no materials of any kind have been used during the last 3 years

Proceed to Section G - Buffer Zone Information

SECTION F

	Annual Update	Previous Year ()	Current Year ()	2 Years Ago ()	3 Years Ago ()
	New Application	Material Name	Date Last Used	Material Name	Date Last Used
Insecticides		<i>NA</i>			
Fungicides		<i>NA</i>			
Herbicides		<i>NA</i>			
Growth Regulators		<i>NA</i>			

Continued on Next Page

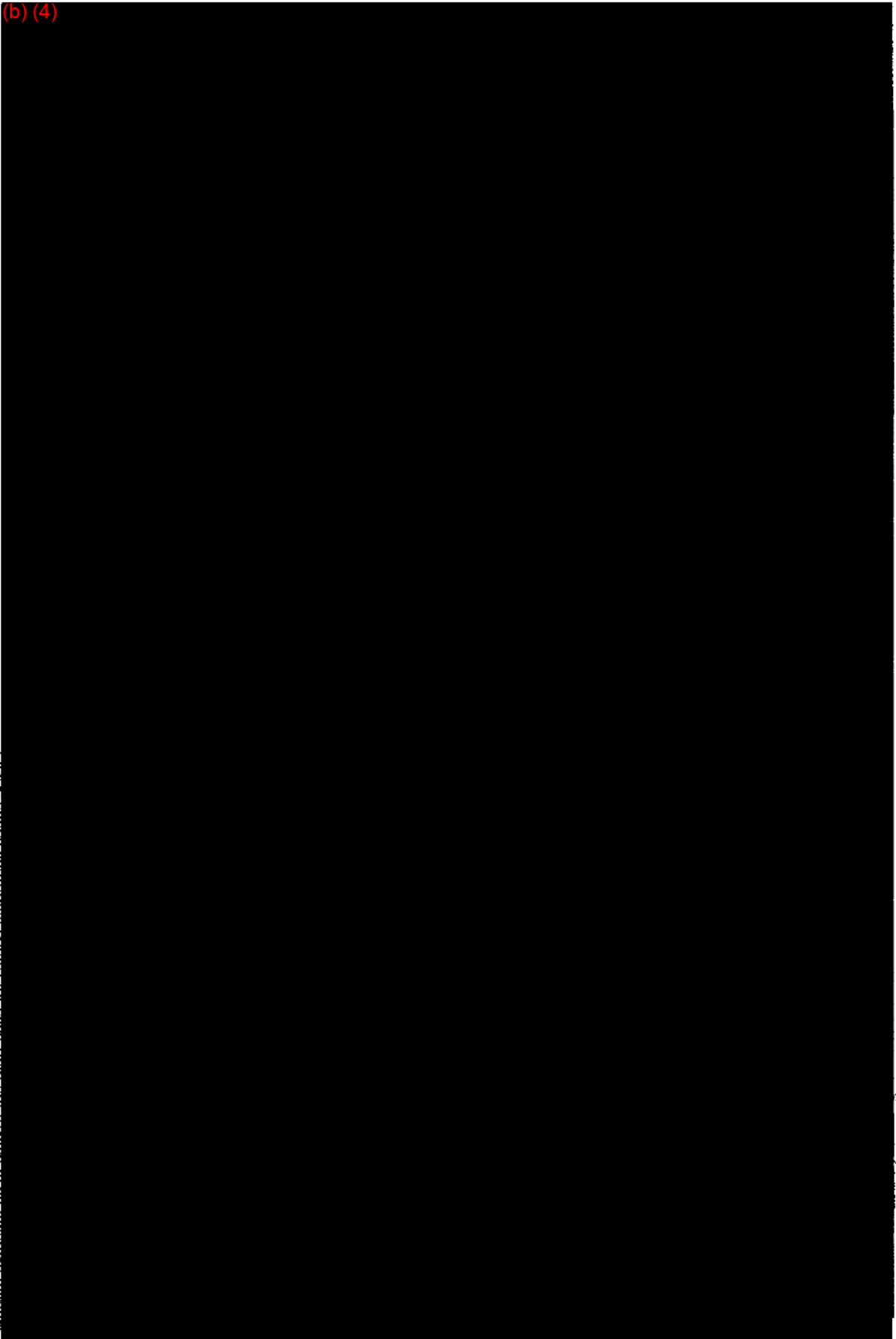
Regulatory Division

6

Revised 7/2/10

Business Name

Page of



(b) (4)

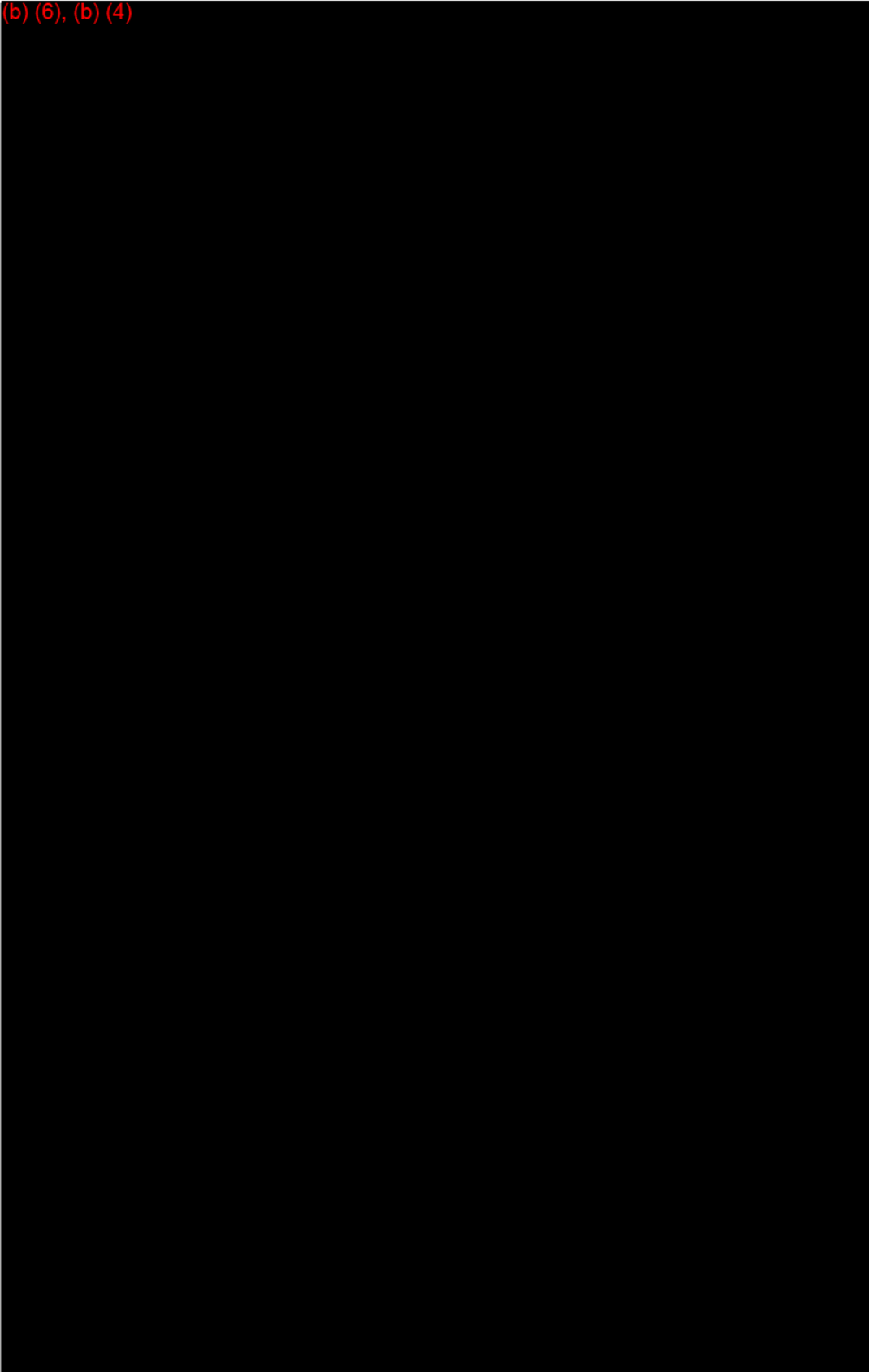
Regulatory Division
7

Revised 7/2/10

ROR-007 Producer Organic System Plan

Facility Name MILBURN BERRILL ORGANIC

Page ___ of ___



(b) (6), (b) (4)

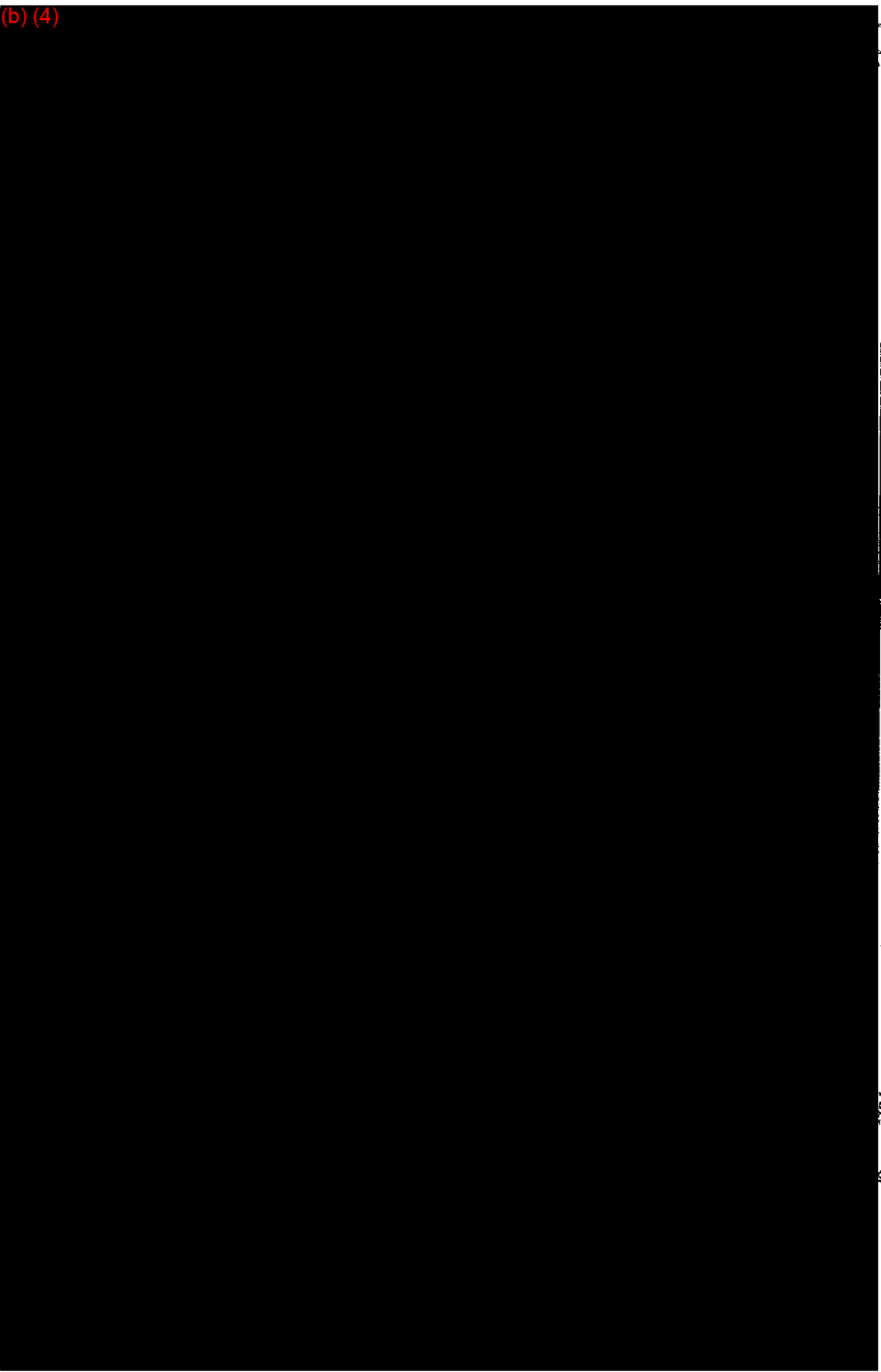
Regulatory Division
5

Revised 7/2/19

Business Name

NATUREL PERLE ORGANIC

Page of



(b) (4)

Please attach additional copies for each field not treated in an identical manner

Regulatory Division
7

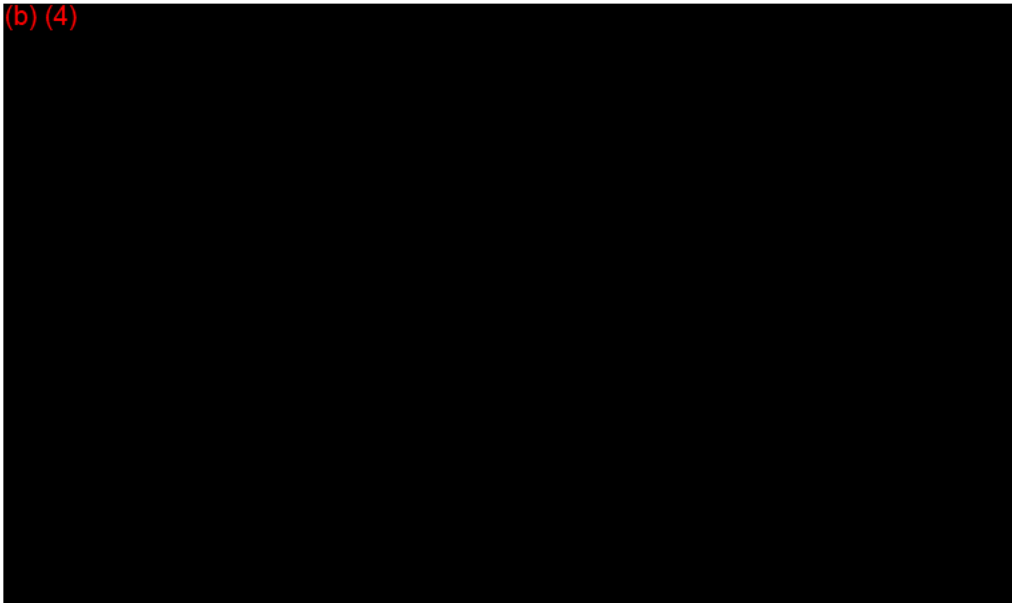
Revised 7/2/10



Organic Food Program Registered Material

In accordance with chapter 15.86 Revised Code of Washington, the following material has been verified to comply with the organic standards indicated below:

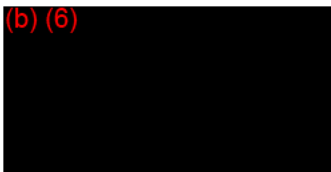
(b) (4)



Registration valid through October 31, 2011.

Issue date: June 13, 2010

(b) (6)



Matty Beuple
Organic Program Manager
WSDA





Organic Food Program Registered Material

In accordance with chapter 15.86 Revised Code of Washington, the following material has been verified to comply with the organic standards indicated below:

(b) (4)



Registration valid through October 31, 2011.

Issue date: June 14, 2010

(b) (6)



Marty Beagle
Organic Program Manager
602-204-6100



BUFFER ZONE INFORMATION

NOF §205.201(a)(5) & §205.202(c)

NOP Rule requires that the buffer must be sufficient in size or other features (windbreaks, diversions, ditches, etc.) to prevent the unintended contact with prohibited substances applied to adjacent land areas. Crops within the required buffer must be left unharvested or harvested, stored, and disposed of as non-organic crop, with records kept of crop disposition. Indicate buffer zones and show all adjoining land uses on your field maps in Section C.

List specific buffer areas you maintain.
(indicate all adjoining land uses on your field maps)

Not applicable – Buffer zones are not needed to prevent contamination - Proceed to Section H – Greenhouse Indoor Unit Information

Location or Field No.	Type of buffer (crop, treeline, wildlife, planting, grass strip, etc.)	Width of buffer	Adjoining land use	If crop is harvested from buffer, describe use (sale, non-organic livestock feed, seed, etc.)
<p>See attached map OF BUFFER ZONES & AFFIDAVITS</p>				

SECTION G

If crops are harvested from the buffer zones with equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops during harvest? Explain

Are any roadside and/or municipal right-of-ways adjacent to or in close proximity of your organic production? Yes No
If yes, how are these areas maintained? (please designate these areas on your general farm map in Section C or any applicable maps attached to this form.)

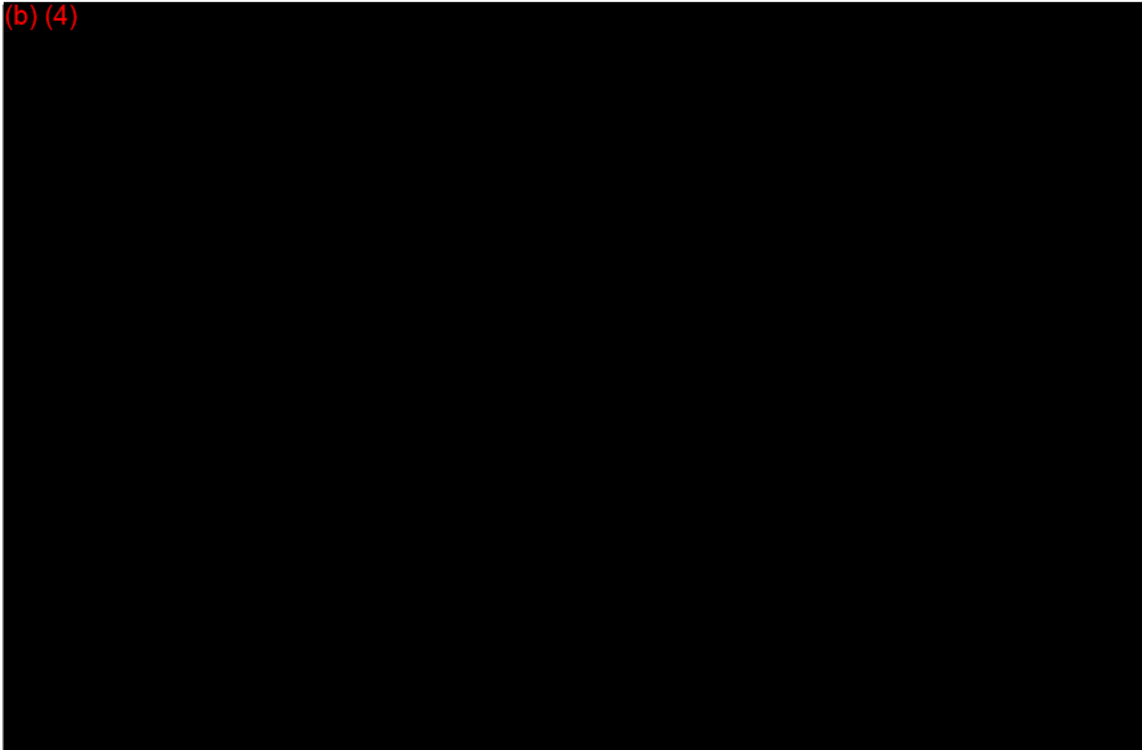
- no roadside maintenance
- mowing only, by _____
- Herbicide/pesticide spraying by state, county or local road crews
- land owner/manager maintains R.O.W. (Right-of-way)



OMRI Listed®

The following product is OMRI Listed. It may be used in certified organic production or food processing and handling according to the USDA National Organic Program Rule.

(b) (4)



(b) (6)

Executive Director

Product review is conducted according to the policies in the current OMRI Policy Manual and based on the standards in the current OMRI Standards Manual. To verify the current status of this or any OMRI listed product, view the most current version of the OMRI Products List at www.omri.org. OMRI listing is not equivalent to organic certification and is not a product endorsement. It cannot be construed as such. Final decisions on the acceptability of a product for use in a certified organic system are the responsibility of a USDA accredited certification agent. It is the operator's responsibility to properly use the product, including following any restrictions.




Organic Materials Review Institute
P.O. Box 11558, Eugene, OR 97440-3758, USA
541.343.7600 • fax 541.343.8971 • info@omri.org • www.omri.org



Office of the County Judge
Ronnie Gordon
HARTLEY COUNTY, TEXAS

Drawer G
Channing, Texas 79018
(806) 235-3442
fax (806) 635-5133
email: ronnie.gordon@co.hartley.tx.us

AS ADOPTED on July 12, 2010 during regular Commissioners' Meeting the County will not permit the use of herbicides and/or pesticides on any County roads or County right of ways.


Ronnie Gordon, County Judge

Business Name NATURAL PRERIE ORGANIC

Page of

SECTION G (CONTINUED)	¹BUFFER ZONE INFORMATION (CONTINUED)		NOP RULE §205.201(A)(5) & §205.202(C)
	Have you posted "No Spray" signs along roadside right-of-ways that adjoin organic fields?	(b) (4)	
	Have you communicated with entities responsible for roadside maintenance about your organic status?		
	Do any fields or portions of fields flood frequently? (more than once every ten years)		
	Do flood waters flow onto your land from areas that may pose a risk of contamination (i.e. manufacturing facilities, conventional farms, open waterway, etc.)		
	How do you monitor for crop contamination?		
<input type="checkbox"/> Other (list)	(b) (4)		
How often do you conduct crop contamination monitoring?	(b) (4)		
<input type="checkbox"/> Other (list)	(b) (4)		

SECTION H	¹GREENHOUSE-INDOOR UNIT INFORMATION		<input checked="" type="checkbox"/> Not Applicable - No greenhouse-indoor unit	
	Complete for each production unit (as listed in Section D).		Proceed to Section I - Record Keeping History	
	Greenhouse-Indoor Production Unit No. <u> </u>			
	²GREENHOUSE-INDOOR UNIT INFORMATION - PRODUCTION SYSTEM			
	(Check all that apply)			
	<input type="checkbox"/> In-ground (soil)	<input type="checkbox"/> Raised beds	<input type="checkbox"/> Soil filled benches	<input type="checkbox"/> Lined benches
	<input type="checkbox"/> Containers/pots	<input type="checkbox"/> Suspended containers/pots	<input type="checkbox"/> Plastic/paper bags	<input type="checkbox"/> Plastic covered floor
	<input type="checkbox"/> Hydroponics	<input type="checkbox"/> Sprouts (water only)	<input type="checkbox"/> Sprouts (in growing medium)	
	<input type="checkbox"/> Other (describe)			
	Do you grow seedlings for transplants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What types of input products do you use, or plan to use, in the greenhouse? (List all input products in Section J.)				
<input type="checkbox"/> Soil additives <input type="checkbox"/> Foliar feed <input type="checkbox"/> Pest management <input type="checkbox"/> Disease management.				
Do you use commercial soil media? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the product name and ingredients? Please include a product label. <input type="checkbox"/> Label included				
Do you make your own planting medium? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list all ingredients used:				

Business Name NATURAL PRAIRIE ORGANIC

Page of

³ GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING TYPE

- Individual greenhouse unit
 Gutter-connected greenhouse units
 Partitioned greenhouse units
 Enclosed building
 Enclosed individual room
 Other (describe)

⁴ GREENHOUSE-INDOOR UNIT INFORMATION - AREA SIZE (in feet)

Length	Width	Number of sections	Total Sq. Ft

⁵ GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION

Covering

- None
 Glass
 Wood or plastic lathe
 Polyethylene
 Wire screen
 Plastic/fiberglass
 Shade cloth
 Wallboard/paneling/wood covering
 Other (list)

Framing

- Wood
 Metal
 Plastic
 Other (list)

Flooring

- Soil
 Gravel
 Wood
 Concrete
 Other (list)

Cooling system (i.e.; water evaporative pads, air-cell, etc.)

- Controls only unit to be certified
 Controls multiple units -- Are all certified? Yes No
 If no, how do you prevent contamination? Explain:

- Other (list)

Fans, heaters, air exchange systems

- Controls only unit to be certified
 Controls multiple units: - Are all certified? Yes No
 If no, how do you prevent contamination? Explain:

- Other (list)

Irrigation watering systems

- Supplies only unit to be certified
 Supplies multiple units -- Are all certified? Yes No
 If no, how do you prevent contaminations? Explain:

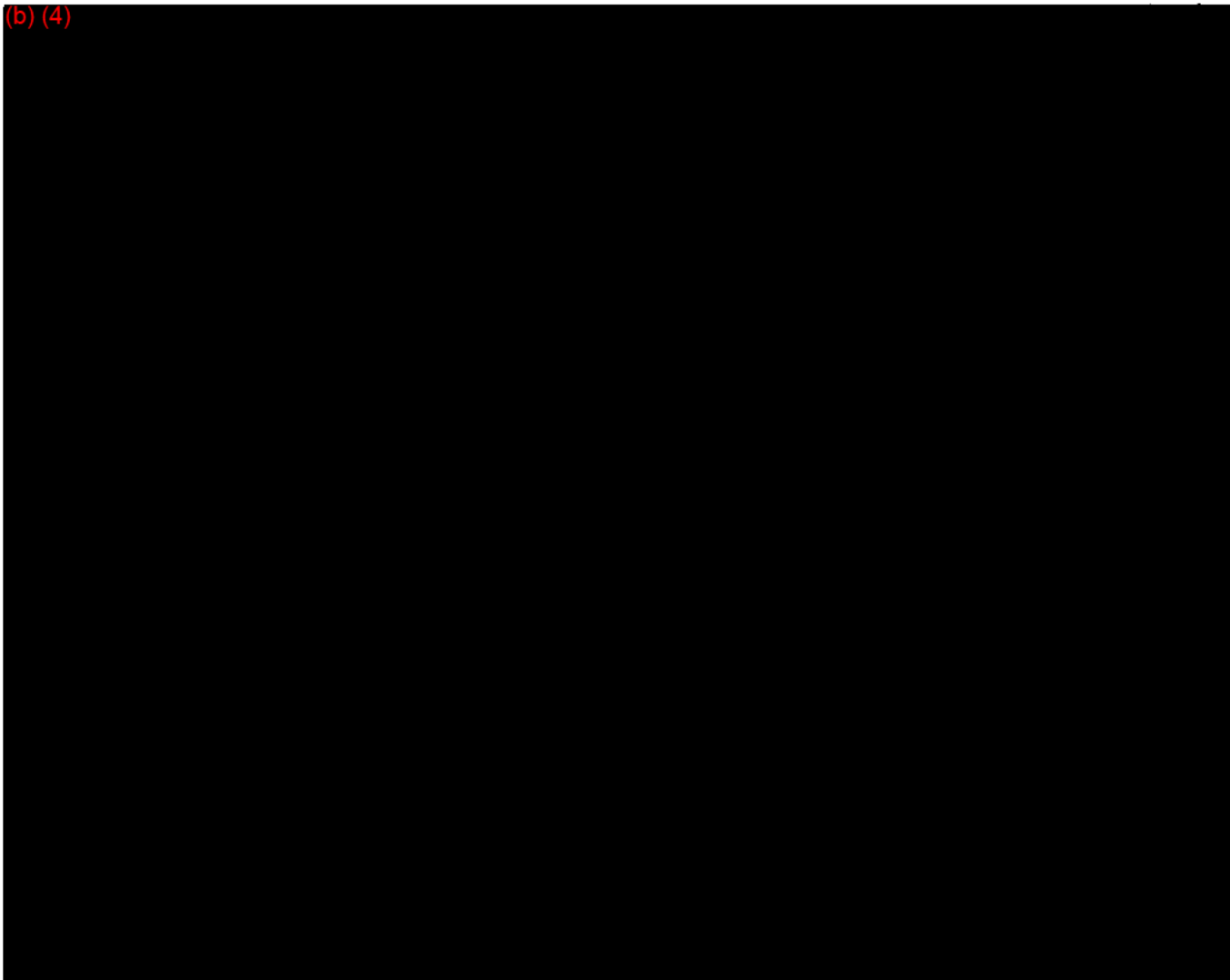
- Other (List)

SECTION H (CONTINUED)

Business Name NATURAL PRAIRIE ORGANIC

Page ____ of ____

SECTION H (CONTINUED)	GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION (CONTINUED)
	Do drainage, gutters, and /or water collection systems prevent contamination of run-off from other areas, buildings or additional greenhouses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no prohibited materials used in adjacent areas/buildings
	Are any prohibited materials applied within 50-feet of the greenhouse or production area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are organic crops protected from drift/contamination?
	Is all information on this page identical for other units? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list unit numbers: _____ (separate pages for these units are not required) How are pests and diseases managed in the greenhouse? Explain:



Business Name NATURAL PRAIRIE ORGANIC

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

Page _____ of _____

(b) (4)



ROR-607 Producer Organic System Plus

(b) (4)



(b) (4)



Business Name *NATURAL PRAIRIE ORGANIC*

Page of

(b) (4)



Business Name *NATURAL PRAIRIE ORGANIC*

Page of

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

Page _____ of _____

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

Page of

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

(b) (4)



Business Name

NATURAL PRAIRIE ORGANIC

Page of

(b) (4)



Business Name *NATURAL PRAIRIE ORGANIC*

Page of

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

Page ____ of ____

(b) (4)



*T = Transitional C = Conventional
** GMO = Genetically Modified Organisms

Business Name NATURAL PRAIRIE ORGANIC

Page _____ of _____

(b) (4)



Business Name: *NATURAL PRAIRIE ORGANIC*

Page _____ of _____

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

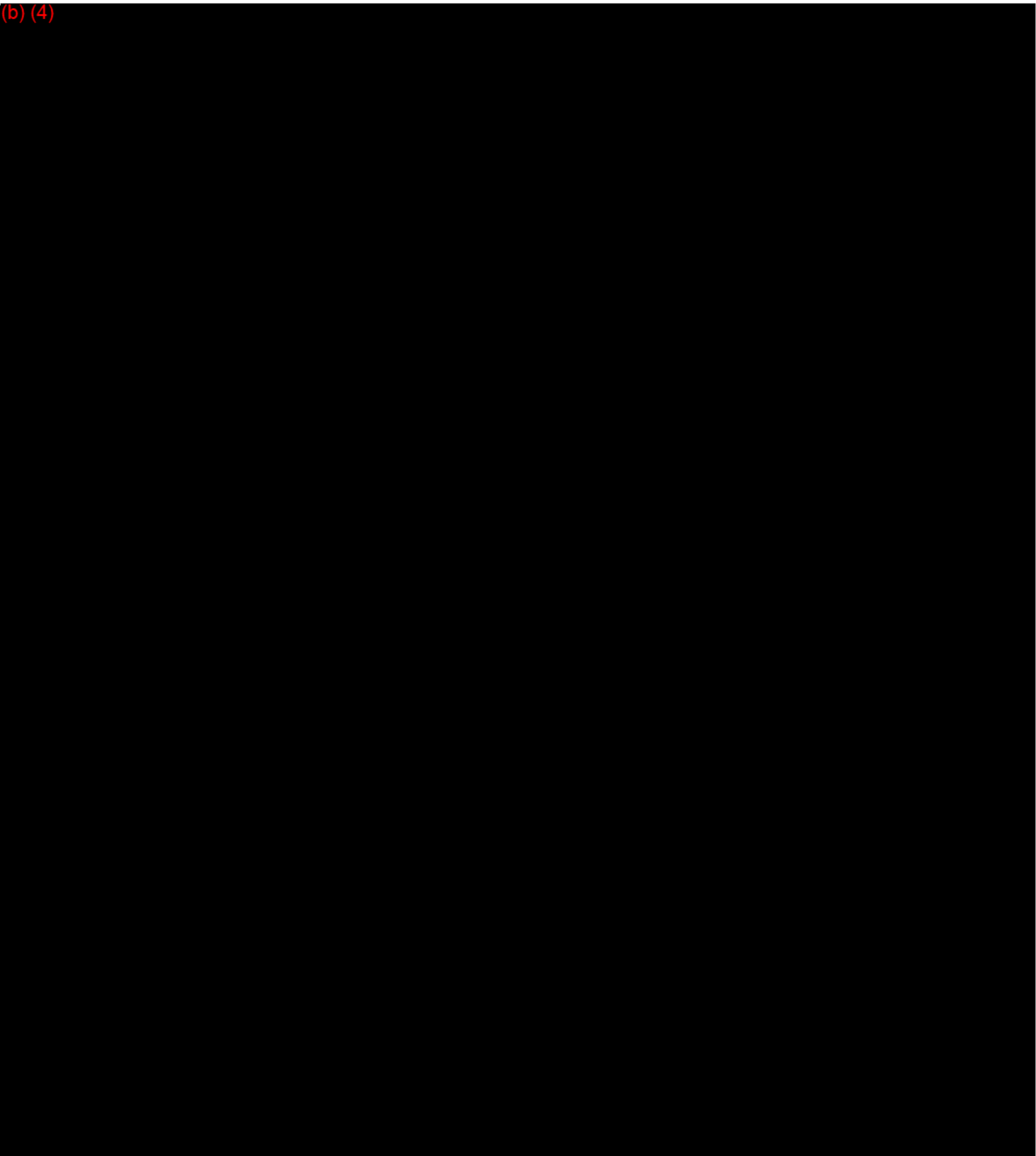
Page ____ of ____

(b) (4)



Facility Name NATURAL PRAIRIE ORGANIC

Page ___ of ___



Producer Name *NATURAL PRAIRIE ORGANIC*

Page of

(b) (4)



Facility Name NATURAL PRAIRIE ORGANIC

Page ___ of ___

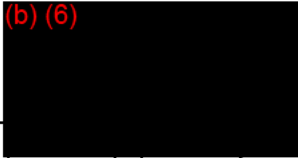
AFFIRMATION:

I affirm that all statements made in this application are true and correct. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Standards & Certification Program. I agree to follow the Organic Foods Production Act of 1990 and all other TDA Organic Standards & Certification rules and statutes.

The applicant, by and through their personal or agent's signature below:

- (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge;
- (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and
- (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agricultural product sold or labeled as organically produced except in accordance with Title 7, Part 205, of the U.S. Code of Federal Regulations. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant

SECTION 0

Signature of Applicant: 

Date: 2-20-11

Print Name: MARK WIECK for NATURAL PRAIRIE ORGANIC

I have attached the following documents:

- Notice(s) of non-compliance or denial of certification from other certifying agencies *n/a*
- Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions *n/a*
- Form ROR-600 Organic Certification Application *n/a*

I have made copies of this form and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:
 Texas Department of Agriculture (TDA)
 Organic Certification Program
 P.O. Box 12847
 Austin, TX 78711



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name	(b) (4)
	Natural Prairie Dairy Farm	
	Facility Name	(b) (4)
	Natural Prairie Dairy Farm	

SECTION B	INSPECTION INFORMATION			
	Inspection Type		Inspection ID No.	
	Routine		7575110524093000	
	Inspector ID	Inspector Name	Region	
	7575	(b) (6)	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Date	Time	County Code	County	
5 / 24 / 2011 month day year	9 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	205	Hartley	

SECTION C	FINDINGS	
	Certification Type: LIVESTOCK PRODUCER	
(b) (4)		

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-24-2011

SUMMARY

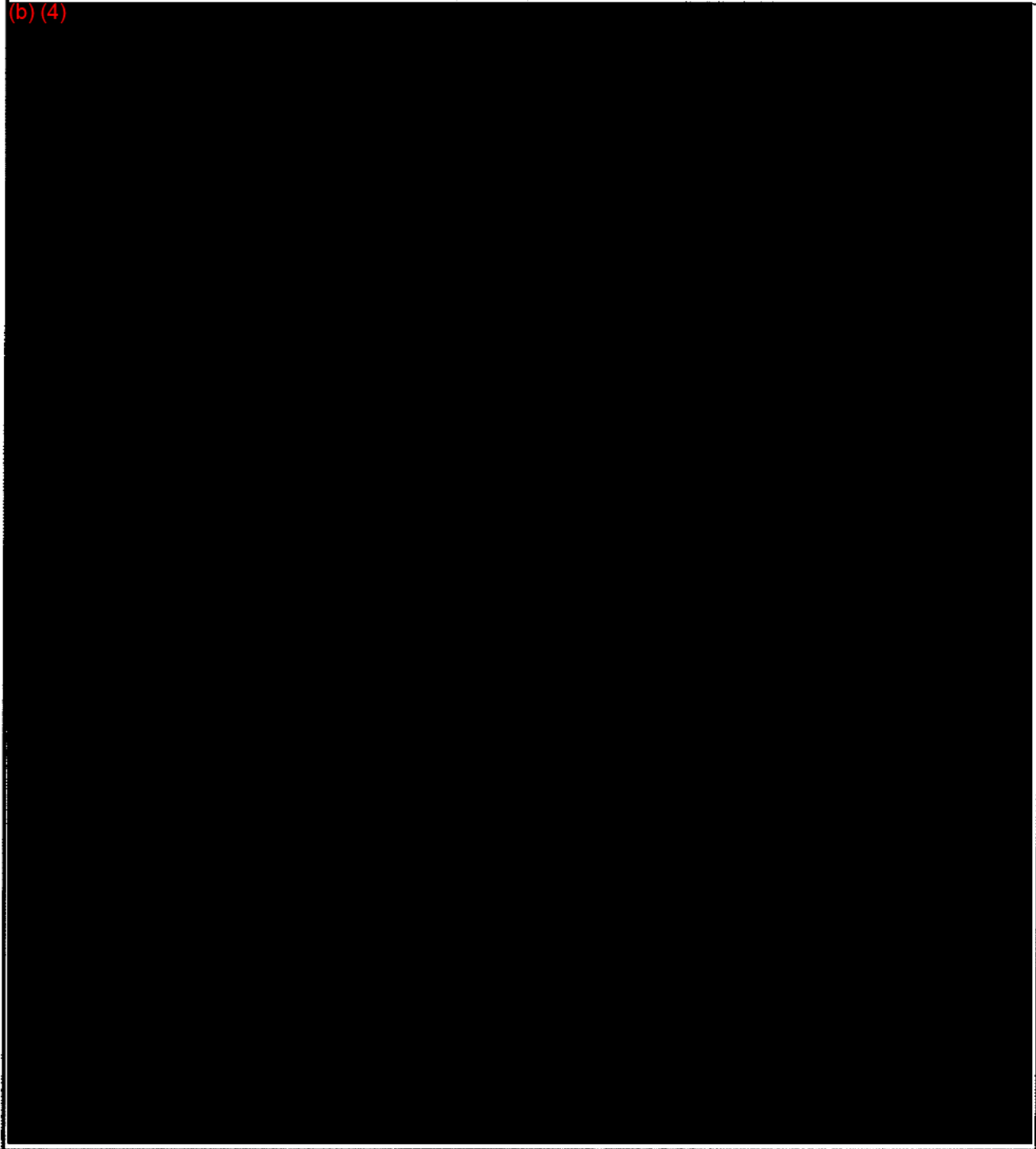
Person present at time of inspection: Cheri and Donald De Jong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION D





Texas Department of Agriculture
 Organic Livestock Producer Inspection Report

ROR-651

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS	TDA Client No. (b) (4)
	Facility Name NATURAL PRAIRIE DAIRY FARMS	TDA Account No. (b) (4)

SECTION B	INSPECTION INFORMATION	
	Inspection Type ROUTINE	Inspection ID No. 7575110524093000
	Inspector ID 7575	Inspector Name (b) (6)
	Date 05/24/2011 <small>Enter as MM/DD/YYYY</small>	Time 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	County Code 205
		County HARTLEY

SECTION C	FACILITY AND LIVESTOCK INFORMATION	
	1) Is land used for producing livestock certified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	TDA Acct.#: (b) (4)	Other Certifier: [redacted] Cert. #: [redacted]
	2) Is the information regarding pastures and facilities under Section C of the ROR-603 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	3) Is the livestock information under Section C of the ROR-603 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	² If No, the producer must submit changes to the TDA, Organic Certification Program. <i>ATTACHED - CURRENT LIST AS OF 5-21-2011</i>	
4) Is any aspect of the livestock operation performed at another location?	<input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No	
³ If Yes, are the addresses provided in the ROR-603 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
¹ If No, possible noncompliance.		
5) Have all pastures been inspected as part of the Organic Land Producer Inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴	
⁴ If No, when will the Organic Land Producer Inspection be performed?		

Reviewed
 6/17/11
 (b) (6)
 Organics
 Regulatory Division

RECEIVED
 JUN 06 2011
 REGULATORY

Revised 8/27/2010

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

FACILITY AND LIVESTOCK INFORMATION (CONTINUED)

Complete the following sections as they apply to the operation.

MILK PRODUCTION NA (Skip to Meat Production)

6) Is milk inspection documentation provided under Section C Questions 5a-5e of the ROR-603 accurate? Yes No¹

¹ If No, possible noncompliance. If the materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all product labels and ingredient listings if available:

Brand Name	Manufacturer

MEAT PRODUCTION NA (Skip to Egg Production)

7) Are animals being slaughtered and processed on farm? Yes² No

² If Yes, provide name of Certifier and Processor Certificate #:

8) Is the loading and transportation information under Section C Questions 6b-6j of the ROR-603 accurate? Yes No³

³ If No, possible noncompliance.

EGG PRODUCTION NA (Skip to Fiber Production)

9) Is the information regarding the collection, washing, packaging, and storage of eggs under Section C Questions 7a-7h of the ROR-603 accurate? Yes No⁴

⁴ If No, area(s) of concern.

10) Does the applicant/licensee have a Texas egg license number? Yes⁵ No

⁵ If Yes, provide the Texas egg license number:

⁵ If Yes, provide the Texas egg license expiration date: Enter as MM/DD/YYYY

11) Are eggs being sold directly to consumer? Yes No

12) Are eggs being sold to a retail market? Yes No

FIBER PRODUCTION NA

13) Is the information provided under Section C Questions 8a-8b of the ROR-603 accurate? Yes No⁶

⁶ If No, area(s) of concern.

14) Is any organic fiber processing performed on farm? Yes⁷ No

⁷ If Yes, provide name of Certifier and Processor Certificate #:

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION C (CONTINUED)

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

ORIGIN OF LIVESTOCK

SECTION D

15) Is the information regarding transitioning livestock to organic production provided in the ROR-603 accurate? (b) (4)

16) Are replacement animals:
 Raised on farm through natural breeding?
 Raised on farm through an artificial breeding system?
 Purchased from an organic source?
 Purchased from a non-organic source?
 *Documentation must be on file and available for inspection to confirm the status and history of each purchased animal.

17) Are dairy and breeder stock under organic management from the last third of gestation? (b) (4)

18) Are dairy animals under continuous organic management for at least one year prior to the production of milk or milk products that are to be sold, labeled, or represented as organic?

19) Are poultry under continuous organic management beginning no later than the second day of life?

20) Is the animal identification system listed in the ROR-603 accurate?

¹ If No, possible noncompliance.

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

LIVESTOCK FEED

SECTION E

21) Are all the feed rations for each of the individual production groups and for each season listed correctly in the ROR-603? (b) (4)

¹ If No, possible noncompliance. List incorrect and/or feed rations not listed in the ROR-603 below:

Production Group:	Ration ID:	Months in which the ration is used:	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Production Group:	Ration ID:	Months in which the ration is used:	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

LIVESTOCK FEED (CONTINUED)

Production Group:	Ration ID:	Months in which the ration is used:
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²

² Is the feed source information of all purchased feed provided in the ROR-603 and the above table (if applicable) accurate? Yes No³

³ If No, possible noncompliance. If any purchased feed is incorrect and/or not listed in the ROR-603, list them below and attach all feed labels and ingredient listings if available:

Purchased Feed	Supplier	Supplier Certifier	Delivered ⁴
SEE ATTACHMENT 5			<input checked="" type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No

⁴ Are Clean Truck Affidavits on file if delivered as bulk shipments? Yes No⁵ NA

22) Is feed stored in a manner that prevents contamination from rodents/other animals, spoilage by water/wind/erosion, spoilage by bacteria/organisms? Yes No⁵

⁵ If No, possible noncompliance.

23) Is any livestock feed processed on farm? Yes⁶ No

⁶ If Yes, is the information provided in Section E Question 10e of the ROR-603 accurate? Yes No⁷

⁷ If No, possible noncompliance. List all incorrect and/or on farm feed processing (roasting, grinding, etc.) not listed in the ROR-603 and the equipment used in the process:

Processing Type	Equipment

24) If processing equipment is used for non-organic products, is the equipment cleaned to prevent cross-contamination? Yes No⁸ NA

⁸ If No, possible noncompliance.

SECTION E (CONTINUED)

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

LIVESTOCK FEED (CONTINUED)

25) Is any livestock feed processed off farm? Yes⁹ No

⁹If Yes, is the information provided in Section E Question 10g of the ROR-603 accurate? Yes No¹⁰

¹⁰ If No, possible noncompliance. List incorrect and/or off farm feed processing not listed in the ROR-603 below:

Feed Processed	Type of Processing	Name of Company	Certifier of the Processing Company

26) Are feed supplements fed to livestock? Yes¹¹ No

¹¹If Yes, is the information under Section E Question 11a of the ROR-603 accurate? Yes No¹²

¹² If No, possible noncompliance. If any feed supplement listed is incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient information if available:

Brand Name	Manufacturer	Delivery Method	Frequency Fed

27) Is the information under Section E Question 11b of the ROR-603 accurate? Yes No¹³

¹³ If No, area(s) of concern. List the incorrect and/or water source information not listed in the ROR-603 below:

Source	Livestock Groups Available To

28) Is water tested? Yes¹⁴ No

¹⁴If Yes, provide the date of the most recent water test: Enter as MM/DD/YYYY *ONCE A YEAR*

29) Are materials used to clean watering sources? Yes¹⁵ No

¹⁵If Yes, is the information under Section E Question 11e of the ROR-603 accurate? Yes No¹⁶

¹⁶ If No, possible noncompliance. If any materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION E (CONTINUED)

TDA License No. (b) (4)

Inspector ID No. 7575

Inspection Date 5-24-2011

HEALTH MANAGEMENT

30) Is the information regarding livestock breeds under Section F Question 13a of the ROR-603 accurate? Yes No¹

¹ If No, area(s) of concern. List the incorrect and/or breed information not listed in the ROR-603 below:

Livestock Species	Breed(s)

31) Are vaccines used in the health management program? Yes² No

² If Yes, is the information under Section F Question 14 of the ROR-603 accurate? Yes No³

³ If No, possible noncompliance. If any vaccines listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer	Age/When Given	How Administered
(b) (4)			

SECTION F

32) Is the information under Section F Question 15 of the ROR-603 accurate? Yes No⁴

⁴ If No, possible noncompliance. If any materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer

33) How is the health of animals evaluated (check all that apply):

(b) (4)

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

HEALTH MANAGEMENT (CONTINUED)

34) Are all products listed under Section F Question 17 of the ROR-603 accurate? Yes No⁵

⁵ If No, possible noncompliance. If materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer
(b) (4)	

SECTION F (CONTINUED)

35) Is the information under Section F Questions 19-22 of the ROR-603 accurate? Yes No⁶

⁶ If No, area(s) of concern.

36) Is the information under Section F Questions 23 of the ROR-603 accurate? Yes No⁷

37) Are all pain management agents used listed in the ROR-603 accurate? Yes No⁷

⁷ If No, possible noncompliance. List the incorrect and/or materials not listed in the ROR-603 below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer

38) Is the information under Section F Questions 24a-26 of the ROR-603 accurate? Yes No⁸

⁸ If No, possible noncompliance. *SEE ATTACHMENT ADD COMPOSTING TO QUESTION 25 b*

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

LIVESTOCK LIVING CONDITIONS

SECTION G

39) Is the information under Section G Questions 27-30 of the ROR-603 accurate? Yes No¹

¹ If No, possible noncompliance.

40) Is the information under Section G Questions 31a-31b of the ROR-603 accurate? Yes No²

² If No, area(s) of concern. List the incorrect and/or bedding materials not listed in the ROR-603 below:

Bedding Type	Source of Bedding

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

LIVESTOCK LIVING CONDITIONS (CONTINUED)

41) What methods are used for pest management (check all that apply)?

(b) (4)

3 Are all materials listed under Section G Question 32 of the ROR-603 accurate? [X] Yes [] No1

4 If No, possible noncompliance. List the incorrect and/or materials not listed in the ROR-603 below and attach all labels and ingredient listings if available:

Table with 2 columns: Brand Name, Manufacturer

42) What methods are used for predator control (check all that apply)?

(b) (4)

43) Is manure management monitored by a County, State, Federal Agency or another organization? [X] Yes5 [] No

5 If Yes, list the agency or organization: TCEQ

44) Is the information under Section G Questions 35a-39 of the ROR-603 accurate? [] Yes [] No6

6 If No, possible noncompliance.

[X] In compliance at time of inspection [] Area(s) of concern* [] Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

PASTURE PRACTICE STANDARD

45) Is the information under Section H Questions 40-47a of the ROR-603 accurate? [] Yes [X] No1 QUESTION # 41 CHANGED FROM 4 MONTHS TO 6 MONTHS

46) Are the Dry Matter Intake (DMI) Worksheets or an equivalent record keeping system on file? (Ruminant livestock only) [X] Yes [] No1 [] NA

47) Is the pasture(s) of quality and quantity to allow all ruminant livestock under organic management to meet the DMI requirements of the National Organic Program (NOP) Regulations? (Ruminant livestock only) [X] Yes [] No1 [] NA

1 If No, possible noncompliance.

[] In compliance at time of inspection [] Area(s) of concern* [X] Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION G (CONTINUED)

SECTION H

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

RECORD KEEPING		
48) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Documentation of all purchased animals ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Health management and treatment records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Purchased feed and supplements ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Animal Identification ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Production records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Complaint Log ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Applied material and ingredient information ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Rations fed to livestock ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Breeding and birthing/hatching records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Feed inventory and storage records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shipping/transportation records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49) Does record keeping system adequately provide for auditing the organic production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i>		
² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i>		
³ <i>If No, possible noncompliance.</i>		
*Note, all records must be maintained for 5 years.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section J and/or Section K of this report.		

SECTION I

TDA License No. (b) (4) Inspector ID No. 7575 Inspection Date 5-24-2011

SUMMARY FOR PRODUCER

50) Person present at time of inspection: CHERI & DONALD DE JONG

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

NEEDS TO PROVIDE ALL CHANGES TO PROGRAM STAFF AS THEY OCCUR,

SECTION J

SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF

COMMENTS

SECTION E QUESTION 21 - UPDATED
SECTION F QUESTION 30 - UPDATED
QUESTION 34 - UPDATED
QUESTION 38 - UPDATED
SECTION H QUESTION 41 - UPDATED

INSPECTOR ACCEPTED ALL CHANGES TO ROR-603 AT TIME OF INSPECTION DUE TO EXTENDED VACATION THE DE JONGS ARE TAKING IN JUNE.

I HAD TO MARK THESE AS POSSIBLE NON COMPLIANCE ON ROR 651 BUT ARE COMPLIANT AT ENDING OF INSPECTION WITH THE INFORMATION SUBMITTED AT TIME OF INSPECTION.

SECTION K

Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Livestock Producer Inspection Report
- Organic Inspection Findings
- Additional Attachments (specify):
CATTLE INVENTORY, FEED RATIONS, HEALTH MANAGEMENT & PASTURE PRACTICE STANDARD ATTACHMENTS.

Cattle Inventory Breakdown Worksheet:

Date: AS OF
5/21/2011

Cattle:

Milking Cows
Dry Cows plus Close up Cows
Springers (Heifers > 200 DCC)

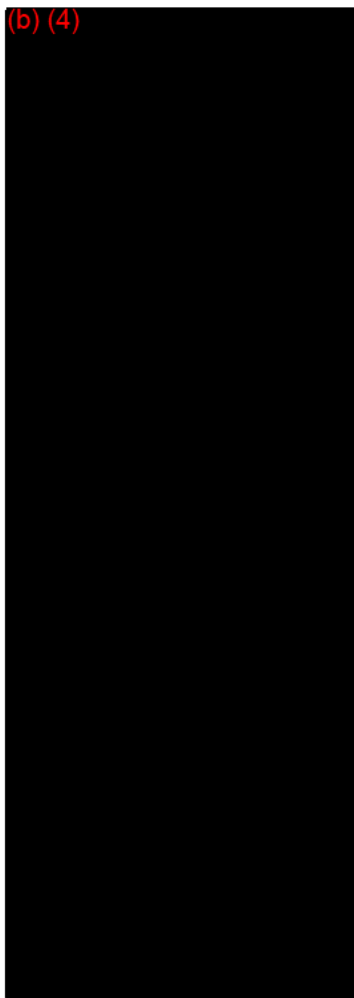
Total Cows:

Heifers:

Heifers 0-3 Months
Heifers 4-6 Months
Heifers 7-9 Months
Heifers 10-12 Months
Heifers 13-15 Months
Heifers 16-18 Months
Heifers 19-21 Months
Heifers 22 months or greater <201 DCC or open

Total Heifers:

Total of Cows and Heifers



Livestock Feed (E) - 2. 10b

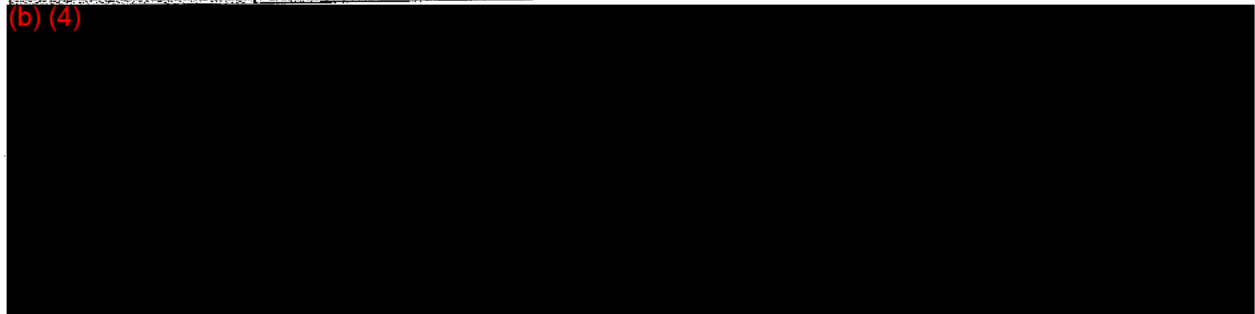
Purchased Feed	Supplier	Supplier Certified?	Delivered
(b) (4)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FEED MANAGEMENT (CONTINUED)

11a) Provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) provide a full ingredient list of the product. Attach any labels/ingredient information. Please note that the guaranteed analysis is not a complete list of ingredients.

Agricultural ingredients in feed supplements (midlings, carriers, molasses, herbs, etc.) are required to be organic.

Brand Name	Manufacturer	Delivery Method	Frequency fed to Livestock
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Updated

Business Name: Natural Prairie Dairy Farms, LLC

LIVESTOCK FEED

¹FEED RATION TABLE

10a) Please provide the feed ration for each of the individual production groups and for each season:

(b) (4)



Production Group: LOW

Ration ID:

Date range in which the ration is used:

(b) (4)



Production Group: Heifer Ranch 300-500#

Ration ID:

Date range in which the ration is used:

(b) (4)



Business Name:

Natural Prairie Dairy Farms, LLC

LIVESTOCK HEALTH CARE \$205,238

HEALTH MANAGEMENT

13a) List the breed(s) for each livestock group you raise:

Livestock Species: (Cattle, sheep, swine, etc.)	Breed(s):
Dairy Cattle	Holstein and Jersey Cross

13b) List the traits of this breed that are suitable to your environment, production system or market needs:

These breeds are known to be excellent dairy breeds.

14) Are vaccines used in your health management program?

(b) (4)

¹ If Yes, list the vaccines used:

Brand Name:	Manufacturer:	Age/When Given:	How Administered:
(b) (4)	(b) (4)	(b) (4)	(b) (4)

SECTION F

15) What are the preventative measures taken to prevent illness or stress from external and internal parasites?

- Dry and clean living conditions
- Monitoring of nutrition
- Isolation of sick animals
- Pasture/outdoor area rotation
- Living area rotations
- Selective breeding
- Bio-security for the farm/ranch. What measures are used?
- Cleaning of the living areas between groups
- Sanitation, using materials, of living areas between groups²

² If this is chosen, complete the table below:

Brand Name:	Manufacturer:	Ingredients:	Purpose:
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	

Other (specify):

Natural Prairie Dairy Farm

Vaccination Protocol

(b) (4)



(b) (4)



Dated: May 24, 2011

Business Name:

Natural Prairie Dairy Farms, LLC

HEALTH MANAGEMENT (CONTINUED)

16) How is the health of animals evaluated?

(b) Body condition scoring

(4) Physical characteristics

Testing (specify): Test for milk production every 2 weeks.

Production

Visual assessment

Behavior

Other (specify):

17) Please list the products that are part of your health management program:

*Attach copies of labels/ingredient information.

Brand Name:	Manufacturer:	Ingredients:	Purpose of Material:
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(b) (4)

SECTION F (continued)

18) List the disease or ailment concerns in your area or within your herd/flock:

(b) (4)

19) Where are health materials stored on the farm?

(b) (4)

20) Who is responsible for administering health treatments? Herdsman

21) How are those responsible for feeding or administering health treatments trained with regard to the organic regulation?

(b) (4)

22) Is a veterinarian part of your health management program?

Yes³

No

³ If Yes, please provide their contact information:

(b) (4)

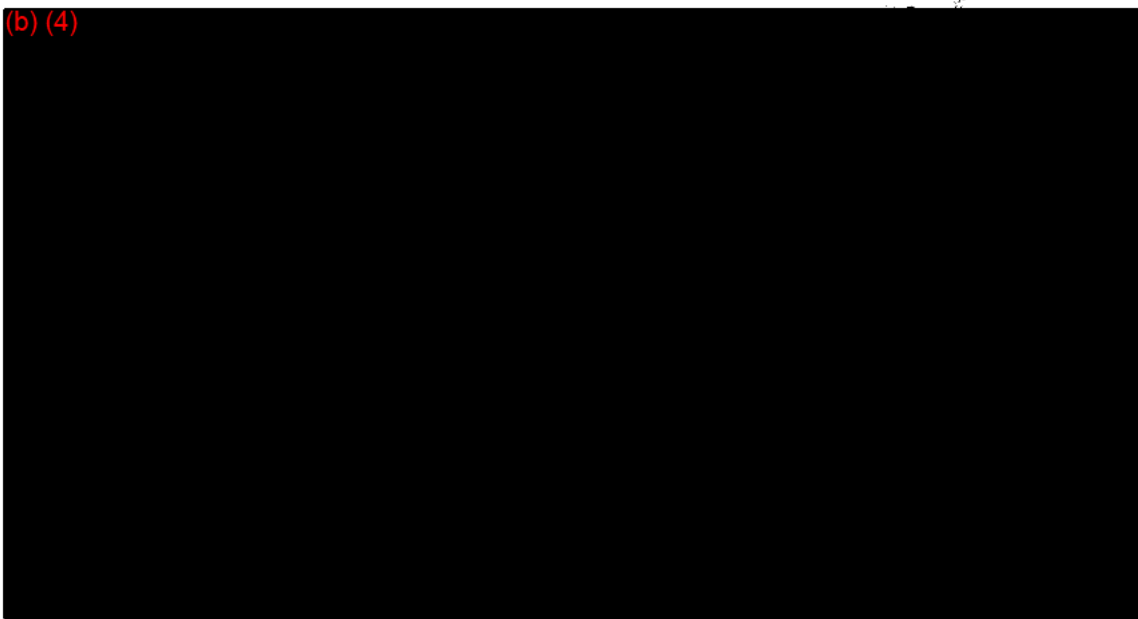
(b) (4)

³ If Yes, are they familiar with treating organic livestock and the organic regulation requirements?

Yes

No

(b) (4)



Business Name:

Natural Prairie Dairy Farms, LLC

1 HEALTH MANAGEMENT (CONTINUED)

23) Which of the following physical alterations are performed, with what method, and at what age are they performed?

**Note: Physical alterations must be done for the benefit of the animal, and in a way that minimizes pain and stress.*

Alteration:	Method:	Age Performed:	Pain prevention method or pain management agent used?
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(b) (4)

SECTION F (continued)

1 If Yes was chosen above for pain prevention method used, describe those practices:

n/a

1 If Yes was chosen above for pain management agent used, list materials used and attach labels/ingredient information:

Brand Name:	Manufacturer:	Ingredients:
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment

24a) What is the average culling rate for your herd/flock per year?

(b) (4)

24b) What are the reasons animals are culled from your herd/flock?

25a) What is the average death rate for your herd/flock per year?

25b) By what method are carcasses disposed?

- (b) (4) Burial
- (4) Composting
- Incineration
- Removed from farm through professional services
- Other (specify):

Business Name: Natural Prairie Dairy Farms, LLC

PASTURE PRACTICE STANDARD		\$205.237 & \$205.240		
ACCESS TO PASTURE				
40a) (Poultry only) Does poultry have access to pasture year-around?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹	<input checked="" type="checkbox"/> NA	
40b) (Swine only) Does swine have access to pasture year-around?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹	<input checked="" type="checkbox"/> NA	
¹ If No, you will be required to develop a plan to allow year-around access to pasture.				
40c) (Poultry only) How is pasture quality monitored and maintained for poultry?				<input checked="" type="checkbox"/> NA
40d) (Swine only) How is pasture quality monitored and maintained for swine?				<input checked="" type="checkbox"/> NA
The following questions are for ruminant animals only.				
41) At what age are ruminants given access to	6 months			
<i>*Note: Animals older than 6 months of age are required to have access to pasture.</i>				
42) Provide the pasture access information for each of your ruminant production groups:				
Production Group	Projected Pasture Schedule (List start and end dates)	Pasture(s) Available (List pasture ID's)	Acres	Number of Head
(b) (4)				
43) What are the months of your typical forage growing season?				
(b) (4)				
44) What months are you typically able to graze?				
(b) (4)				
45) Describe your grazing methods or program:				
(b) (4)				
46) What method is used to calculate dry matter demand (DMD) for each production group?				
(b) (4)				
47a) How is the quality of pasture monitored and maintained?				
(b) (4)				

SECTION H

Natural Prairie Dairy Farms
Therapeutic/Treatment Protocols

(b) (4)



(b) (4)



(b) (4)



Dated: 5/24/2011

Natural Prairie Dairy Farm
NOP Pasture Rule

(b) (4)



(b) (4)



(b) (4)



(b) (4)



RECEIVED

NOV 28 2011



Texas Department of Agriculture
Livestock Organic System Plan

**REGULATORY
 ROR-603**

*Reviewed by
 MEH 11/28/11*

Todd Staples, Commissioner

SECTION A	1 VERIFICATION INFORMATION <input type="checkbox"/> New Application <input type="checkbox"/> Annual Update <input checked="" type="checkbox"/> Change to OSP	
	Full Legal Business Name: Natural Prairie Dairy Farms, LLC	D.B.A. (if applicable): n/a
	Facility Name: Natural Prairie Dairy Farms, LLC	Client No. (b) (4)
	Contact Individual: Cheri DeJong	License No. (b) (4)
	Comptroller ID (in-state): 12026186986	Social Security No. (for sole proprietors) Federal Taxpayer ID (out-of-state):

SECTION B	1 REQUIRED SUPPORTING DOCUMENTATION
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.
	<input type="checkbox"/> Farm and Livestock Information (SECTION C)
	<input type="checkbox"/> ¹ Facility Information
	<input type="checkbox"/> ² Livestock Types
	<input type="checkbox"/> ³ Production
	<input type="checkbox"/> Origin of Livestock (SECTION D)
	<input type="checkbox"/> Livestock Feed (SECTION E)
	<input type="checkbox"/> ¹ Feed Ration Table
	<input type="checkbox"/> ² Feed Management
<input checked="" type="checkbox"/> Livestock Health Care (SECTION F)	
<input checked="" type="checkbox"/> ¹ Health Management	
<input type="checkbox"/> Livestock Living Conditions (SECTION G)	
<input type="checkbox"/> ¹ Temporary Confinement	
<input type="checkbox"/> ² Outdoor Access	
<input type="checkbox"/> Pasture Practice Standard (SECTION H)	
<input type="checkbox"/> ¹ Access to Pasture	
<input type="checkbox"/> ² Pasture Requirement	
<input type="checkbox"/> Record Keeping (SECTION I)	
<input type="checkbox"/> ¹ Auditable Records	
<input checked="" type="checkbox"/> Attachments (facility map, ingredient listings, etc.)	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Business Name:

Natural Prairie Dairy Farms, LLC

FARM AND LIVESTOCK INFORMATION

\$205.201

1 FACILITY INFORMATION

Please provide a map of pastures, barns, holding facilities, shade available to livestock, and/or living areas. The maps are applicable to all species. Please ensure the map includes the following: Map is Attached

The map/s need to identify:

- Adjoining/neighborhood land uses,
- Dimensions of buildings designed to house animals,
- Building/storage ID system,
- Types of fencing used (both permanent and temporary), indication of north,
- Water sources available to livestock,
- Location of buildings and other useful landmarks (e.g. streams, distinctive features, roads, etc.)

*Maps provided by your county authority, local Farm Service Agency office, or Agriculture Extension Service office are recommended.

1) Is the location where all the animals reside at the same address as provided on the first page of the application?

(b) (4)

If no please provide the address of all locations:

Address	City	State	Zip
(b) (4)			

SECTION C

2 LIVESTOCK TYPES

2) Please select the livestock species that you wish to produce organically:

- Cattle Goats Sheep Swine Poultry Other (specify): Milk

3) Please select the livestock products you wish to produce organically and an estimate of annual production:

Product	Est. Annual Organic Production	Production Units (example of unit: pounds, head, gallons, etc)
(b) (4)		

Business Name: Natural Prairie Dairy Farms, LLC

2 LIVESTOCK TYPES (CONTINUED)

4) Please list the number of animals in each of the following production groups:

Cattle: Not Applicable:

Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
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(b) (4)

Goats: Not Applicable:

Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
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Sheep: Not Applicable:

Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
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Swine: Not Applicable:

Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
------------------	---------	---------------------------	-----------------------	---------------------------

SECTION C (continued)

Business Name: Natural Prairie Dairy Farms, LLC

SECTION C (continued)	Poultry:			Not Applicable: <input checked="" type="checkbox"/>	
	Production Group	Organic	Transitional¹	Transition Start Date	Conventional²
Other:			Not Applicable: <input checked="" type="checkbox"/>		
Production Group	Organic	Transitional¹	Transition Start Date	Conventional²	
¹ Transitional: Dairy animals can be converted to organic milk production after 12 months, but milk from these animals is not organic during the conversion.					
² Conventional: Neither conventional nor transitional animals can be used for organic production, except as breeding stock.					
³ PRODUCTION					
MILK				Milk Not Produced <input type="checkbox"/>	
5a) Please describe your milking equipment and holding system: (b) (4)					
5b) If milk is being produced, list the materials that are being used for cleanliness and control in the milk parlor:					
Brand Name	Manufacturer	Ingredients	Purpose for use	How used in	
(b) (4)					
5c) How is contamination or commingling of sanitizers with milk prevented? (b) (4)					
5d) How is wastewater from the milking facility handled? (b) (4)					
5e) If milk is being inspected, please list the following:					
Agencies that conduct inspections		Frequency of those inspections		Rating or evaluation from last inspection	
Texas Department of Health		Monthly		100% - Excellent	

Business Name:

Natural Prairie Dairy Farms, LLC

3 PRODUCTION (CONTINUED)	
MEAT	Meat Not Produced <input checked="" type="checkbox"/>
6a) If animals are being raised for meat, are they slaughtered and processed on farm?	<input type="checkbox"/> Yes ³ <input type="checkbox"/> No
³ If Yes, please complete a Processor Application Form and include it with this application.	
6b) What method of loading and transportation is used to move animals to slaughter?	
6c) (Poultry Only) What time of day are birds moved or transported?	
6d) How far are animals transported to slaughter?	
6e) How long does the transport typically take?	
6f) If over 12 hours in transportation are the animals rested and fed?	<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵
⁴ If Yes, then provide the following:	
Where are animals rested?	
How is organic feed provided?	
Is grazing available? (ruminants only)	
How is clean water provided?	
⁵ If No, please describe the reasons why feed and rest are not provided:	
6g) Do you retain ownership through slaughter and receive the retail cuts and/or by-products to market?	<input type="checkbox"/> Yes ⁶ <input type="checkbox"/> No
⁶ If Yes, please provide the certificate of the slaughter facility	<input type="checkbox"/> Attached
⁶ If Yes, please provide the label that is used on the retail product(s)	<input type="checkbox"/> Attached
⁶ If Yes, please describe how cuts are handled post slaughter:	
⁶ If Yes, please describe how sales are recorded:	
For Ruminant Slaughter Stock	
6h) Are ruminants finished in a yard, pad, or feedlot?	<input type="checkbox"/> Yes ⁷ <input type="checkbox"/> No ⁸
⁷ If Yes, how long is the finishing period?	
⁸ If No, skip the following questions and move to the next section.	
6i) Can all animals eat simultaneously without competing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6j) Are animals given access to pasture during the grazing season when in a finishing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C (continued)

Business Name:

Natural Prairie Dairy Farms, LLC

SECTION C (continued)

3 PRODUCTION (CONTINUED)

EGGS **Eggs Not Produced**

7a) How are eggs collected?

7b) How often are eggs collected?

7c) Are eggs washed after collection? Yes⁹ No

⁹ If Yes, describe washing/handling process:

⁹ If Yes, and cleaning or sanitizing materials are being used please provide:

Brand Name	Manufacturer	Ingredients (Product Label)	Restriction as listed in the regulation (if applicable)
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	

7d) How are eggs packaged?

7e) Where are eggs stored on farm?

7f) Are any eggs stored off-site? Yes No

7g) When eggs are stored, are they kept at a refrigerated temperature of 45 degrees or below? Yes No

7h) Are eggs graded and sized? Yes¹⁰ No

¹⁰ If Yes, are you licensed by the TDA? Yes¹¹ No

¹¹ If Yes, what is your TDA egg license no.?

7i) If eggs are sold as retail or direct, provide a copy of the label to be used on the product packaging with this application.

FIBER **Fiber Not Produced**

8a) Are animals that are raised for fiber sheared/de-haired on farm? Yes¹² No

¹² If Yes, how is equipment cleaned and maintained?

If materials are used in cleaning or maintaining equipment, provide the following: N/A

Brand Name	Manufacturer	Ingredients	Restriction as listed in the
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	

8b) Is equipment used on non-organic livestock? Yes¹³ No

¹³ If Yes, how is it cleaned to prevent contamination?

8c) Is any other organic fiber processing done on the farm? Yes¹⁴ No

¹⁴ If Yes, complete Processor (Fiber-Textile Manufacturing Supporting Documentation ROR-605).

Farm and Livestock Information C) 5b.

Brand Name	Manufacturer	Ingredients (Product Label)	Purpose for use	How used in parlor
------------	--------------	--------------------------------	--------------------	-----------------------

(b) (4)

A large black rectangular redaction box covers the content of the table below the header. The text "(b) (4)" is printed in red at the top left corner of this redacted area.

Business Name: Natural Prairie Dairy Farms, LLC

ORIGIN OF LIVESTOCK §205.238

9a) How were/are livestock transitioned to organic production? N/A

(b) (4)

9b) Are replacement animals raised on farm through natural breeding? (b) (4)

9c) Are replacement animals raised on farm through an artificial breeding system?

9d) Are replacement animals purchased from an organic breeder?

If Yes, fill out the information below:

Purchase Date: (b) (4)

Supplier:

Supplier Certifier:

9e) Are replacement animals purchased from a non-organic source? (b) (4)

*Documentation must be on file and available for inspection to confirm the status and history of each purchased animal.

SECTION D

9f) Are dairy and breeder stock under organic management from the last third of gestation? (b) (4)

9g) Are dairy animals under continuous organic management for at least one year prior to the production of milk or milk products that are to be sold, labeled, or represented as organic?

9h) Are poultry under continuous organic management beginning no later than the second day of life?

9i) How are the animals individually identified? Please choose all of the following that apply:

*Note: It is required that an identification system be in place so that an auditor can verify the organic status of any and all animals.

(b) (4) Individually numbered: (b) (4)

(4) Tattoo

Radio Frequency Identification (RFID) tag

Written description of physical characteristics or unique markings with accompanying

Brand

Ear notch

Age groups (poultry)

Purchased groups (poultry)

Other (specify):

Business Name:

Natural Prairie Dairy Farms, LLC

LIVESTOCK FEED §205.237

1 FEED RATION TABLE

10a) Please provide the feed ration for each of the individual production groups and for each season:

SECTION E

Production Group:	Ration ID:	Date range in which the ration is used:	
See attached for all groupings		-	
Ingredient:	Quantity:	<input checked="" type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
		-	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
		-	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
		-	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
		-	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹

¹ For purchased feed, proof of organic certification needs to be on file & available to the inspector. Refer to question 10b for further documentation.

Business Name:

Natural Prairie Dairy Farms, LLC

2 FEED MANAGEMENT

10b) Please describe source information for any purchased feed:

Purchased Feed	Supplier	Supplier Certifier ²	Delivered	
See attached			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

² Must have current certification information on file for any feed supplier.

10c) Please describe where feed is stored on-farm:

(b) (4)

10d) Are silage or other feed inoculants utilized?

(b) (4)

³ If Yes, documentation must be provided that confirms any bacteria/fungus/yeast in the product is not genetically modified.

Inoculant Brand Name	Manufacturer	Ingredients
----------------------	--------------	-------------

(b) (4)

10e) List any feed processing (roasting, grinding, etc.) that is done on farm and the equipment used in that process:

Processing:	Equipment:
-------------	------------

(b) (4)

10f) If processing equipment is used for non-organic products, describe how equipment is cleaned and how the cleaning is documented before organic is processed:

Not used for non-organic products, used exclusively organic.

10g) If feed is processed off-farm, provide which feed is processed, what process is used, the name of the processor, and the certification agency of the processor:

Feed Processed	Type of Processing	Name of Company	Certification Agency of the Processing Company
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(b) (4)

SECTION E (continued)

Business Name: Natural Prairie Dairy Farms, LLC

SECTION E (continued)

2 FEED MANAGEMENT (CONTINUED)

11a) Provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) provide a full ingredient list of the product. Attach any labels/ingredient information. Please note that the guaranteed analysis is not a complete list of ingredients.
Agricultural ingredients in feed supplements (middlings, carriers, molasses, herbs, etc.) are required to be organic.

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

11b) Please list all source(s) of water provided for the animals and where they are located:

Source:	Well water	Available to:	All cattle
Source:		Available to:	
Source:		Available to:	
Source:		Available to:	

11c) Do you have your water tested? Yes¹ No

¹ If Yes, provide your most current information:

Date of Test	Materials Tested for	Results
2/8/2011	Hardness	7 grains of hardness

11d) How are the water sources cleaned or routinely maintained?
 All water troughs are cleaned daily.

11e) Are materials used to clean or maintain watering sources? Yes⁵ No

⁵ If Yes, provide the following information about the materials used:

Brand Name	Manufacturer	Ingredients
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment

Business Name:

Natural Prairie Dairy Farms, LLC

2 FEED MANAGEMENT (CONTINUED)			
SECTION E (continued)	12a) Have you fed plastic pellets for roughage to animals under organic management?	<input type="checkbox"/> Yes ⁶	<input checked="" type="checkbox"/> No
	<i>⁶ If Yes, have they been removed from organic production?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12b) Have you fed formulas containing urea or manure to animals under organic management?	<input type="checkbox"/> Yes ⁷	<input checked="" type="checkbox"/> No
	<i>⁷ If Yes, have they been removed from organic production?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12c) Have you fed mammalian or poultry by-products to animals under organic management (this includes meals and compost spread on pastures)?	<input type="checkbox"/> Yes ⁸	<input checked="" type="checkbox"/> No
<i>⁸ If Yes, have they been removed from organic production?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

FEED MANAGEMENT (CONTINUED)

11a) Provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) provide a full ingredient list of the product. Attach any labels/ingredient information. Please note that the guaranteed analysis is not a complete list of ingredients.

Agricultural ingredients in feed supplements (middlings, carriers, molasses, herbs, etc.) are required to be organic.

Brand Name	Manufacturer	Delivery Method	Frequency fed to Livestock
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(b) (4)

Business Name: Natural Prairie Dairy Farms, LLC
LIVESTOCK FEED

(b) (4)



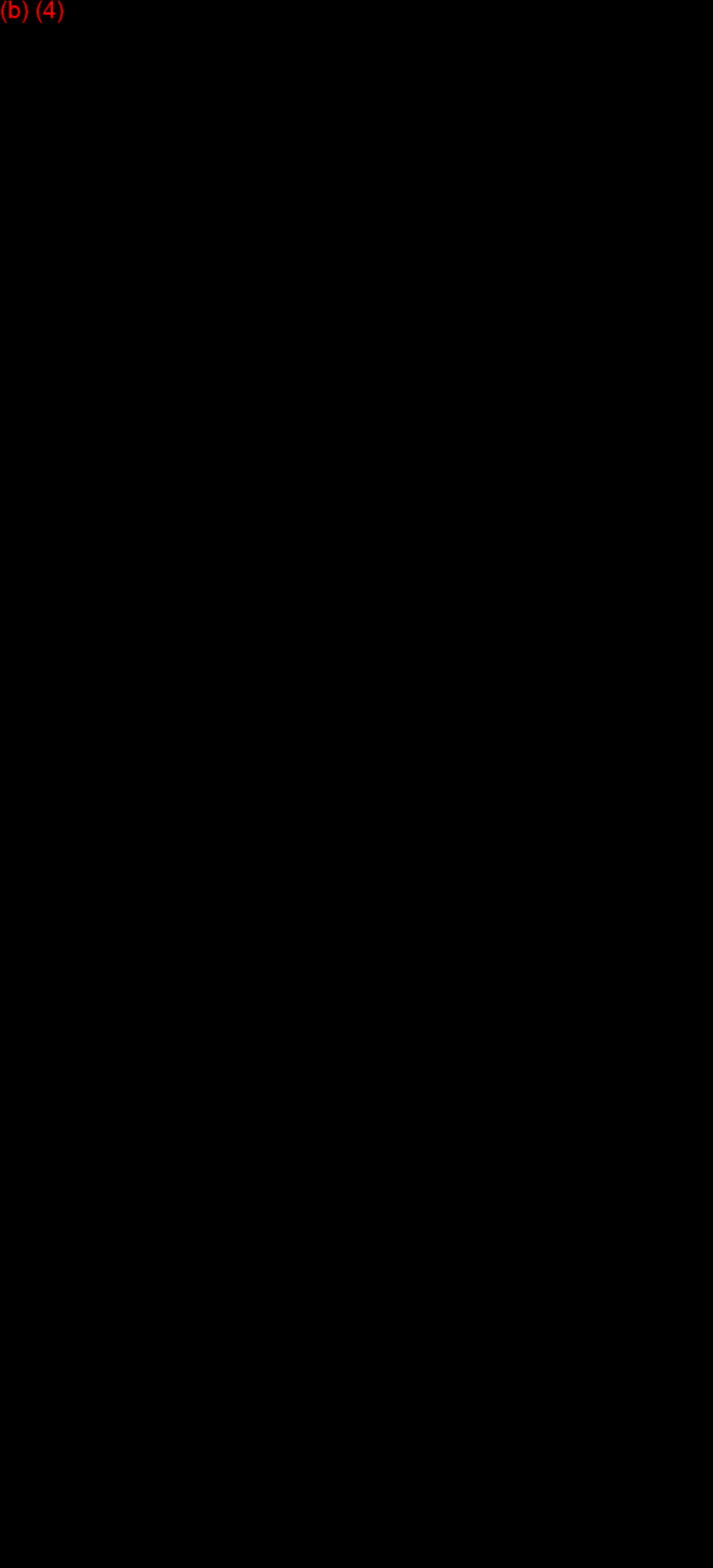
(b) (4)



(b) (4)



(b) (4)



Livestock Feed (E) - 2. 10b

Business Name: Natural Prairie Dairy Farms, LLC

LIVESTOCK HEALTH CARE		\$205,238
HEALTH MANAGEMENT		
13a) List the breed(s) for each livestock group you raise:		
Livestock Species: (Cattle, sheep, swine, etc.)	Breed(s):	
Dairy Cattle	Holstein and Jersey Cross	
13b) List the traits of this breed that are suitable to your environment, production system or market needs: These breeds are known to be excellent dairy breeds.		
14) Are vaccines used in your health management program?		(b) (4)
¹ If Yes, list the vaccines used:		
Brand Name:	Manufacturer:	Age/When Given:
(b) (4)		
How Administered:		
15) What are the preventative measures taken to prevent illness or stress from external and internal parasites?		
(b) Dry and clean living conditions (4) Monitoring of nutrition Isolation of sick animals Pasture/outdoor area rotation Living area rotations Selective breeding Bio-security for the farm/ranch. What measures are used? Cleaning of the living areas between groups Sanitation, using materials, of living areas between groups ²		
² If this is chosen, complete the table below:		
Brand Name:	Manufacturer:	Ingredients:
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
<input type="checkbox"/> Other (specify):		

SECTION F

Reviewed & Received 11/28/11
(b) (6)

14) Are vaccines used in your health management program?

(b) (4)

¹If Yes, list the vaccines used:

(b) (4)

Received & Reviewed
11/28/2011

(b) (6)

Received & Reviewed
11/28/2011

(b) (6)

Natural Prairie Dairy Farm

Vaccination Protocol

(b) (4)



18.4 of 30
Received & Reviewed
11/28/2011 (b) (6)

(b) (4)



Dated: 11/23/11

Business Name:

Natural Prairie Dairy Farms, LLC

HEALTH MANAGEMENT (CONTINUED)

16) How is the health of animals evaluated?

(b) Body condition scoring

(4) Physical characteristics

Testing (specify): Test for milk production every 2 weeks.

Production

Visual assessment

Behavior

Other (specify):

17) Please list the products that are part of your health management program:

* Attach copies of labels/ingredient information.

Brand Name:	Manufacturer:	Ingredients:	Purpose of Material:
(b) (4)			

(b) (4)

SECTION F (continued)

18) List the disease or ailment concerns in your area or within your herd/flock:

N/A - general herd health issues.

19) Where are health materials stored on the farm?

(b) (4)

20) Who is responsible for administering health treatments? Herdsman

21) How are those responsible for feeding or administering health treatments trained with regard to the organic regulation?

(b) (4)

22) Is a veterinarian part of your health management program?

Yes¹

No

¹ If Yes, please provide their contact information:

(b) (4)

(b) (4)

¹ If Yes, are they familiar with treating organic livestock and the organic regulation requirements?

Yes

No

Business Name: Natural Prairie Dairy Farms, LLC

HEALTH MANAGEMENT (CONTINUED)

23) Which of the following physical alterations are performed, with what method, and at what age are they performed?

**Note: Physical alterations must be done for the benefit of the animal, and in a way that minimizes pain and stress.*

Alteration:	Method:	Age Performed:	Pain prevention method or pain management agent used?
-------------	---------	----------------	-------------------------------------------------------

(b) (4)

SECTION F (continued)

1 If Yes was chosen above for pain prevention method used, describe those practices:

n/a

1 If Yes was chosen above for pain management agent used, list materials used and attach labels/ingredient information:

Brand Name:	Manufacturer:	Ingredients:
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment

24a) What is the average culling rate for your herd/flock per year? (b) (4)

24b) What are the reasons animals are culled from your herd/flock?

25a) What is the average death rate for your herd/flock per year?

25b) By what method are carcasses disposed?

- (b) Burial
- (4) Composting
- Incineration
- Removed from farm through professional services
- Other (specify):

Business Name:

Natural Prairie Dairy Farms, LLC

SECTION F (continued)	HEALTH MANAGEMENT (CONTINUED)		
	26) Have any of the following been applied or administered to any animals under organic management?		
	Hormones:	<input type="checkbox"/> Yes ⁵	<input checked="" type="checkbox"/> No
	Synthetic Parasiticides on a routine basis:	<input type="checkbox"/> Yes ⁵	<input checked="" type="checkbox"/> No
	Synthetic Parasiticides to slaughter stock:	<input type="checkbox"/> Yes ⁵	<input checked="" type="checkbox"/> No
	Antibiotics:	<input type="checkbox"/> Yes ⁵	<input checked="" type="checkbox"/> No
	⁵ If Yes to any of the above, have these animals been removed from organic production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ⁷
	Probiotics:	<input type="checkbox"/> Yes ⁶	<input checked="" type="checkbox"/> No
⁶ If Yes, were the probiotics from a synthetic or genetically modified organism (GMO) source?	<input type="checkbox"/> Yes ⁸	<input type="checkbox"/> No	
⁸ If Yes, have these animals been removed from organic production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ⁷	
⁷ If No, explain:			

Business Name:

Natural Prairie Dairy Farms, LLC

LIVESTOCK LIVING CONDITIONS

§205.239

1 TEMPORARY CONFINEMENT

27) Select the reasons that animals are temporarily confined:

- (b) Inclement weather
- (4) Animal's stage of life (*note: lactation is not a stage of life that warrants confinement)
- Conditions under which the health, safety or wellbeing of the animal could be jeopardized
- Risk to soil or water quality
- Preventative healthcare procedures or for the treatment of illness or injury
- Sorting or shipping animals and livestock sales
- Breeding
- Youth projects or competitions (fairs, shows, etc.)
- Dry off/end of lactation
- Parturition
- Shearing
- Finishing
- Other (specify):

***Note that temporary confinement situations often have a specific time limit or restrictions that must be observed and documented.*

2 OUTDOOR ACCESS

28) Do all animals under organic management have access to the outdoors? Yes No¹

¹ If No, you will be required to develop a plan to allow outdoor access.

29) Are outdoor access areas managed to provide forage? Yes No²

² If No, what is available as ground cover?

² If No, how are outdoor conditions maintained to reduce pest or disease issues?

30) Choose all of the following that apply to the living conditions provided for all production groups:

- Animals have room to perform natural maintenance (grooming, removing, or dealing with pests, etc.)
- Animals have adequate room to perform comfort behaviors (laying down & chewing cud, roosting, scratching, rooting, bathing, etc.)
- Animals have adequate room to fully stretch limbs
- Animals have adequate room to stand up completely
- Animals have adequate room to move about freely
- Animals have adequate room to lay down completely
- Animals have enough space so that when eating or being fed they do not compete
- Animals have the opportunity to exercise
- Controlled temperature level

(b) How are temperature levels controlled? (b) (4)

What system is used to control temperature?

Adequate ventilation

How is the ventilation controlled?

What system is used to control ventilation?

SECTION C

Business Name:

Natural Prairie Dairy Farms, LLC

2 OUTDOOR ACCESS (CONTINUED)

(b) Adequate air circulation suitable to the species

How is air circulation controlled? (b) (4)

What system is used for air

(b) Safe environment that reduces the potential for livestock injury

(4) Pen or shelter with roof and some walls

Open-air pen

Mobile housing

Other (specify):

31a) What type of bedding is provided in confinement areas?

Bedding type:

Source of bedding:

(b) (4)

**Note that if roughage is used as bedding, it must be organic from a certified organic operation.*

Typically, how often is the bedding changed or replaced?

(b) (4)

How is the bedding disposed after removal from the confinement area?

(b) (4)

31b) (Poultry only) What nesting material is provided and how often is that material changed, replaced, or replenished?

32) What methods are used for pest management control?

(b) Mechanical traps

(4) Predators

Cleanliness

Materials* (list below and attach labels/ingredient information)

Other (specify):

*Brand

*Manufacturer

*Ingredients

(b) (4)

33) What methods are used for predator control?

(b) (4)

SECTION G (continued)

Business Name:

2 OUTDOOR ACCESS (CONTINUED)

Manure Management

34) Is manure management monitored by County, State, Federal Agency, or other organization?

Yes³ No

¹ If Yes, what agency or organization?

Texas Commission on Environmental Quality

¹ If Yes, what program or license requires it?

CAFO/Livestock Program

¹ If Yes, are you audited/inspected for that plan?

Yes No

35a) What type of containment system is used for the solid manure and what is the holding capacity?

(b) (4)

35b) What type of containment system is used for liquid manure or slurry and what is the holding capacity?

(b) (4)

36) Is the manure used in a compost production system?

(b) (4)

¹ If Yes, does that production system incorporate the NOP compost standards?

37) If manure is used on farm, how many acres are available for it to be spread on?

38) Please check all of the following that are used within your manure management system to prevent contamination of crops, water, and/or soil from excessive nutrients, heavy metals, or pathogenic organisms and that demonstrate recycling of nutrients?

(b) (4) Regular soil tests of applicable areas

(4) Rotation of acreage in which manure is spread (if applicable, please briefly describe the rotation):

(b) (4)

Barriers to prevent run off of stored manures

Dilution of liquids during application

Manures are used in a composting or vermicomposting system

Other (specify):

SECTION G (continued)

Business Name:

Natural Prairie Dairy Farms, LLC

3 STOCKING RATES

39) Fill out the following information regarding stocking rates of your livestock (if a particular category does not pertain to you enter a "0"):

Cattle		<input type="checkbox"/> N/A				
Cattle- Adult: Max. # adult animals	Cattle- Adult: Indoor floor area for adult animals (Sq. ft.)	Cattle- Adult: Outdoor runs and pen area, not incl. pasture for adults (Sq. ft.)	Cattle- Adult: Pasture devoted to grazing (acres)	Cattle- Finishing: Max # of adult animals in final finishing phase	Cattle- Finishing: Total size of finishing area (Sq. ft.)	Cattle- Young Stock: Max. # young stock

(b) (4)

Cattle- Young Stock: Indoor floor area for young stock (Sq. ft.)	Cattle- Young Stock: Outdoor runs and pen area for young stock (Sq. ft.)	Cattle- Young Stock: Pasture devoted to grazing (acres)	Cattle- Calves: Width of individual housing if used (ft.)	Cattle- Calves: Outdoor area accompanying individual calf housing, if used (Sq. ft.)
------------------------------------------------------------------	--------------------------------------------------------------------------	---------------------------------------------------------	-----------------------------------------------------------	--------------------------------------------------------------------------------------

(b) (4)

SECTION G (continued)

Chickens & Turkeys N/A

Chickens- Layers: Max # layer hens	Chickens- Layers: Indoor floor area for layer hens (Sq. ft.)	Chickens- Layers: Outdoor run area for layers (Sq. ft.)	Chickens- Layers: Pasture available for rotation (acres)	Chickens- Broilers: Max # of broiler birds	Chickens- Broilers: Max. weight of birds per square foot indoors (Lbs per sq. ft.)	Chickens- Broilers: Outdoor run area for broilers (Sq. ft.)
------------------------------------	--------------------------------------------------------------	---------------------------------------------------------	----------------------------------------------------------	--------------------------------------------	------------------------------------------------------------------------------------	-------------------------------------------------------------

Chickens- Broilers: Pasture available for rotation (acres)	Turkeys- Max #	Turkeys: Max weight of birds per sq. foot indoors (Lbs per sq. ft.)	Turkeys: Max weight of birds per sq. foot in outdoor runs (Lbs per sq. ft.)	Turkeys: Pasture available for rotation (acres)
------------------------------------------------------------	----------------	---------------------------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------------

Business Name:

Natural Prairie Dairy Farms, LLC

SECTION G (continued)

3 STOCKING RATES (CONTINUED)

Sheep & Goats		<input checked="" type="checkbox"/> N/A				
Goats: # of kids	Goats: Total indoor floor area available for both adults and kids (sq. ft.)	Goats: Outdoor runs and pen area, not incl. pasture. (Sq. ft.)	Goats: Pasture devoted to grazing (acres)	Sheep: Max. # adult animals	Sheep: Maximum # lambs	Sheep: Total indoor floor area available for both adults and lambs (Sq. ft.)
Sheep: Outdoor runs and pen area, not including pasture. (Sq. ft.)	Sheep: Pasture devoted to grazing (acres)					

Swine N/A

Max # of sows in group pens	Indoor floor area for sows in group pens (sq. ft.)	Outdoor runs and pen area for sows (sq. ft.)	Max # of boars in individual pens	Indoor floor area for boars in individual pens (sq. ft.)	Outdoor runs and pen area for growing pigs up to 65lbs (sq. ft.)	Max # of growing pigs up to 65lbs
Indoor floor area for growing pigs up to 65lbs (sq. ft.)	Outdoor runs and pen area for growing pigs up to 65lbs (sq. ft.)	Max # of growing pigs 65lbs-110lbs	Indoor floor area for growing pigs 65-110lb (sq. ft.)	Outdoor runs and pen area for growing pigs 65-110lbs (sq. ft.)	Max # of growing pigs 110-185lbs	Indoor floor area for growing pigs 110-185lbs (sq. ft.)
Outdoor runs and pen area for growing pigs 110-185lbs (sq. ft.)	# of growing pigs >185lbs	Indoor floor area for growing pigs >185lbs (sq. ft.)	Outdoor runs and pen area for growing pigs >185	Sows and piglets (up to 40 days old)	Indoor fl area for ea sow and litter (sq. ft.)	Outdoor runs and pen area for ea sow and litter (sq. ft.)

Business Name: Natural Prairie Dairy Farms, LLC

PASTURE PRACTICE STANDARD		§205.237 & §205.240			
ACCESS TO PASTURE					
40a) (Poultry only) Does poultry have access to pasture year-around?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹	<input checked="" type="checkbox"/> NA	
40b) (Swine only) Does swine have access to pasture year-around?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹	<input checked="" type="checkbox"/> NA	
¹ If No, you will be required to develop a plan to allow year-around access to pasture.					
40c) (Poultry only) How is pasture quality monitored and maintained for poultry?		<input checked="" type="checkbox"/> NA			
40d) (Swine only) How is pasture quality monitored and maintained for swine?		<input checked="" type="checkbox"/> NA			
The following questions are for ruminant animals only.					
41) At what age are ruminants given access to		(b) (4)			
*Note: Animals older than 6 months of age are required to have access to pasture.					
42) Provide the pasture access information for each of your ruminant production groups:					
SECTION H	Production Group	Projected Pasture Schedule (List start and end dates)	Pasture(s) Available (List pasture ID's)	Acres	Number of Head
	(b) (4)				
43) What are the months of your typical forage growing season?		(b) (4)			
44) What months are you typically able to graze?		(b) (4)			
45) Describe your grazing methods or program:		(b) (4)			
46) What method is used to calculate dry matter demand (DMI) for each production group?		(b) (4)			
47a) How is the quality of pasture monitored and maintained?		(b) (4)			

Business Name: Natural Prairie Dairy Farms, LLC

SECTION H (continued)	¹ ACCESS TO PASTURE (CONTINUED)	
	47b) Is the pasture(s) of quality and quantity to provide all ruminants under organic management with an average of not less than 30% of their dry matter intake (DMI) from grazing throughout the grazing season?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	² If No, you will be required to develop a grazing plan that will meet this requirement.	
	² PASTURE REQUIREMENTS	
	Ruminant Livestock Only	
	Are you applying for organic livestock certification for the first time?	<input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
	³ If Yes, you must submit form ROR-623 Organic Livestock Dry Matter Worksheet. This form must be completed as an annual projection of pasture dry matter intake (DMI) (March 1 - last day of February) to indicate compliance under §205.237, §205.239, and §205.240 of the National Organic Program (NOP) regulations. This form must be completed and attached with this application. Attachments may be included with this form that give the appropriate information in determining DMI from pasture. These forms are subject to approval by the TDA Organic Certification Program.	
	Are you applying for your organic livestock certification annual update?	<input checked="" type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
⁴ If Yes, you must complete and submit form ROR-623 Organic Livestock Dry Matter Intake Worksheet to the Texas Department of Agriculture Organic Certification Program 30 days following each certification fiscal year quarter. The TDA Organic Certification Program uses this form to evaluate your compliance with section §205.237, §205.239, and §205.240 of the NOP regulations. Attachments may be included with this form that give the appropriate information in determining DMI from pasture. These forms are subject to approval by the TDA Organic Certification Program.		
All Livestock and Poultry		
Are you applying for organic livestock certification for the first time?	<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No	
⁵ If Yes, you must submit form ROR-624 Organic Livestock Outdoor Access Calendar. This form must be completed as an annual projection of pasture access (March 1 - last day of February) to indicate compliance under §205.239 of the National Organic Program (NOP) regulations. This form must be completed and attached with this application.		
Are you applying for your organic livestock certification annual update?	<input checked="" type="checkbox"/> Yes ⁶ <input type="checkbox"/> No	
⁶ If Yes, you must submit form ROR-624 Organic Livestock Outdoor Access Calendar. This form must be completed to indicate your compliance under §205.239 of the NOP regulations. This form must be completed and attached with this application.		

Business Name:

Natural Prairie Dairy Farms, LLC

RECORD KEEPING		§205.103
SECTION I	48) Please mark all the records that are currently maintained:	
	<input checked="" type="checkbox"/>	Documentation of purchased animals organic status, age at purchase, management history and identification.*
	<input checked="" type="checkbox"/>	Health treatments: Identification of animal or group treated, date of treatment, treatment given.*
	<input checked="" type="checkbox"/>	Purchased feed and supplements: Receipts, organic certificates, content information, etc.*
	<input checked="" type="checkbox"/>	Sales.*
	<input checked="" type="checkbox"/>	Animal Identification.*
	<input checked="" type="checkbox"/>	Production: Quantities, dates, etc.*
	<input checked="" type="checkbox"/>	Material ingredient information.*
	<input checked="" type="checkbox"/>	Veterinary services: Dates, treatments or services rendered, supplies invoiced, etc.*
	<input checked="" type="checkbox"/>	Complaint management.*
	<input checked="" type="checkbox"/>	Ration: Amounts purchased, stored, fed, contents, etc.*
	<input checked="" type="checkbox"/>	Breeding records.
	<input checked="" type="checkbox"/>	Birthing/hatching records.
	<input checked="" type="checkbox"/>	Feed storage system.
	<input checked="" type="checkbox"/>	Feed inventory.
<input checked="" type="checkbox"/>	Culling and/or death loss.	
<input checked="" type="checkbox"/>	Shipping/transportation.	
<input type="checkbox"/>	Other (specify):	
<p><i>*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.</i></p>		

Business Name:

Natural Prairie Dairy Farms, LLC

AFFIRMATION

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the 36 month period prior to projected harvest. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.

The responsible party, by and through their personal or agent's signature below:

- (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;
- (2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and
- (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

SECTION J

Signature of Responsible Party:

(b) (6)

Date:

11/23/11

Print Name: Cheryl DeJong

I have attached the following documents:

- Notice(s) of non-compliance or denial of certification from other certifying agencies
- Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- Form ROR-600 Organic Certification Application
- Form ROR-623 Organic Livestock Dry Matter Worksheet (Ruminants only)
- Form ROR-624 Organic Livestock Outdoor Access Calendar (All livestock and poultry)
- I have made copies of this form and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:

Texas Department of Agriculture (TDA)
 Organic Certification Program
 P.O. Box 12847
 Austin, TX 78711

Received 11/28/11

(b) (6)

Revised 5/13/2010

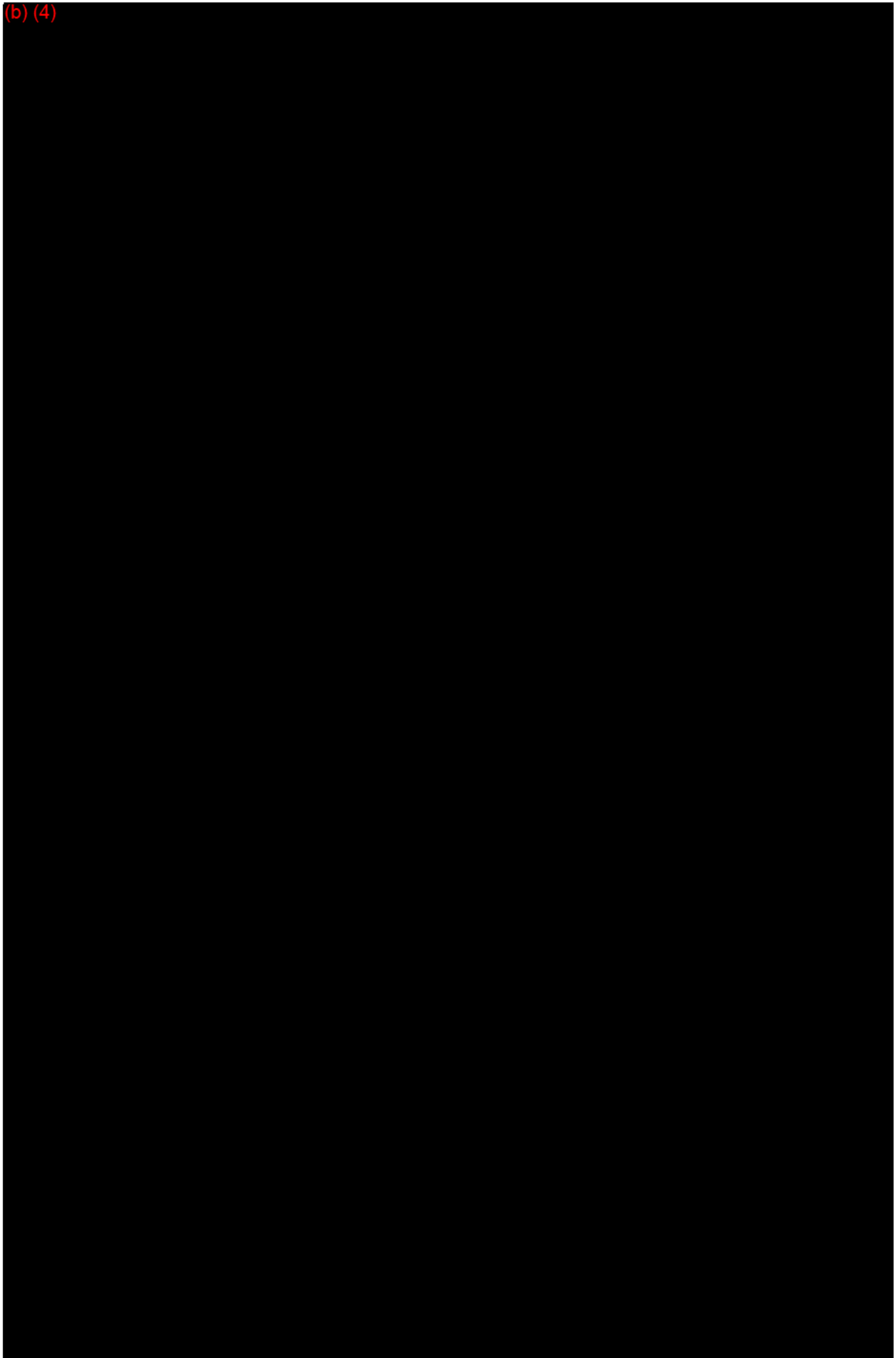
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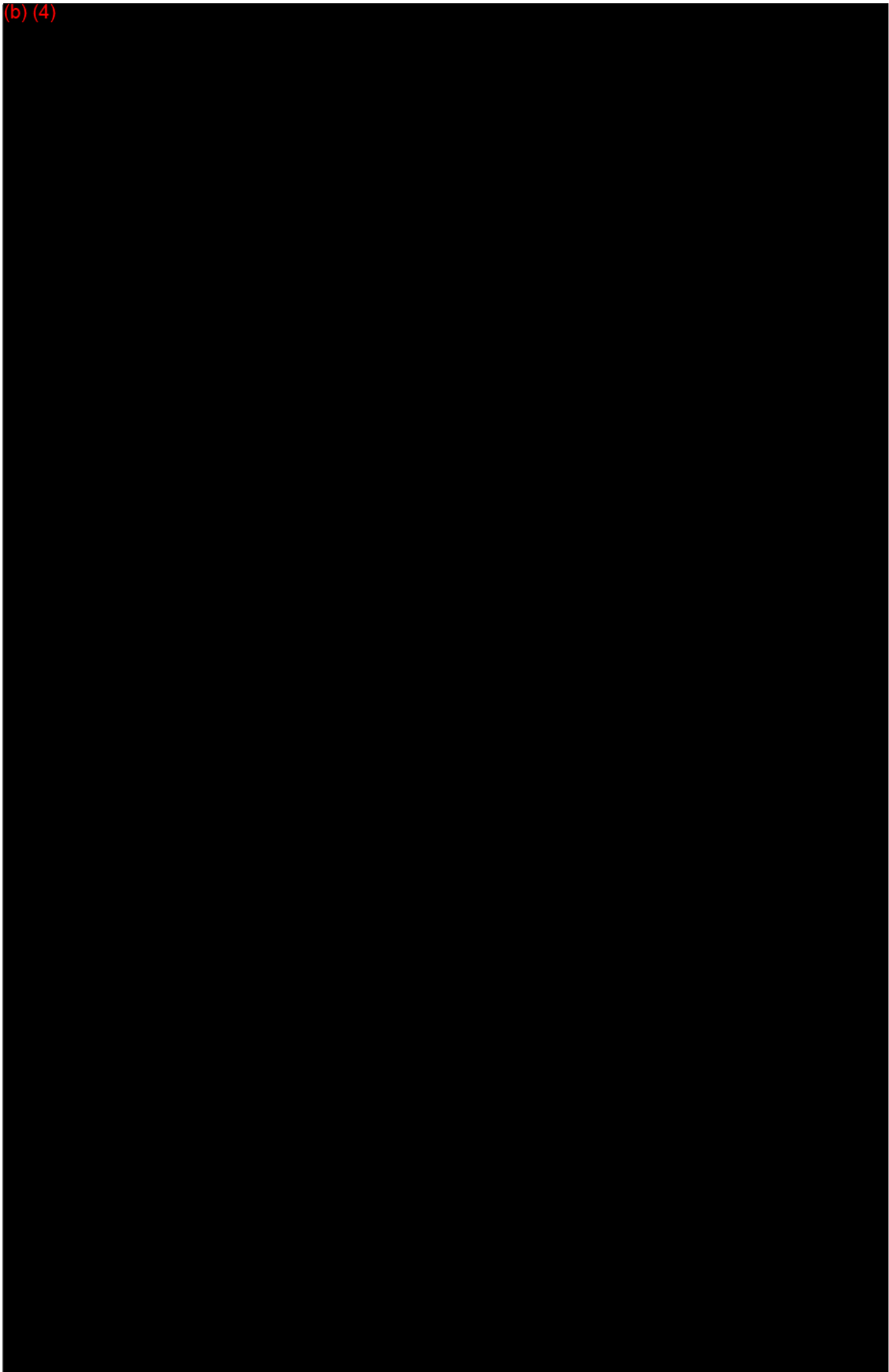
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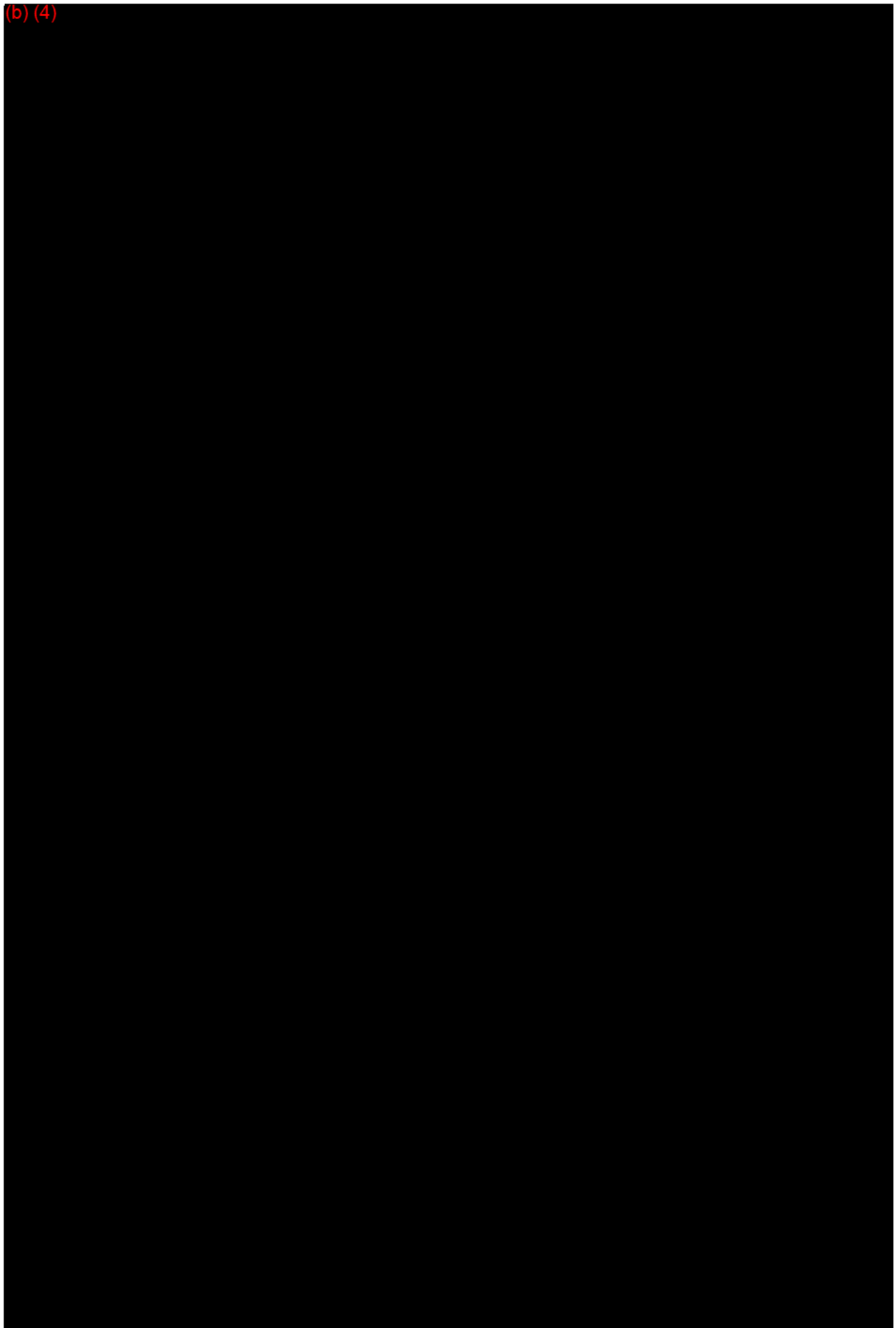
(b) (4)



(b) (4)



(b) (4)



Farm and Livestock Information: C) 5 a.

Natural Prairie Dairy Farms Milking Equipment

(b) (4)



Natural Prairie Dairy Farms

Bulk Tank Wash Instructions

(b) (4)



**Handling of Organic Milk
Natural Prairie Dairy Farms**

(b) (4)



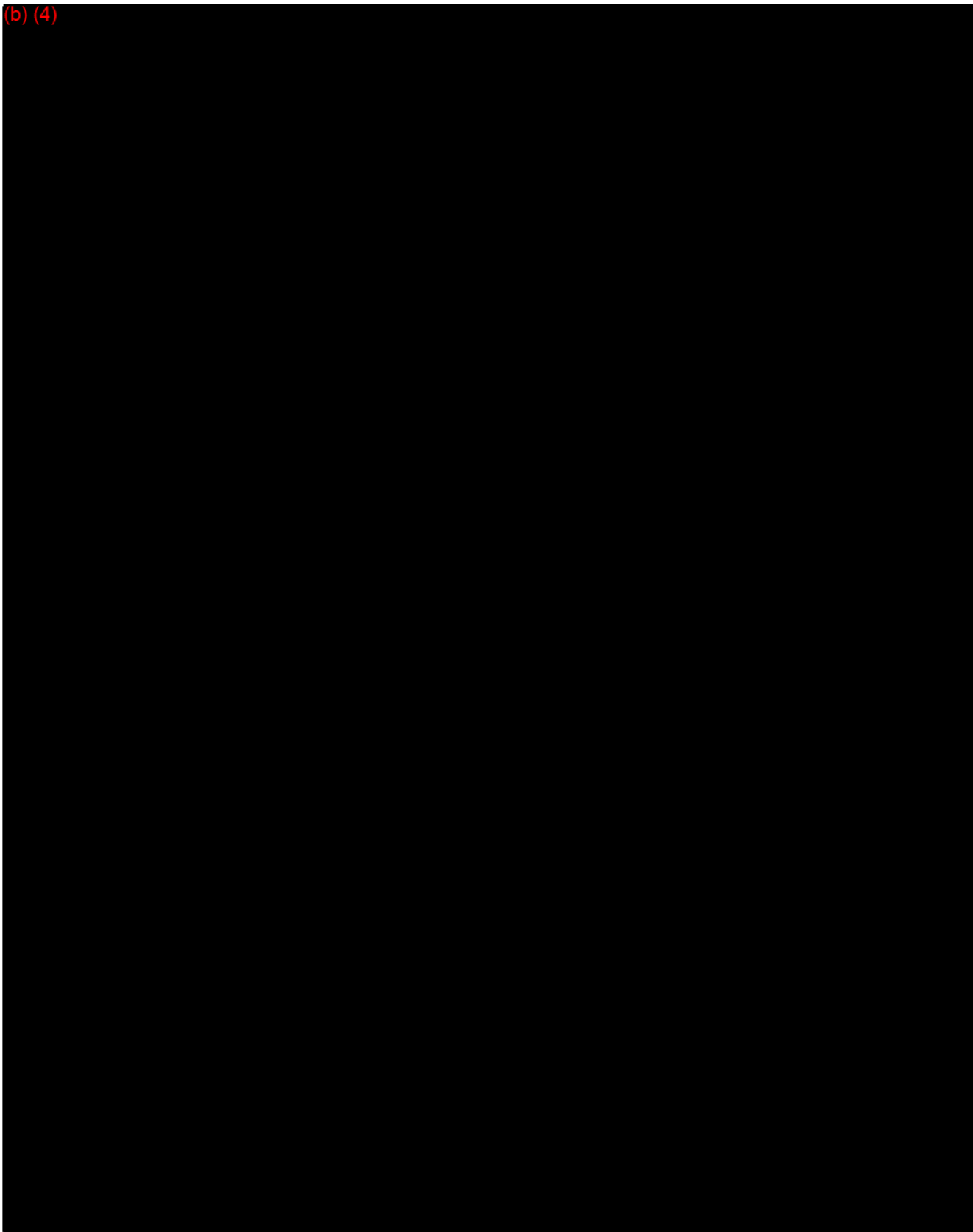
Natural Prairie Dairy Farms

Quality Control Procedures

(b) (4)



(b) (4)



(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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(b) (4)

(b) (4)

MATERIAL SAFETY DATA SHEET

(b) (4)

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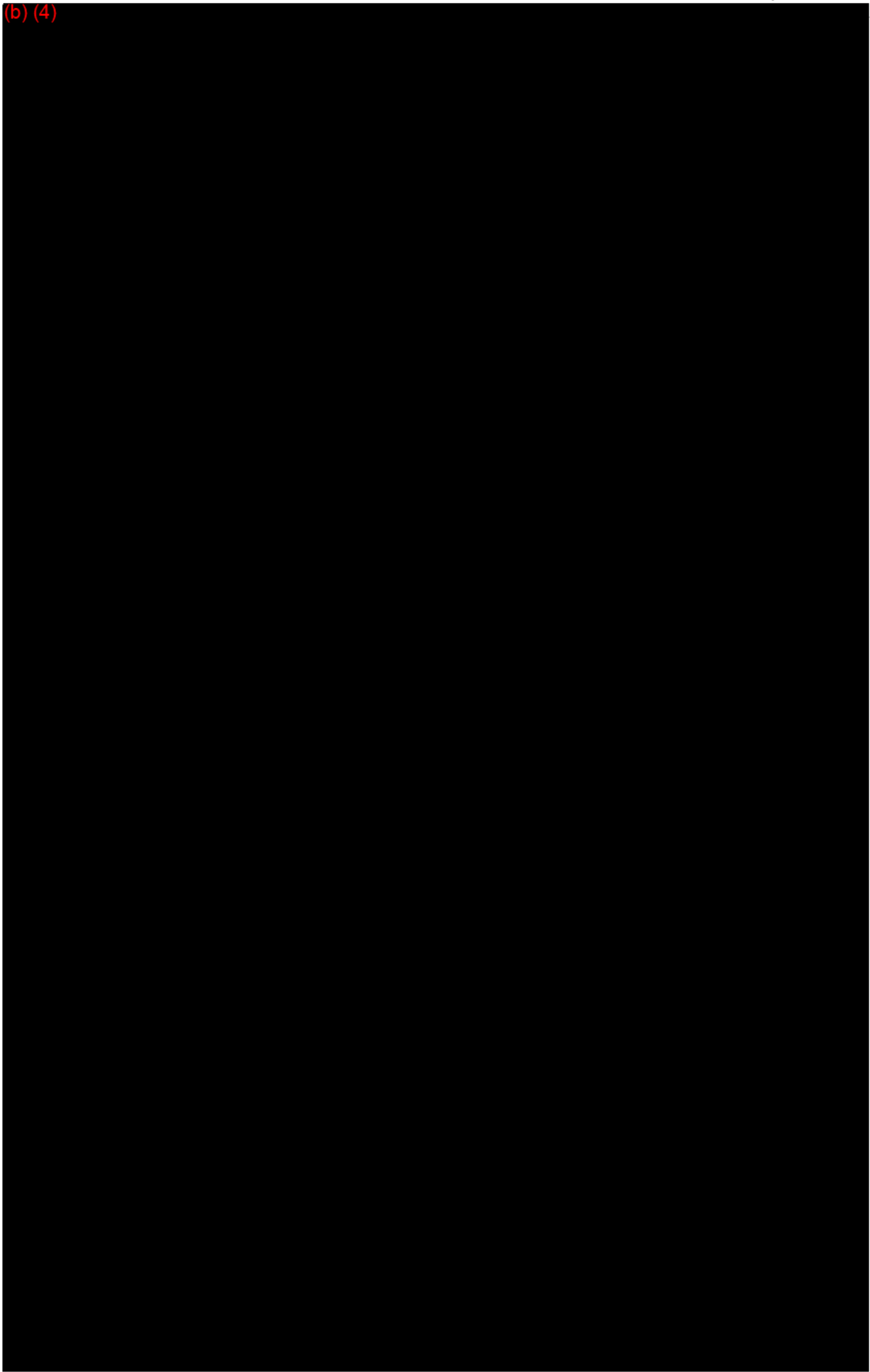
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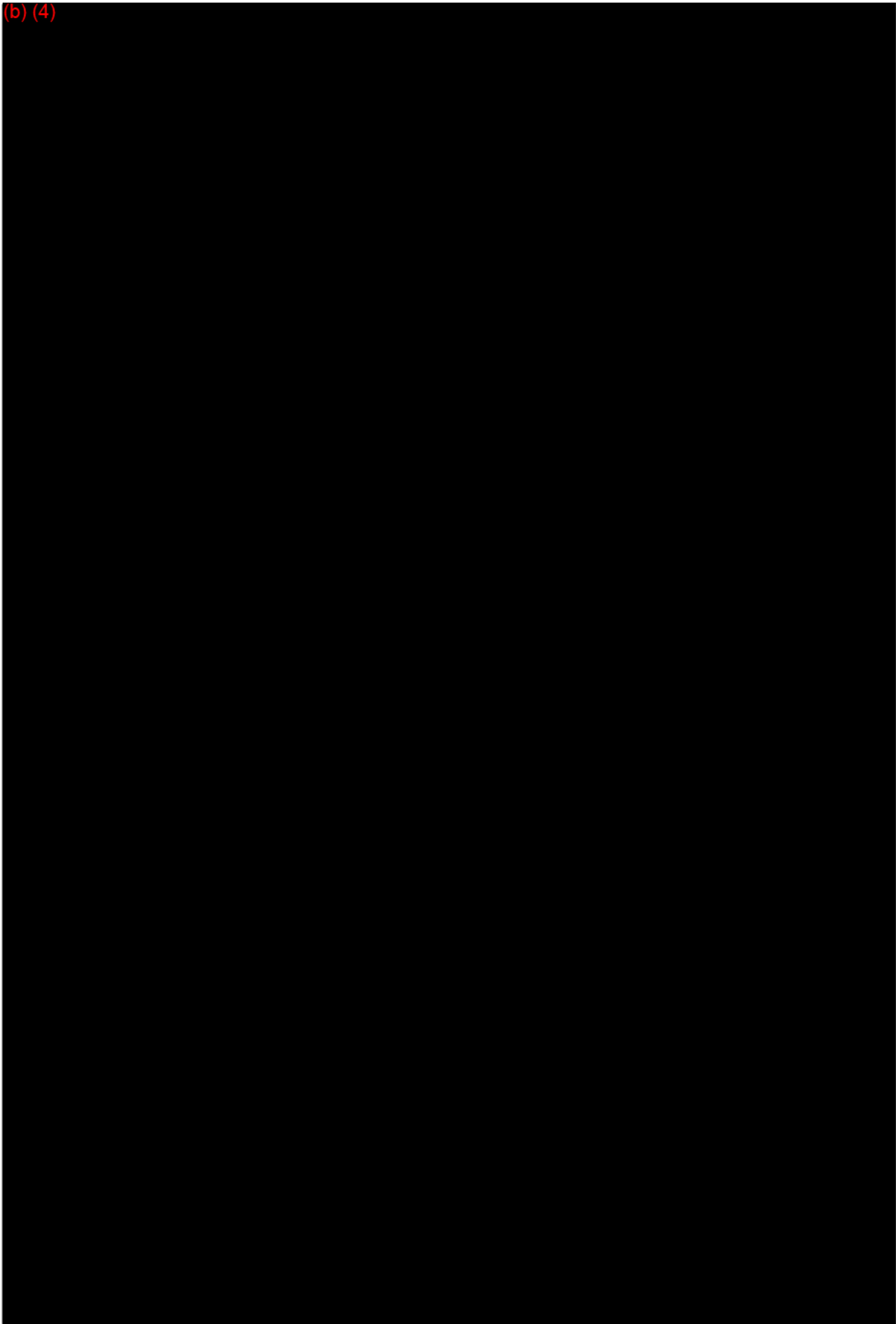
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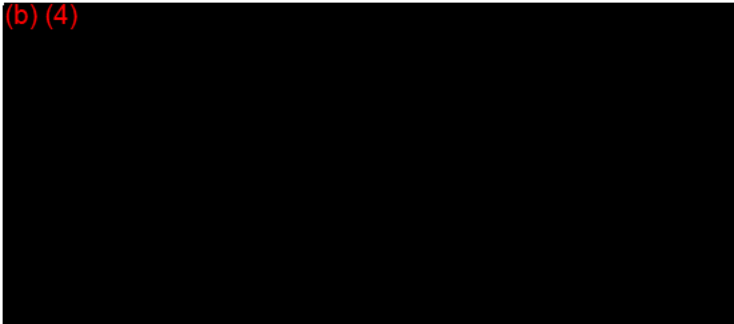


Certificate of Compliance
Certified Organic



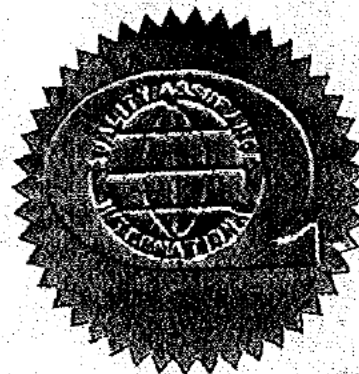
Certified Entity

(b) (4)



Type of Operation Livestock (Dairy)
Location Inspected Per Attached Schedule
Effective Date December 20, 2006

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.

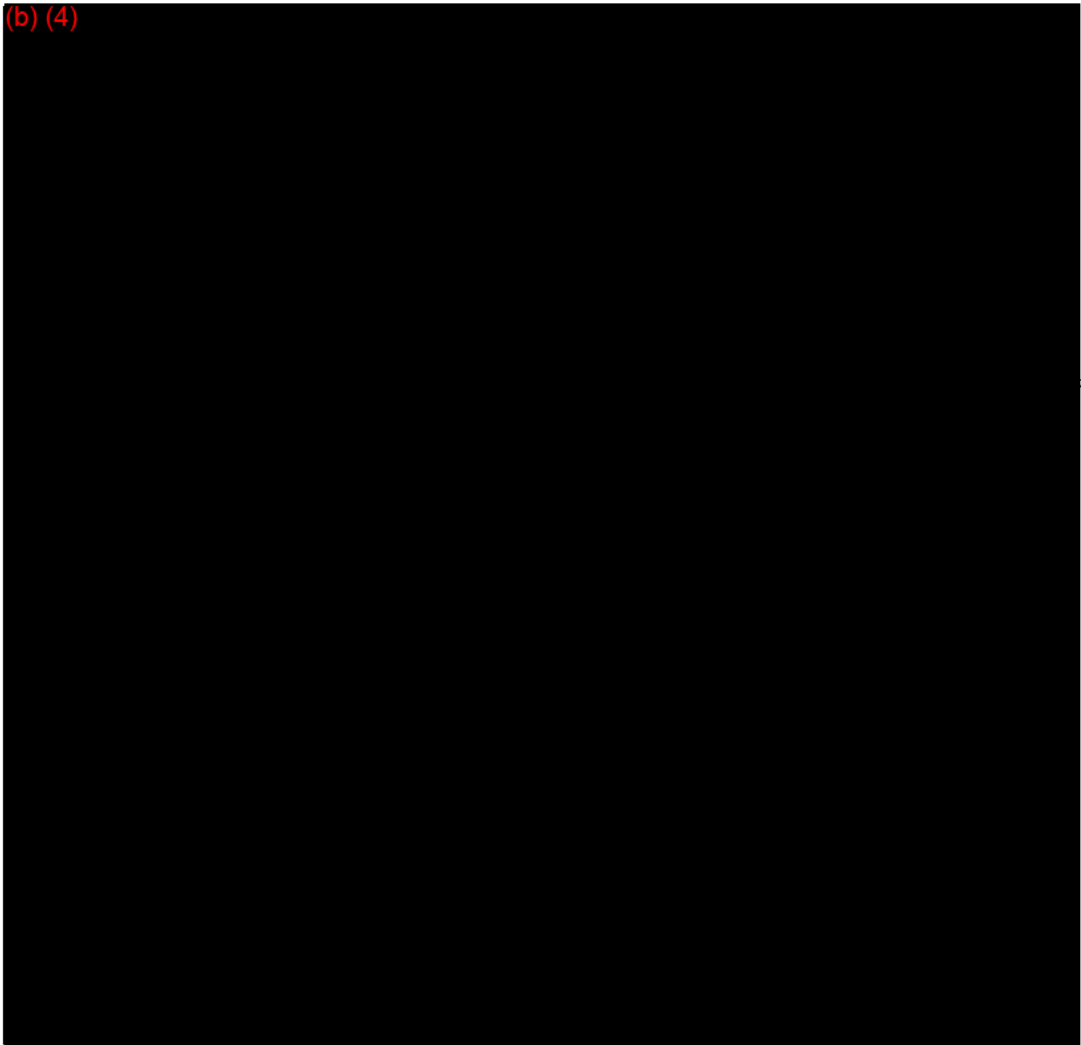


Certification valid until surrendered, suspended or revoked.

QUALITY ASSURANCE INTERNATIONAL

9191 Towne Centre Drive, Suite 510 • San Diego California, U.S.A. • (858) 792-3531 • Fax: (858) 792-8665

(b) (4)





Organic System Plan Summary

(b) (4)



The above information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

Authorization

(b) (6)



9/29/2009

Certificate of Compliance
Certified Organic

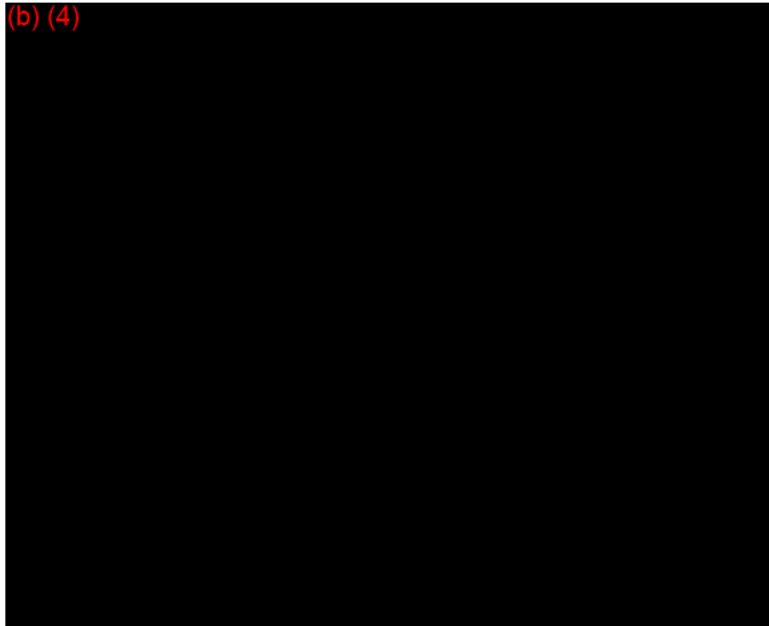


Certified Entity

Type of Operation

Location Inspected

(b) (4)



Effective Date

March 28, 2007

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.

Certification valid until surrendered, suspended or revoked.

QUALITY ASSURANCE INTERNATIONAL

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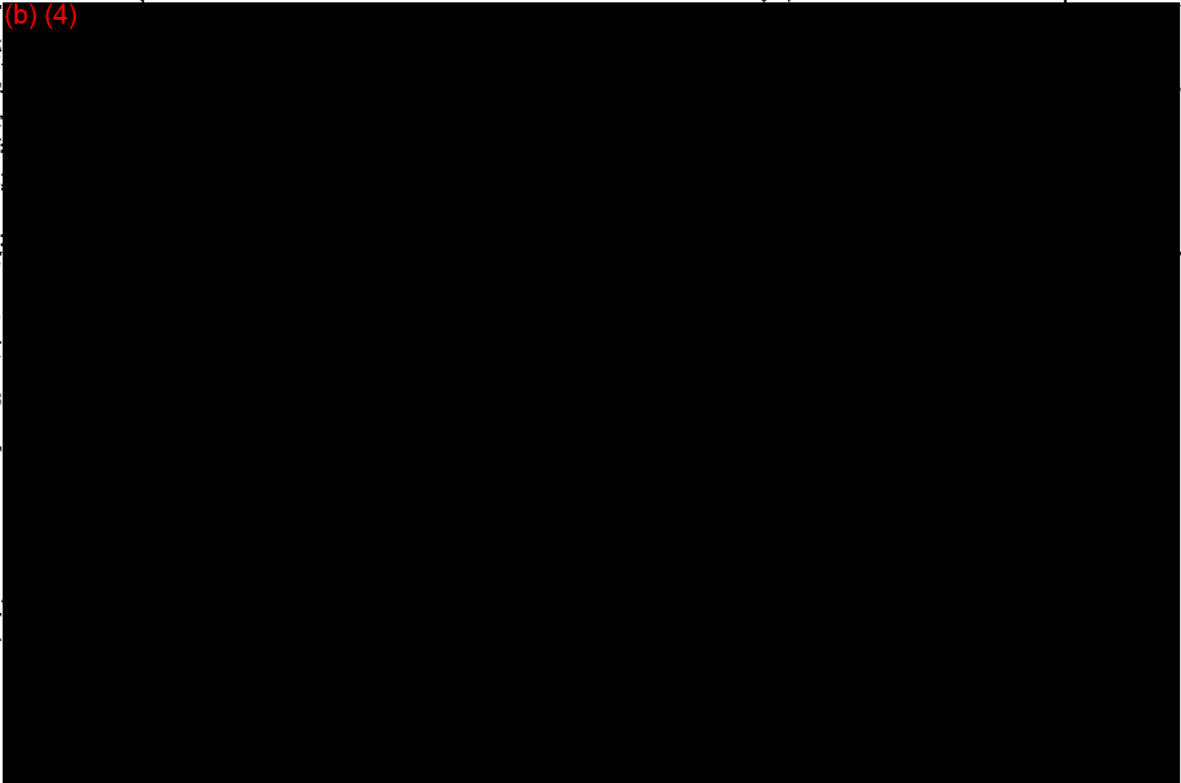


(b) (4)



Organic System Plan Summary

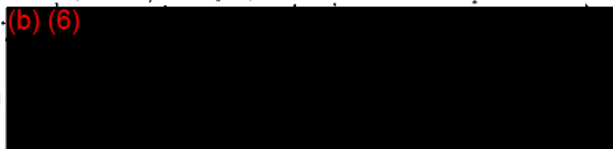
(b) (4)



The above information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

(b) (6)

Authorization



06/12/2009

(b) (4)



MARIN COUNTY DEPARTMENT OF AGRICULTURE • WEIGHTS AND MEASURES
STACY K. CARLSEN COMMISSIONER/DIRECTOR
FRED W. CROWDER
DEPUTY COMMISSIONER/DIRECTOR



**MARIN ORGANIC CERTIFIED AGRICULTURE
ORGANIC CERTIFICATION**

MOCA Certificate Number: (b) (4)

Marin Organic Certified Agriculture has visited this operation and evaluated the methods of production, plants and soil, and determined they met the MOCA/USDA National Organic Program for the production of organic foods. Once certified, an operation's organic certification continues in effect until surrendered by the organic operation, or suspended or revoked by MOCA, the State organic program's governing State official, or the NOP.

Business Name: (b) (4)

Name of Operator: (b) (4)

(b) (4)

Certified Products: See Attached Page 2.

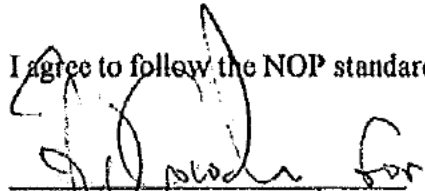
First Certified Date: (b) (4)

Most Recent Onsite Inspection: (b) (4)

Category of Certification

Handler/Processor Crops/Pasture Livestock Other

I agree to follow the NOP standards and all the proceeding requirements.



Stacy Carlsen
Marin County Agricultural Commissioner

(b) (6)

MOCA Certificate (b) (4)
Business Name: [Redacted]

Commodity List

Production Sites:

(b) (4)
[Redacted]

Any questions regarding the certification of this certificate should be directed to:
Marin Organic Certified Agriculture, 1682 Novato Blvd., Suite 150-A, Novato, CA 94947
415-499-6700

MARIN COUNTY DEPARTMENT OF AGRICULTURE * WEIGHTS AND MEASURES
STACY K. CARLSEN COMMISSIONER/DIRECTOR
FRED W. CROWDER
DEPUTY COMMISSIONER/DIRECTOR



MARIN ORGANIC CERTIFIED AGRICULTURE
ORGANIC CERTIFICATION

MOCA Certificate Number: (b) (4)

Marin Organic Certified Agriculture has visited this operation and evaluated the methods of production, plants and soil, and determined they met the MOCA/USDA National Organic Program for the production of organic foods. Once certified, an operation's organic certification continues in effect until surrendered by the organic operation, or suspended or revoked by MOCA, the State organic program's governing State official, or the NOP.

Business Name: (b) (4)

Name of Operator

Address of Certified Operation(s):

(b) (4)

First Certified Date: (b) (4)

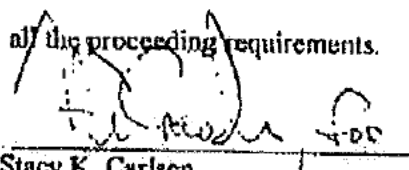
Most Recent Onsite Inspection: (b) (4)

Category of Certification

Handler/Processor Crops/Pasture Livestock Other

I agree to follow the NOP standards and all the preceding requirements.

(b) (6)


Stacy K. Carlson
Marin County Agricultural Commissioner

Organic Producers/Handlers/Processors Application and Registration

Company Name: (b) (4)

Contact Person: (b) (4)

Address: (b) (4)

Phone: (b) (4)

Fax: (b) (4)

CO Name: (b) (4)

CO Address: (b) (4)

(b) (4)

REGISTRATION FEE (b) (4)

CATEGORY

Producer (P):

Handler (H):

Processor (PR):

Late Penalty:

TOTAL ANNUAL FEE:

Code	Commodity	Variety/Breed	Location Grown/ Received From	Yearly Gross Sales	Categ.	Acres/ Units
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(b) (4)

MOCA Certificate (b) (4)
Business Name: [REDACTED]

Commodity List

Production Sites:

(b) (4) [REDACTED]

Crop/Variety	Site	Field #	Acreage/Sq. Ft.
(b) (4) [REDACTED]			

Any questions regarding the certification of this certificate should be directed to:
Marin Organic Certified Agriculture, 1682 Novato Blvd., Suite 150-A, Novato, CA 94947
415-499-6700

Certificate of Compliance
Certified Organic



Number

(b) (4)

Certified Entity

(b) (4)

Type of Operation

Livestock (Dairy)

Location Inspected

(b) (4)

Effective Date

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.



Certification valid until surrendered, suspended or revoked.

QUALITY ASSURANCE INTERNATIONAL

9191 Towne Centre Drive, Suite 510 • San Diego California, U.S.A. • (858) 792-3531 • Fax: (858) 792-8665

A100-04103



Organic System Plan Summary

Company (b) (4)

Total Acres: (b) (4)

Operation Type: Livestock (Dairy)
Certification Number: (b) (4)
First Certified Date:
Next Annual Monitoring:

100% Organic

Category	Product
(b) (4)	

This information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

Authorization (b) (6)

2/17/2009



9191 Towne Centre Drive, Suite 510
San Diego, CA 92122 • USA
858-792-3531 • Fax: 858-792-8665
www.qai-inc.com

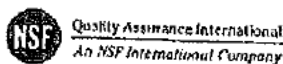
(b) (4)

Following is your updated Certificate and System Plan Summary effective February 17, 2009.
Please note, any previously issued Certificate and System Plan Summary is void.

Please feel free to contact QAI if we can be of any further assistance.

(b) (6)

(b) (6)
Certification Project Manager



C237-04026
Global Leader in Organic Certification Services • Operations: US • Canada • Japan • Latin America • European Union

Certificate of Compliance
Certified Organic



Number (b) (4)

Certified Entity

(b) (4)

Type of Operation

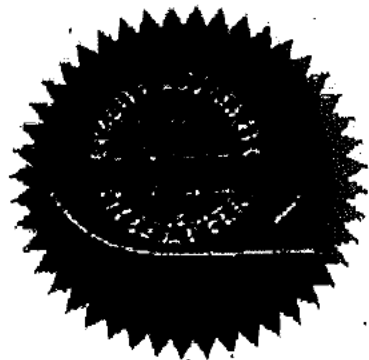
Livestock (Dairy)

Location Inspected

(b) (4)

Effective Date

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.



Certification valid until surrendered, suspended or revoked.

QUALITY ASSURANCE INTERNATIONAL

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A100-04103



Organic System Plan Summary

Company: (b) (4)

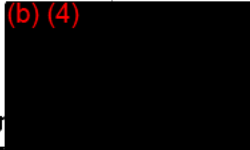


(b) (4)



Operation Type: Livestock (Dairy)

Certification Number: (b) (4)

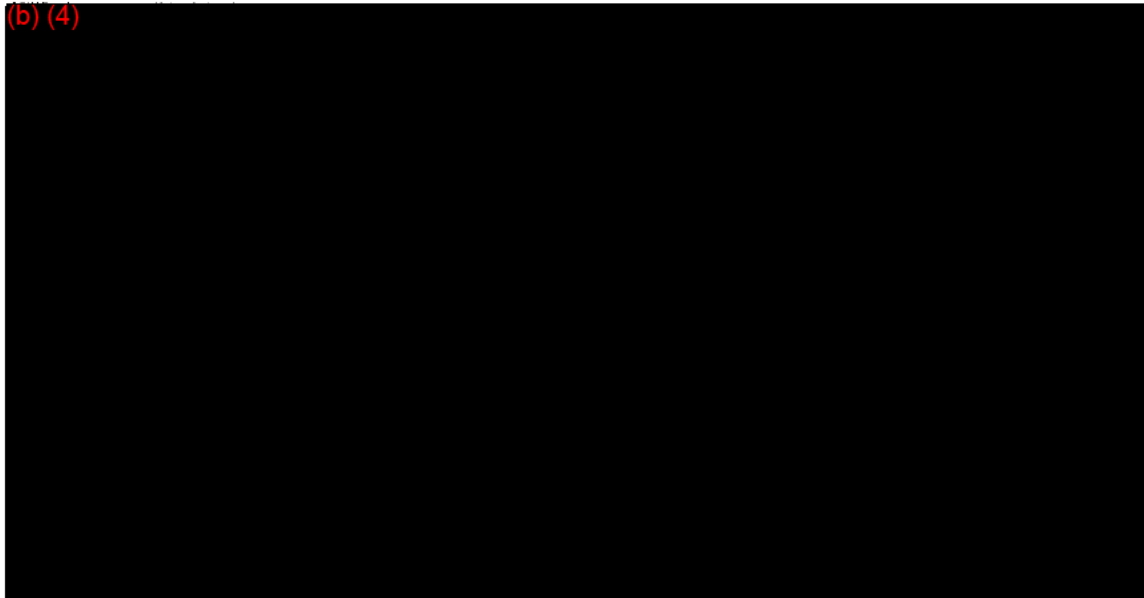


First Certified Date:

Next Annual Monitoring:

100% Organic

(b) (4)



(b) (4)



The above information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

(b) (6)

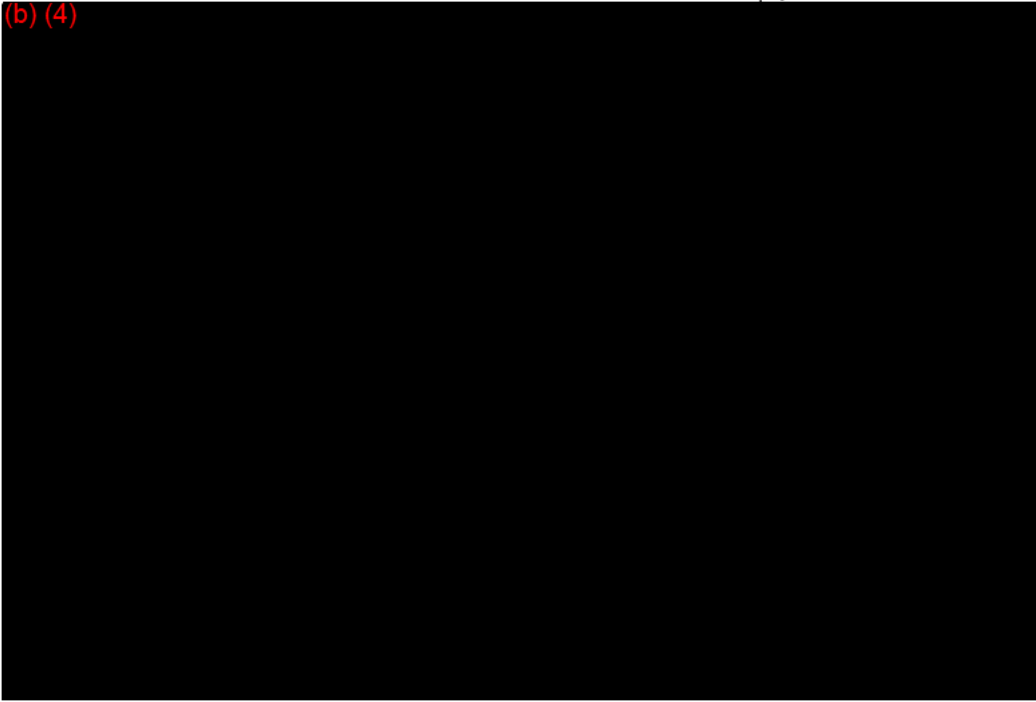
Authorizati

4/21/2009

Page 2 of 2
A100PS-03342

(b) (4)

(b) (4)



(b) (4)





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San Diego, CA 92122 • USA
858-792-3531 • Fax: 858-792-8665
www.qai-inc.com

(b) (4)

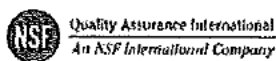


A list of QAI Certified Clients, updated quarterly, is available on our website at www.qai-inc.com. If you have further questions or concerns please contact me at 858-792-3531.

(b) (6)



anager



Global Leader in Organic Certification Services • Operations: US • Canada • Japan • Latin America • European Union

CCOF

Certification Services, LLC

(b) (4)

Meets National Organic Standards established by the
USDA/National Organic Program for:

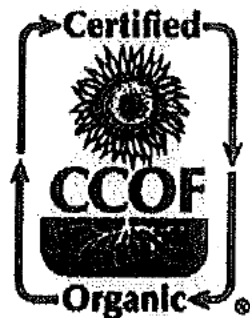
(b) (4)

Certification is valid until surrendered, suspended, or
revoked per USDA/NOP section 205.404(c)

Information regarding certified organic products, crops, parcels etc.
is available on the CCOF Organic Client Profile.

(b) (4)

CCOF certified since: (b) (4)



(b) (6)

(b) (6)

Certification Services Director

Additional information available from CCOF at www.ccof.org

CS-G-02, V3, 12/01/08

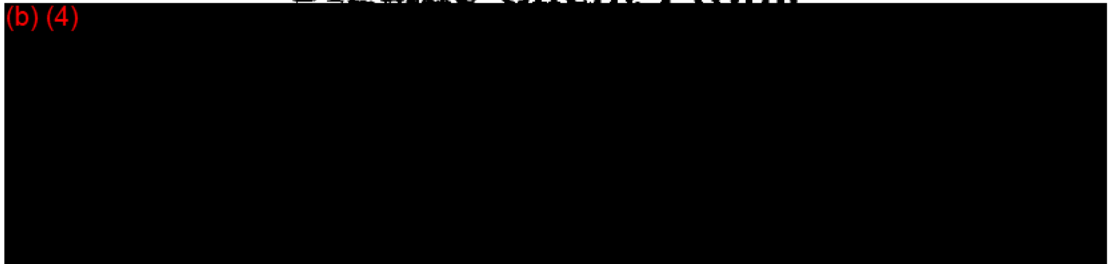
2008-10393

2155 Delaware Avenue, Suite 150, Santa Cruz, CA 95060 • (831) 423-2263 • fax (831) 423-4528 • ccof@ccof.org • www.ccof.org



CCOF
Certification Services, LLC

Organic Client Profile



This client profile is documentation of certified organic status for land, products, crops, and services entered into CCOF organic certification programs. This is provided as a client service to clarify specific areas of production and standards met by the operation for specific locations and products.

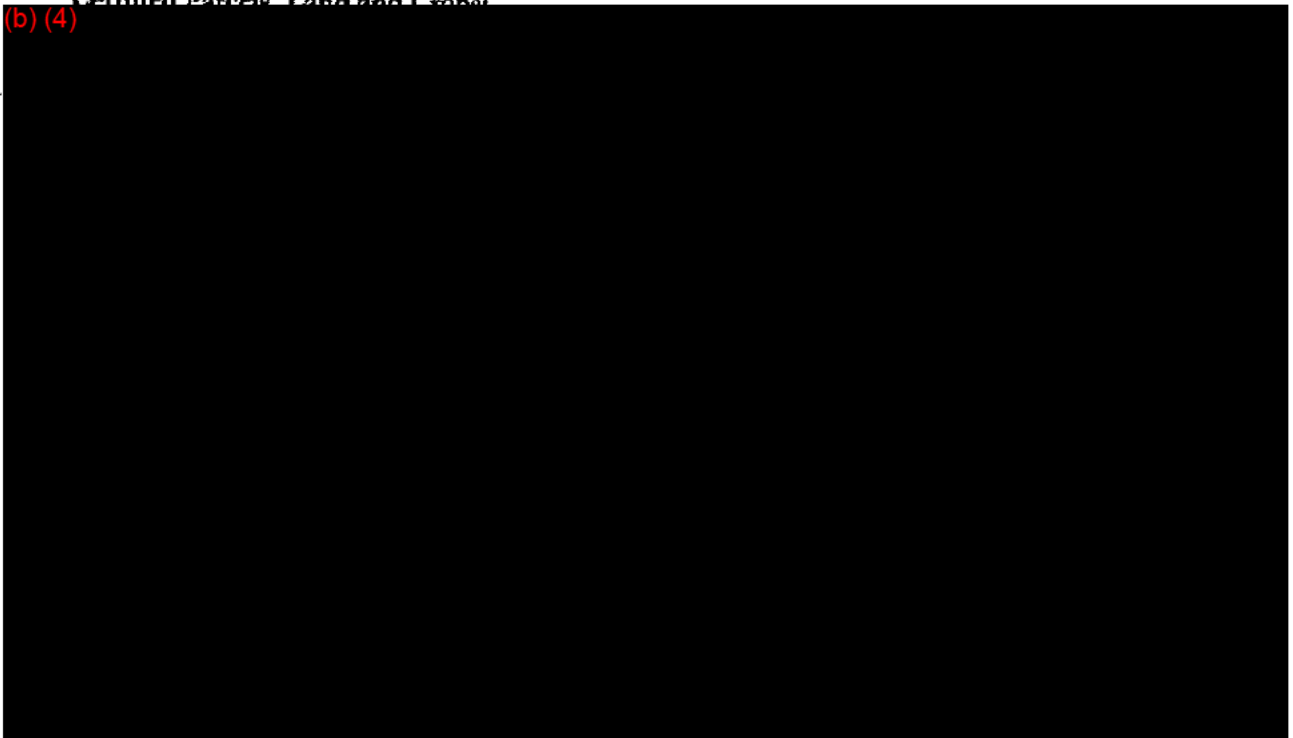
This operation is in compliance with the following standards and programs:



USDA
National Organic Program
www.ccof.org



Certified Parcel, Land and Crops



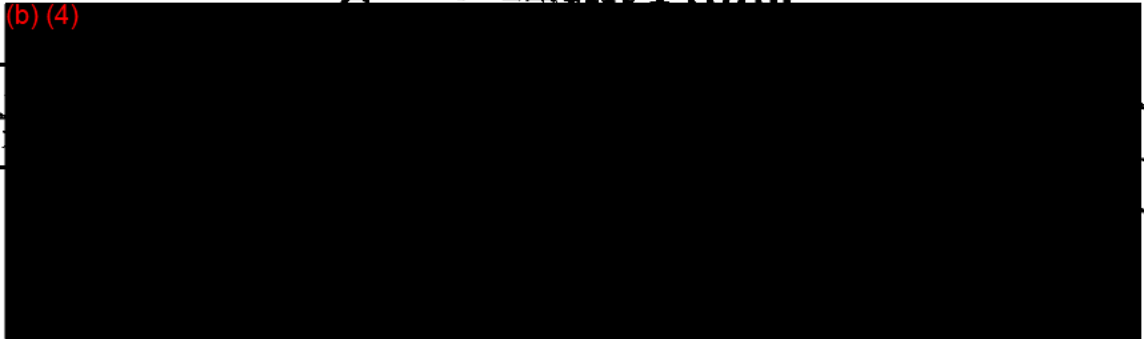
Standards and documentation available from CCOF at www.ccof.org



CCOF

Certification Services, LLC

Organic Client Profile



Standards and documentation available from CCOF at www.ccof.org

Client Profile no290 Page 2 of 2

2008-02235

CS-G-01, VI, R4 10/01/08

2155 Delaware Avenue, Suite 150, Santa Cruz, CA 95060 • (831) 423-2263 • fax (831) 423-4528 • ccof@ccof.org • www.ccof.org

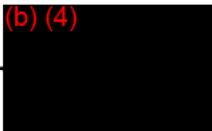
(b) (4)

Certificate of Compliance
Certified Organic



Certified Entity

(b) (4)

Number 

Type of Operation

Livestock (Dairy)

Location Inspected

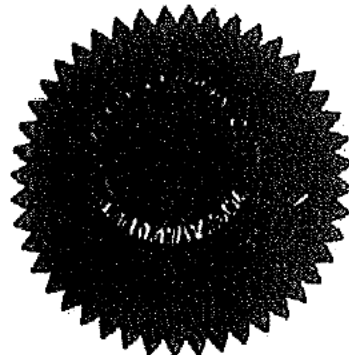
(b) (4)

Effective Date

(b) (4)

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.

Certification valid until surrendered, suspended or revoked.



QUALITY ASSURANCE INTERNATIONAL

9191 Towne Centre Drive, Suite 510 • San Diego California, U.S.A. • (858) 792-3531 • Fax: (858) 792-8665

CORPORATE OFFICE
9191 Towne Centre Drive, Suite 510
San Diego, CA 92122 • USA
858-792-3531 • 858-792-8665 Fax

BRANCH OFFICES
VERMONT (East Coast)
MINNESOTA (Midwest)
ONTARIO (Canada)
TOKYO (Japan)



QAI
QUALITY ASSURANCE
INTERNATIONAL

LETTER OF GOOD STANDING

(b) (4)

Sincerely,

(b) (6)

Certification Project Manager



Organic System Plan Summary

Company: (b) (4) (b) (4)

Operation Type: Livestock (Dairy)

Certification Number: (b) (4)

First Certified Date:

Next Annual Monitoring:

MASTER

100% Organic

(b) (4)

The above information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

Authorization (b) (6) 07/31/2009

CORPORATE OFFICE
9191 Towne Centre Drive, Suite 510
San Diego, CA 92122 • USA
858-792-3531 • 858-792-8665 Fax

BRANCH OFFICES
VERMONT (East Coast)
MINNESOTA (Midwest)
ONTARIO (Canada)
TOKYO (Japan)



QAI
QUALITY ASSURANCE
INTERNATIONAL

LETTER OF GOOD STANDING

(b) (4)

Sincerely,

(b) (6)

Certification Project Manager

Certificate of Compliance
Certified Organic



Number (b) (4)

Certified Entity

(b) (4)

Type of Operation

Livestock (Dairy)

Location Inspected

(b) (4)

Effective Date

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.

Certification valid until surrendered, suspended or revoked.



QUALITY ASSURANCE INTERNATIONAL

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The above information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

(b) (6)

Authorization

08/17/2009



Organic System Plan Summary

Company: (b) (4)

Total Crop Acres (b) (4)
Total Pasture Acres (b) (4)

Operation Type: Livestock (Dairy)

Certification Number: (b) (4)

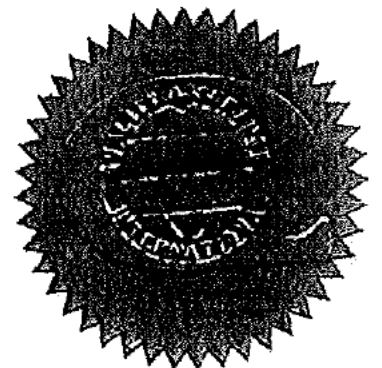
First Certified Date:

Next Annual Monitoring:

100% Organic

(b) (4)

(b) (4)



CCOF

Certification Services, LLC

hereby certifies that

(b) (4)

Meets National Organic Standards established by the
USDA/National Organic Program for:

(b) (4)

April 20, 2006

Certification is valid until surrendered, suspended, or
revoked per USDA/NOP section 205.404(c)

Information regarding certified organic products, crops, parcels etc.
is available on the CCOF Organic Client Profile.

(b) (4)

CCOF certified since: (b) (4)



(b) (6)

(b) (6)

Certification Services Director

Additional information available from CCOF at www.ccof.org

CS-C-02, v2, 12/01/05

2016-12634

3155 Delaware Avenue, Suite 150, Santa Cruz, CA 95060 • (831) 423-2265 • Fax: (831) 423-6520 • ccof@ccof.org • www.ccof.org



CCOF
Certification Services, LLC

Organic Client Profile



This Client Profile is documentation of certified organic status for land, products, crops, and services entered into CCOF organic certification programs. This is provided as a client service to clarify specific areas of production and standards met by the operation for specific locations and products.

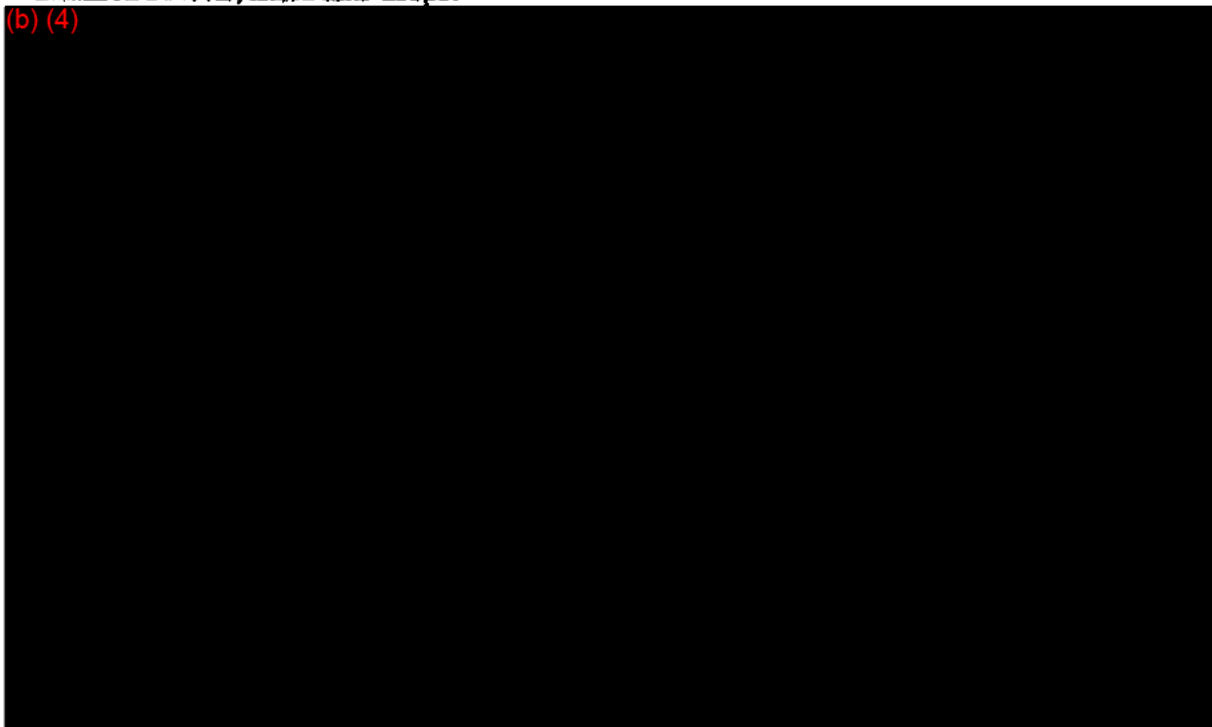
This operation is in compliance with the following standards and programs:



USDA
National Organic Program
www.ccof.org



Certified Parcels, Land and Crops:



Standards and documentation available from CCOF at www.ccof.org

(b) (4)

p.4



CCOF
Certification Services, LLC

Organic Client Profile

(b) (4)



Standards and documentation available from CCOF at www.ccof.org

Client Profile: n285, Page 2 of 2

2010-12337

CS-G-01, VI, R4 10/01/04

2155 Delaware Avenue, Suite 150, Santa Cruz, CA 95060 • (831) 423-2163 • fax (831) 423-4528 • ccof@ccof.org • www.ccof.org

(b) (4)

MARIN COUNTY DEPARTMENT OF AGRICULTURE • WEIGHTS AND MEASURES
STACY K. CARLSEN COMMISSIONER/DIRECTOR
FRED W. CROWDER
DEPUTY COMMISSIONER/DIRECTOR



**MARIN ORGANIC CERTIFIED AGRICULTURE
ORGANIC CERTIFICATION**

MOCA Certificate Number: (b) (4)

Marin Organic Certified Agriculture has visited this operation and evaluated the methods of production, plants and soil, and determined they met the MOCA/USDA National Organic Program for the production of organic foods. Once certified, an operation's organic certification continues in effect until surrendered by the organic operation, or suspended or revoked by MOCA, the State organic program's governing State official, or the NOP.

Business Name: (b) (4)

Name of Operator:

Address of Certified
Operation(s):

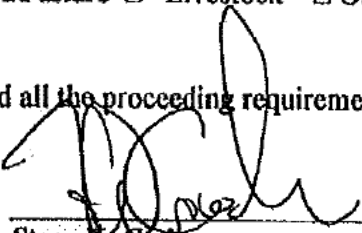
(b) (4)

Category of Certification

Handler/Processor Crops/Pasture Livestock Other

I agree to follow the NOP standards and all the proceeding requirements.

Authorized Signature


Stacy K. Carlsen
Marin County Agricultural Commissioner

MOCA Certificate Number: (b) [redacted]
Business Name: (b) (4) [redacted]

Commodity List

Production Sites:

(b) (4) [redacted]

Crop/Variety	Site	Field #	Acreage/Sq. Ft.
(b) (4)	[redacted]	[redacted]	[redacted]

Any questions regarding the certification of this certificate should be directed to:
Marin Organic Certified Agriculture, 1682 Novato Blvd., Suite 150-A, Novato, CA 94947
415-499-6700

STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE
Organic Producers/Handlers/Processors Application and Registration

Company Name: (b) (4)

Contact Person:

Address:

Phone:

Fax:

CO Name:

CO Address:

Principal County Code Number: (b) (4)

County Registration Number:

Principal County:

Expiration Date:

REGISTRATION FEE

CATEGORY

Producer (P):

Handler (H):

Processor (PR):

Late Penalty:

TOTAL ANNUAL FEE:

(b) (4)

Code Commodity

Variety/Breed

Location Grown/Received From

Yearly
Gross Sales

Categ. Acres
Units

(b) (4)

(b) (4)



Oregon Tilth Certified Organic

470 Lancaster Dr. NE + Salem OR 97301
Phone (503) 378-0690 Fax (503) 378-0809

Certification Acknowledgement

This is to certify that

(b) (4)



is certified organic by Oregon Tilth Certified Organic (OTCO).
Class O -- Organically Grown
Class OLP - Organic Livestock and Poultry
Certification Number (b) (4)

The certified operation has complied with the Organic Foods Production Act of 1990 and the applicable organic production and handling standards established by the USDA National Organic Program under 7 CFR Part 205.

Acres organic: 461.88

The crops grown and harvested are:

Hay, pasture, silage (corn, grass).

The livestock products are:

Cull cattle for slaughter, dairy cattle, milk.

The certified operation has been inspected annually by an agent of the OTCO program to verify to the best of our knowledge the standards have been met. Certification remains valid until surrendered, suspended, or (b) (6)

Certified by OTCO since (b) (4)

NOP effective date

Class O/OLP Rev. 10/19/05

7-8-08

Certification Director

(b) (4)



(b) (4)



290 SW Madison Ave. Ste 100 | Corvallis, OR 97331 | www.otco.org | PH 503.378.0690 | FX 541.753.4924 | otc@otco.org

March 23, 2010

To Whom It May Concern,

One component of organic certification procedure includes granting certification that remains effective until surrendered by the operator, or suspended or revoked by Oregon Tillth Certified Organic (OTCO). This complies with provisions established in the NOP final rule 205.404(c).

This letter verifies the continued compliance of (b) (4) with organic standards. Please note, the original certificate issued to (b) (4) remains fully valid for organic trade, as established under the National Organic Program.

We thank you in advance for your consideration of this information when reviewing certificates offered by OTCO operators.

Kind regards,

(b) (6)

Farm Program Manager

(b) (4)

Certificate of Compliance
Certified Organic



Number (b) (4)

Certified Entity

(b) (4)

Type of Operation

Livestock (Dairy)

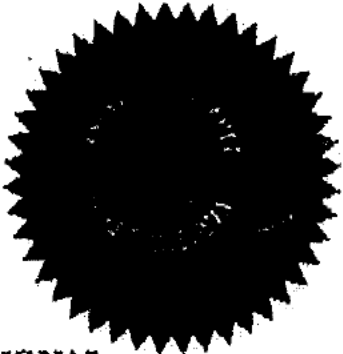
Location Inspected

(b) (4)

Effective Date

(b) (4)

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities; and has determined that the certified entity (identified above) is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program.



Certification valid until surrendered, suspended or revoked.

QUALITY ASSURANCE INTERNATIONAL

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Organic System Plan Summary

Company: (b) (4)

Total Acres: (b) (4)

Operation Type: Livestock (Dairy)

Certification Number: (b) (4)

First Certified Date: (b) (4)

Next Annual Monitoring Date: (b) (4)

(b) (4)

The above information is provided as a description of the organic system under certification. This document does not replace the organic certificate. It is provided as customer service to assist in the representation of the certified organic products.

Authorization (b) (6)

04/15/2009

(b) (4)

GLOBAL CULTURE
P.O. Box 1640
Crescent City, CA 95531
(707) 464-6913 ♦ Fax (707) 464-1802
www.globalculture.us

FEDERALLY ACCREDITED BY THE UNITED STATES DEPARTMENT OF
AGRICULTURE, NATIONAL ORGANIC PROGRAM

CERTIFICATE OF ORGANIC OPERATION

Certified Operation:

(b) (4)



Effective Date of Certification: (b) (4)

Date of Most Recent Update: (b) (4)

Organic Certificate Number: (b) (4)

Category of Organic Operation: Production - Crops

Certified Organic Products: Pasture, Rye Grass Hay & Silage

(b) (4)

Organic Acreage: (b) (4)

Category of Organic Operation: Livestock - Dairy Cattle

Certified Organic Product: Organic Dairy Milk

(b) (6)

Executive Director

(b) (4) has been certified by Global Culture as compliant with the USDA National Organic Program (7 CFR Part 205). This organic certification shall continue in effect until surrendered, suspended or revoked. Update Organic System Plan by 5/11/11.

(b) (4)

GLOBAL CULTURE
P.O. Box 1640
Crescent City, CA 95531
(707) 464-6913 Fax (707) 464-1802
www.globalculture.us

FEDERALLY ACCREDITED BY THE UNITED STATES DEPARTMENT OF
AGRICULTURE, NATIONAL ORGANIC PROGRAM

CERTIFICATE OF ORGANIC PRODUCTION

Certified Operation:

(b) (4)



Effective Date of Certification: (b) (4)

Revised Date: (b) (4)

Organic Certificate Number: (b) (4)

Category of Organic Operation: Production - Crops

Certified Products: Pasture, Rye Grass Hay & Silage

(b) (4)

Category of Organic Operation: Livestock - Dairy Cattle

Certified Product: Dairy Milk

(b) (6)

Executive Director

(b) (4) has been certified by Global Culture as compliant with the USDA National Organic Program (7 CFR Part 205). This organic certification shall continue in effect until surrendered, suspended or revoked. Update Organic System Plan by 5/11/07.

(b) (4)

CCOF

Certification Services, LLC

hereby certifies that

(b) (4)

managed by

(b) (4)

Meets National Organic Standards established by the
USDA/National Organic Program for:

Crops (06/26/2003), Livestock (06/26/2003)

Since the Date of:

(b) (4)

Certification is valid until surrendered, suspended, or
revoked per USDA/NOP section 205.404(c)

Information regarding certified organic products, crops, parcels etc.
is available on the CCOF Organic Client Profile.

(b) (4)

(b) (4)



(b) (6)

(b) (6)

Certification Services Director

Additional information available from CCOF at www.ccof.org

CS-G-02, Vs. 12/01/08

2009-06513

2155 Delaware Avenue, Suite 134, Santa Cruz, CA 95060 • (831) 425-2288 • fax (831) 425-4328 • ccof@ccof.org • www.ccof.org

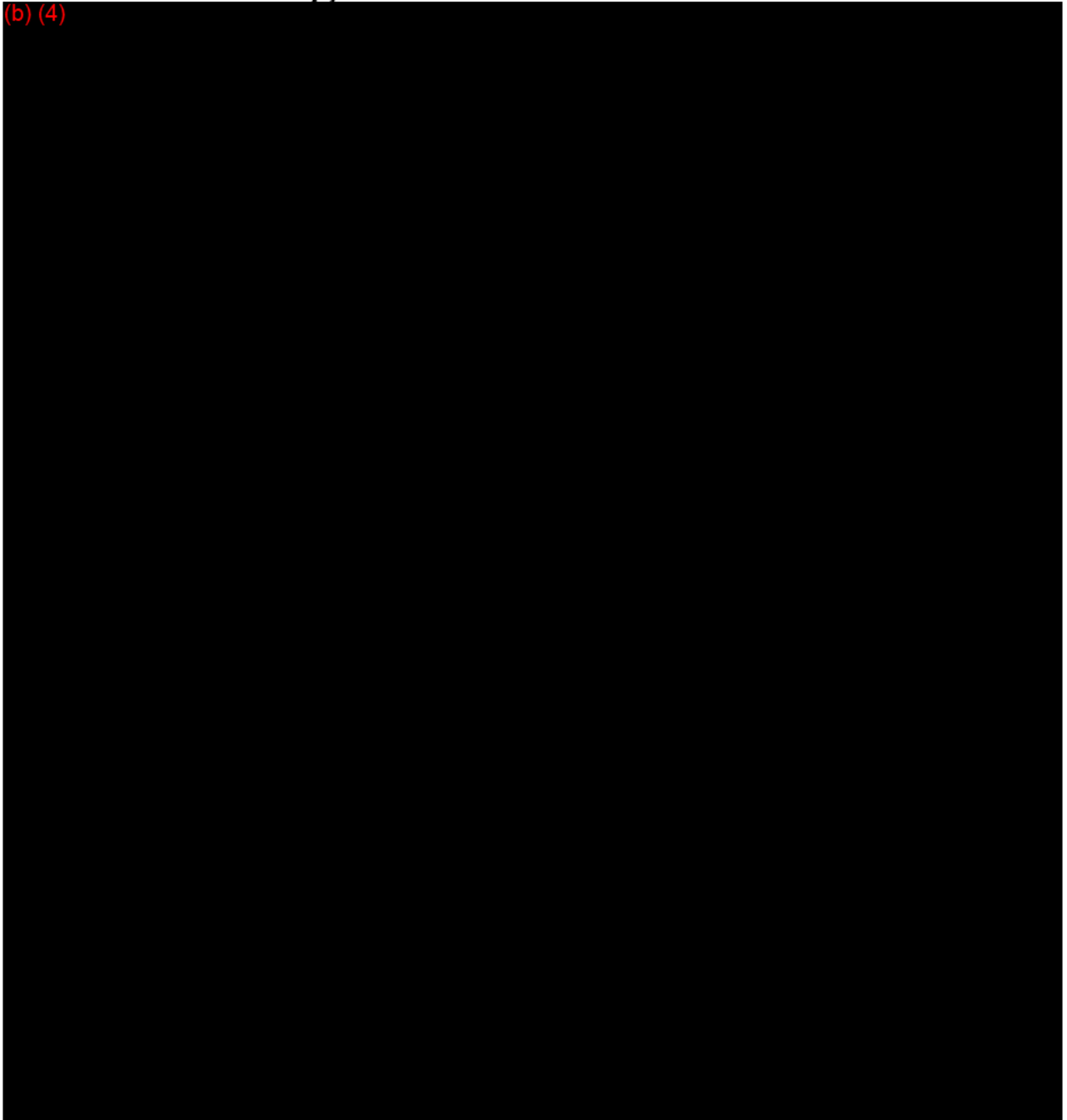
(b) (4)



CCOF
Certification Services, LLC

Organic Client Profile

(b) (4)



Standards and documentation available from CCOF at www.ccof.org



OMRI Listed®

The following product is OMRI Listed. It may be used in certified organic production or food processing and handling according to the USDA National Organic Program Rule.

Product

(b) (4)

Status
Allowed

Category

(b) (4)

Issue Date

Product number

(b) (4)

Class

Expiration Date

Restrictions

Not Applicable.

(b) (6)

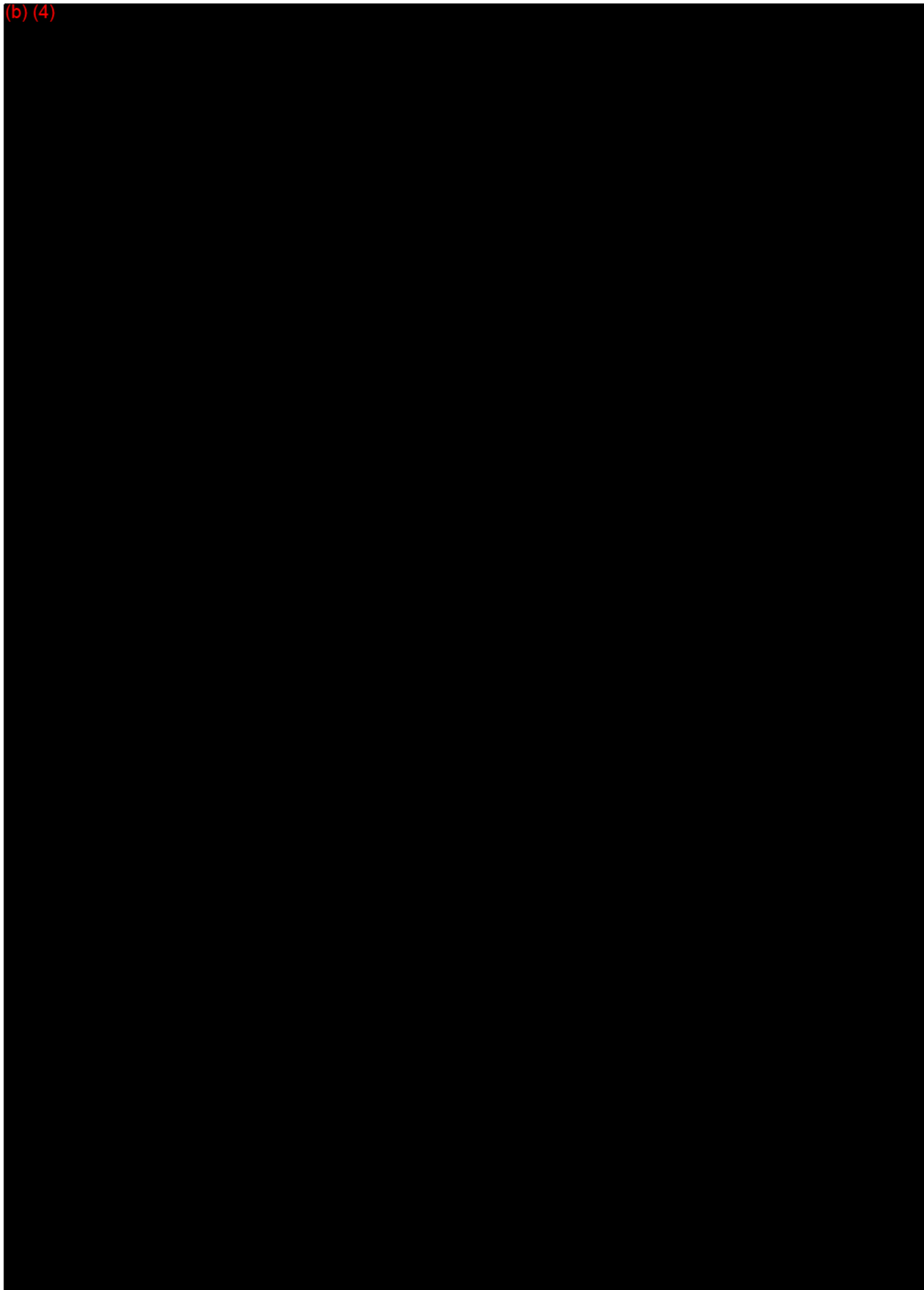
Executive Director

Product review is conducted according to the policies in the current OMRI Policy Manual and based on the standards in the current OMRI Standards Manual. To verify the current status of this or any OMRI Listed product, view the most current version of the OMRI Products List at www.omri.org. OMRI listing is not equivalent to organic certification and is not a product endorsement. It cannot be construed as such. Final decisions on the acceptability of a product for use in a certified organic system are the responsibility of a USDA accredited certification agent. It is the operator's responsibility to properly use the product, including following any restrictions.



Organic Materials Review Institute
P.O. Box 11550, Eugene, OR 97440-3750, USA
541.343.7600 • fax 541.343.8971 • info@omri.org • www.omri.org

(b) (4)





OMRI Listed®

The following product is OMRI Listed. It may be used in certified organic production or food processing and handling according to the USDA National Organic Program Rule.

(b) (4)

Status
Allowed

Category
(b) (4)

Issue Date

Product number
(b) (4)

Class

Expiration Date

Restrictions

Not Applicable.

(b) (6)

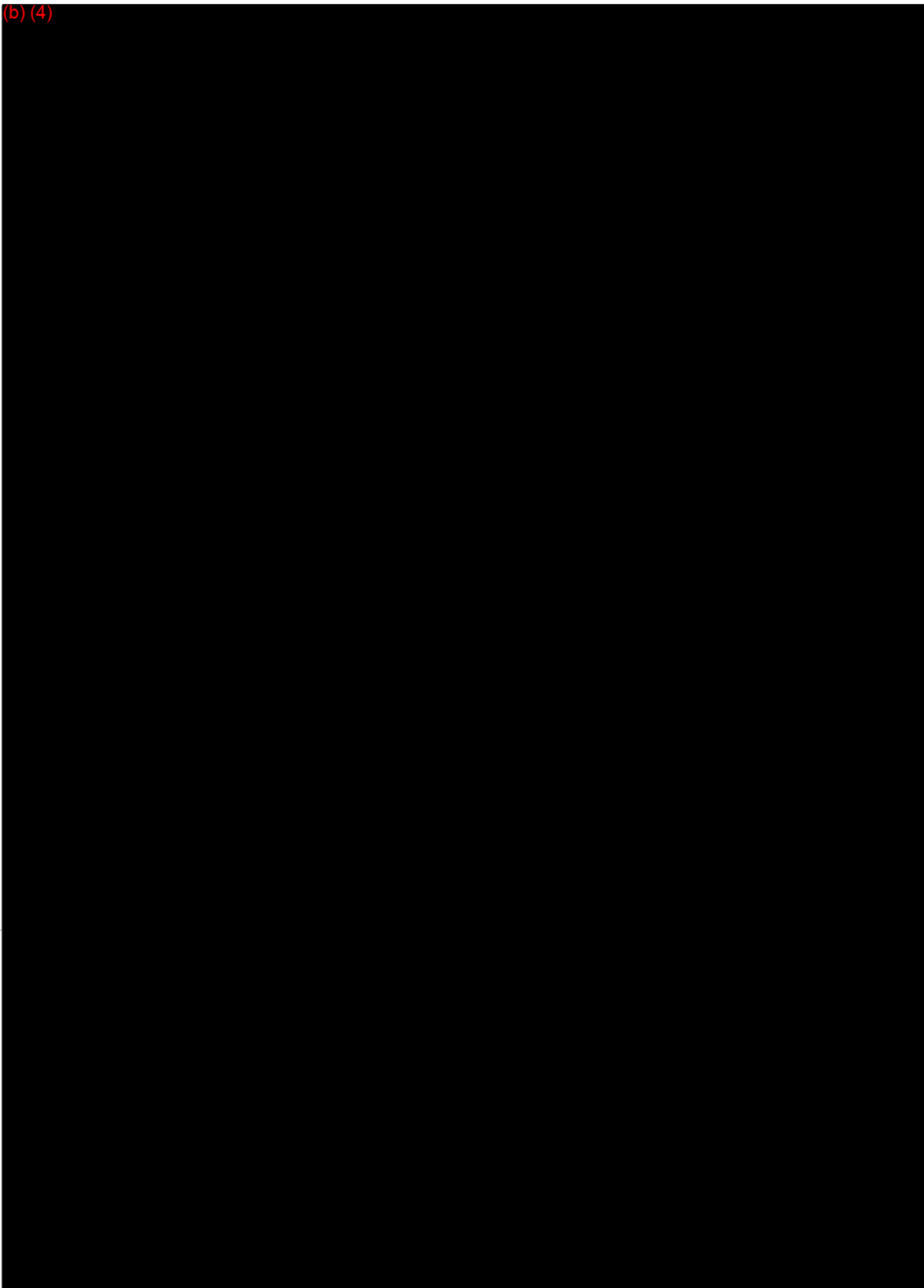
Executive Director

Product reviews conducted according to the policies in the current OMRI Policy Manual and based on the standards in the current OMRI Standards Manual. To verify the current status of this or any OMRI Listed product, view the most current version of the OMRI Products List at www.omri.org. OMRI listing is not equivalent to organic certification and is not a product endorsement. It cannot be construed as such. Final decisions on the acceptability of a product for use in a certified organic system are the responsibility of a USDA accredited certification agent. It is the operator's responsibility to properly use the product, including following any restrictions.



Organic Materials Review Institute
P.O. Box 11558, Eugene, OR 97440-3258, USA
541.343.7600 • fax 541.343.8971 • info@omri.org • www.omri.org

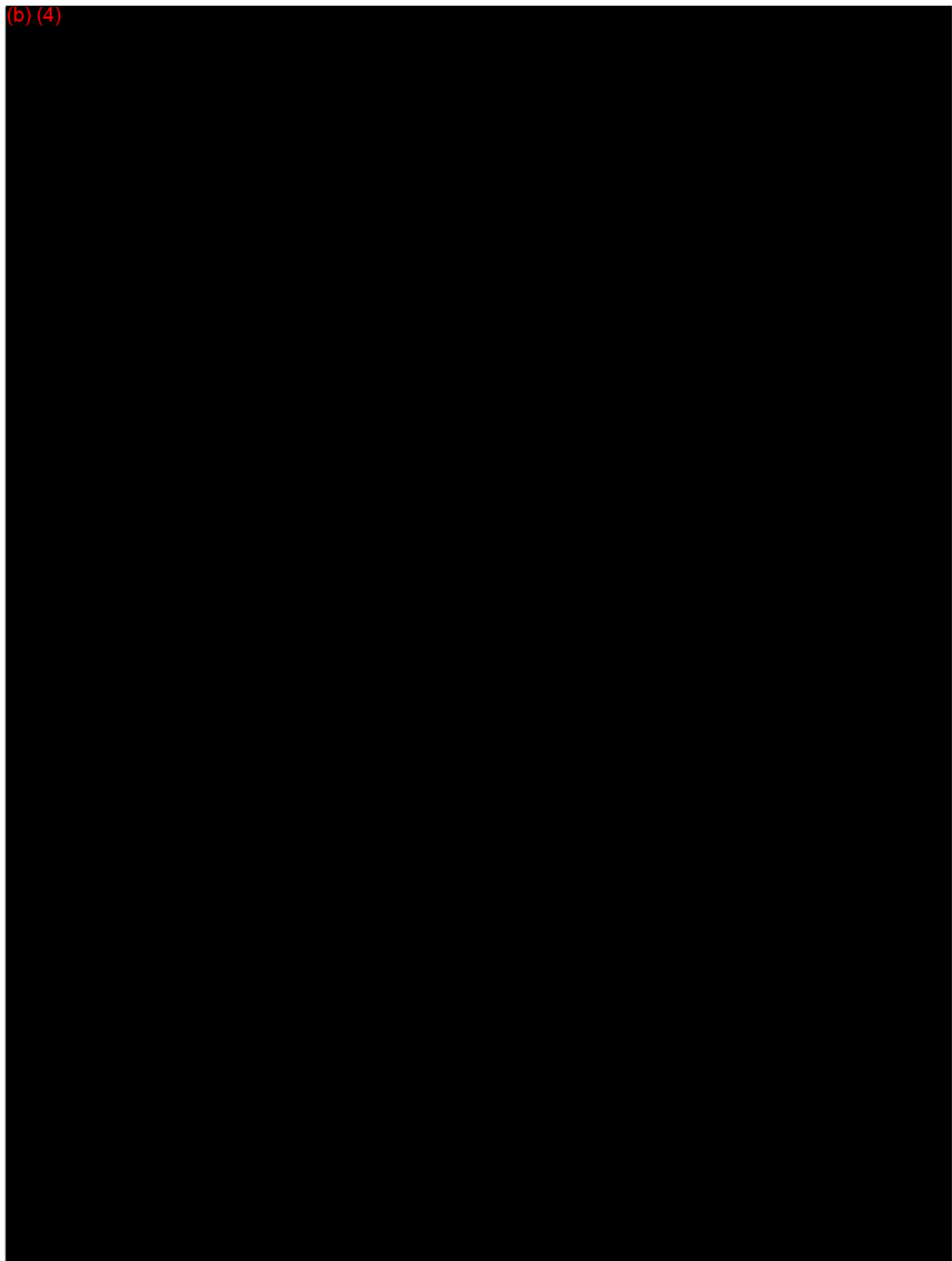
(b) (4)



DATASHEET: (b) (4)

DATASHEET: (b) (4)

(b) (4)



(b) (4)

(b) (4)



MOSA Organic Certificate

The Midwest Organic Services Association, Inc. (MOSA), has verified through inspection and review that this operation has met the National Organic Standards and is certified as compliant with the USDA's National Organic Program (7 CFR Part 205).

(b) (4)

Categories of Organic Operation: Handler

Certified Organic Products/Services:

Receiving, mixing, rolling, bagging, and delivering organic grains and feed blends

This certificate serves to establish the current MOSA certification of the Associate named above and is not valid for trade. Transaction certificates are issued for requested trade purposes.

(b) (4)

(b) (4)

(b) (6)

Certification Specialist



Please direct any questions regarding the verification of this certificate to the Midwest Organic Services Association, Inc.
PO Box 821, Viroqua WI 54665, (608) 637-2526, fax (608) 637-7032, email: mosa@mosaorganic.org



PO Box 821 - Viroqua, WI 54665 - (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

(b) (4)

(b) (4)

The above named operation has met the National Organic Standards and is certified as compliant with the USDA's National Organic Program (7 CFR Part 205) to produce or handle the following product(s) and/or service(s):

Receiving, mixing, rolling, bagging, and delivering organic grains and feed blends.

100% Organic

Products

Label Names

(b) (4)

Organic

Products

Label Names

(b) (4)



PO Box 821 - Viroqua, WI 54665 -- (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

nonagricultural ingredients)

Feed Blends:

(b) (4)



Made With Organic Ingredients

Products

Label Names

(b) (4)



Additional Verification (as specified)

None requested.

(b) (6)



11/2/2010

Date

Holly Born

10HCOPS2F.fmp

Effective Date: 7/30/2010



PO Box 821 - Viroqua, WI 54665 - (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

Holly Born
Certification Specialist

Date

Organic Pride®

(b) (4)



Certified Organic by Midwest Organic Services Association

TEXAS DEPARTMENT OF AGRICULTURE

TODD STAPLES
COMMISSIONER

(b) (4)



Sincerely yours,

(b) (6)



(b) (6)



Coordinator for Organic Certification

cc: Donald De Jong



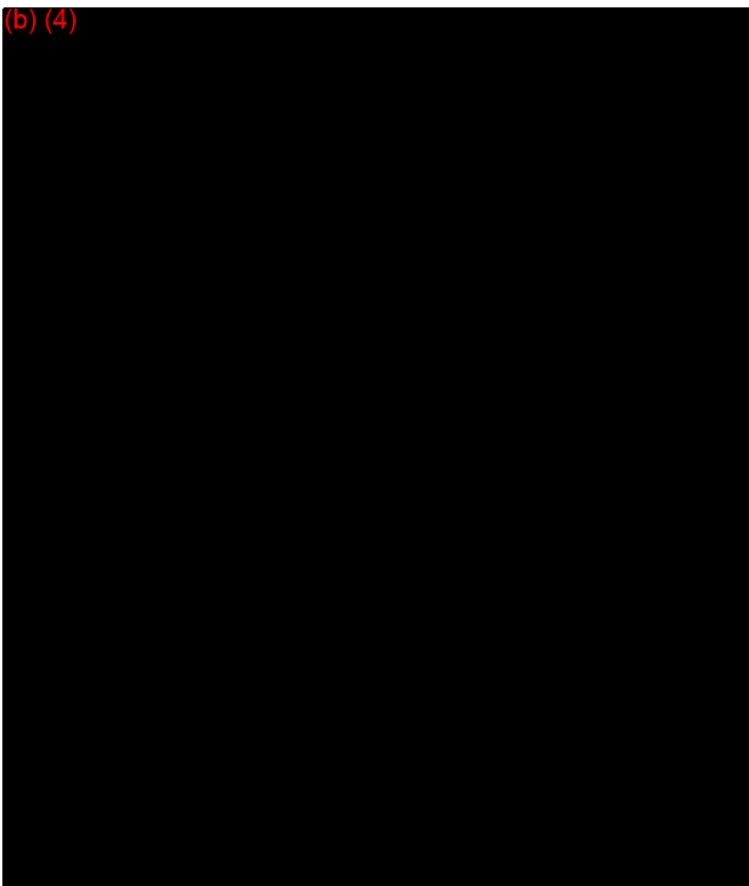
P.O. Box 12847 Austin, Texas 78711 (512) 463-7476 Fax: (888) 223-8861

www.TexasAgriculture.gov

AMS01604

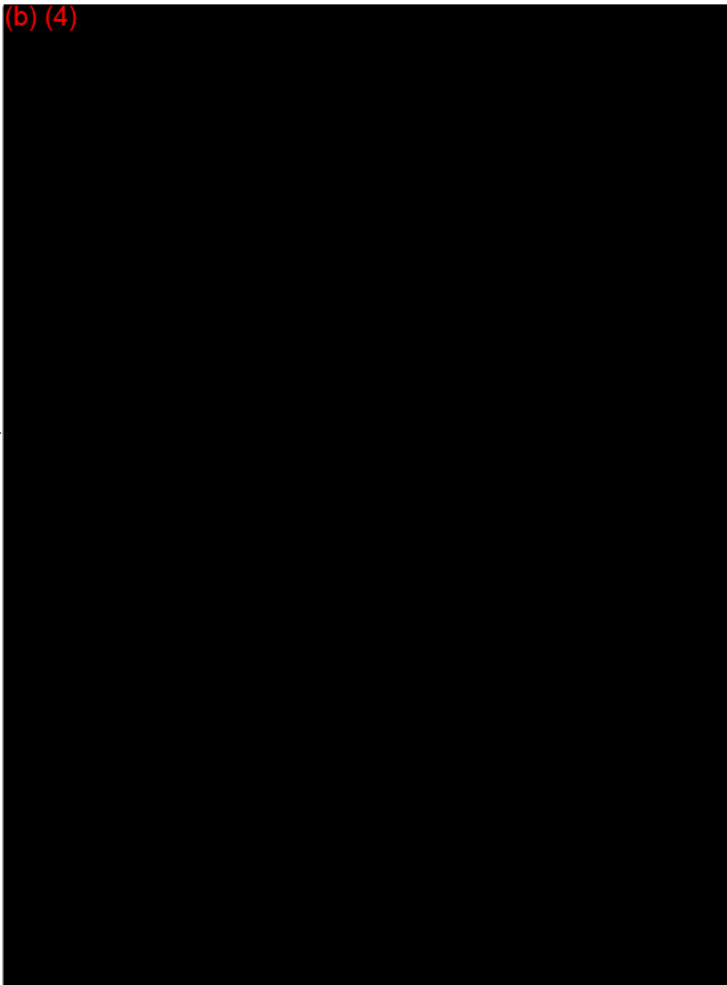
Feed Tag Details

LB-



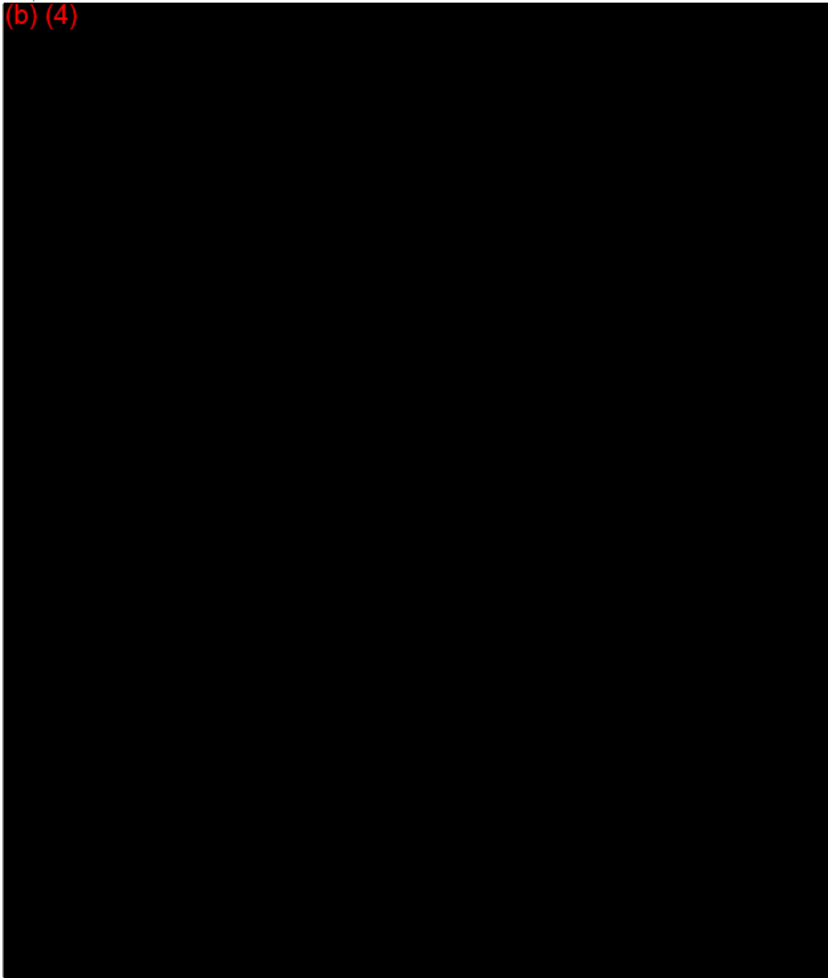
Feed Tag Details

LB-



Feed Tag Details

LB-



Natural Prairie Dairy Farms

Security/Biosecurity Program

(b) (4)



(b) (4)





Product Detail Bulletin

(b) (4)

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(b) (4)



(b) (4)



(b) (4)



(b) (4)



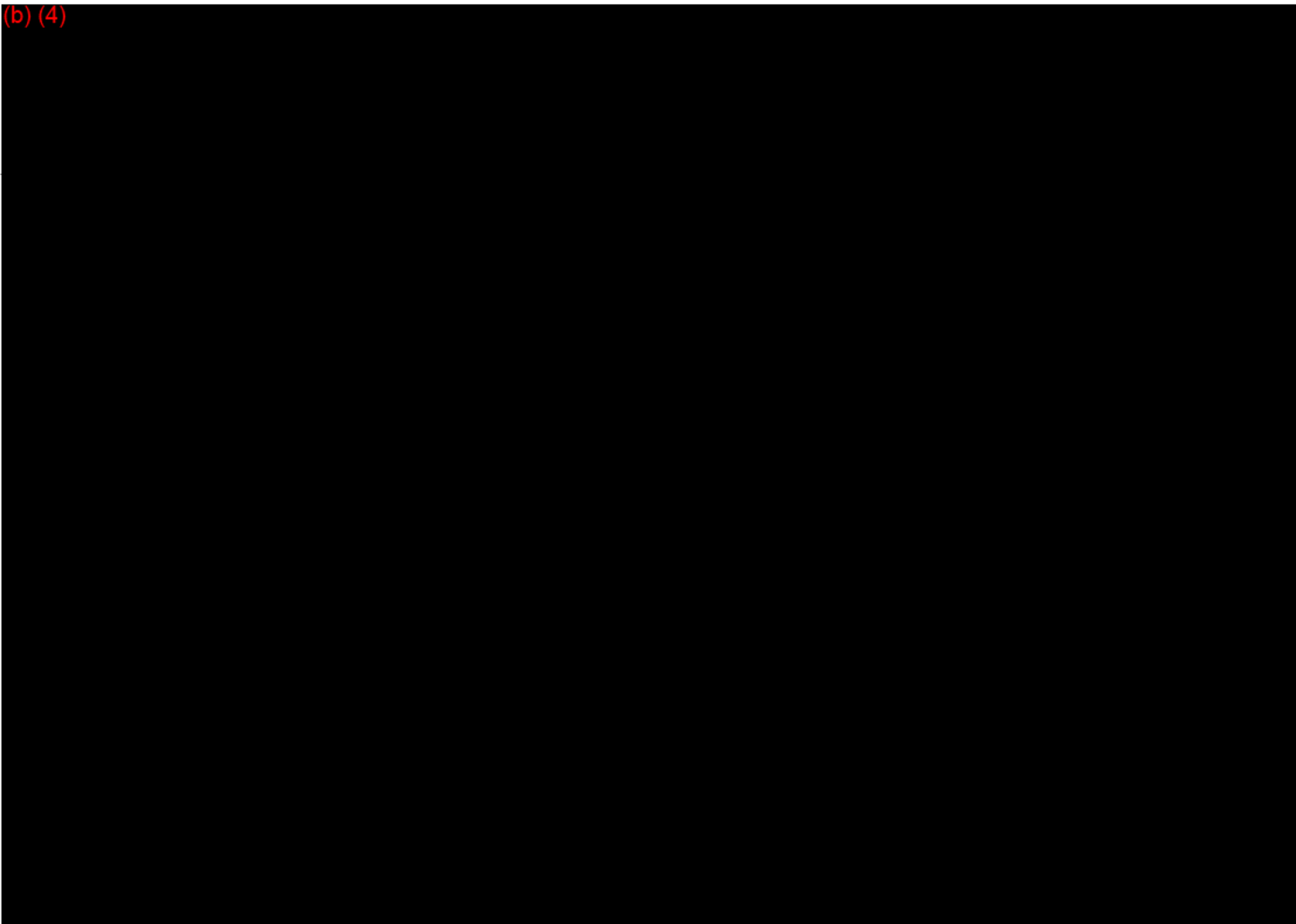
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(b) (4)



(b) (4)

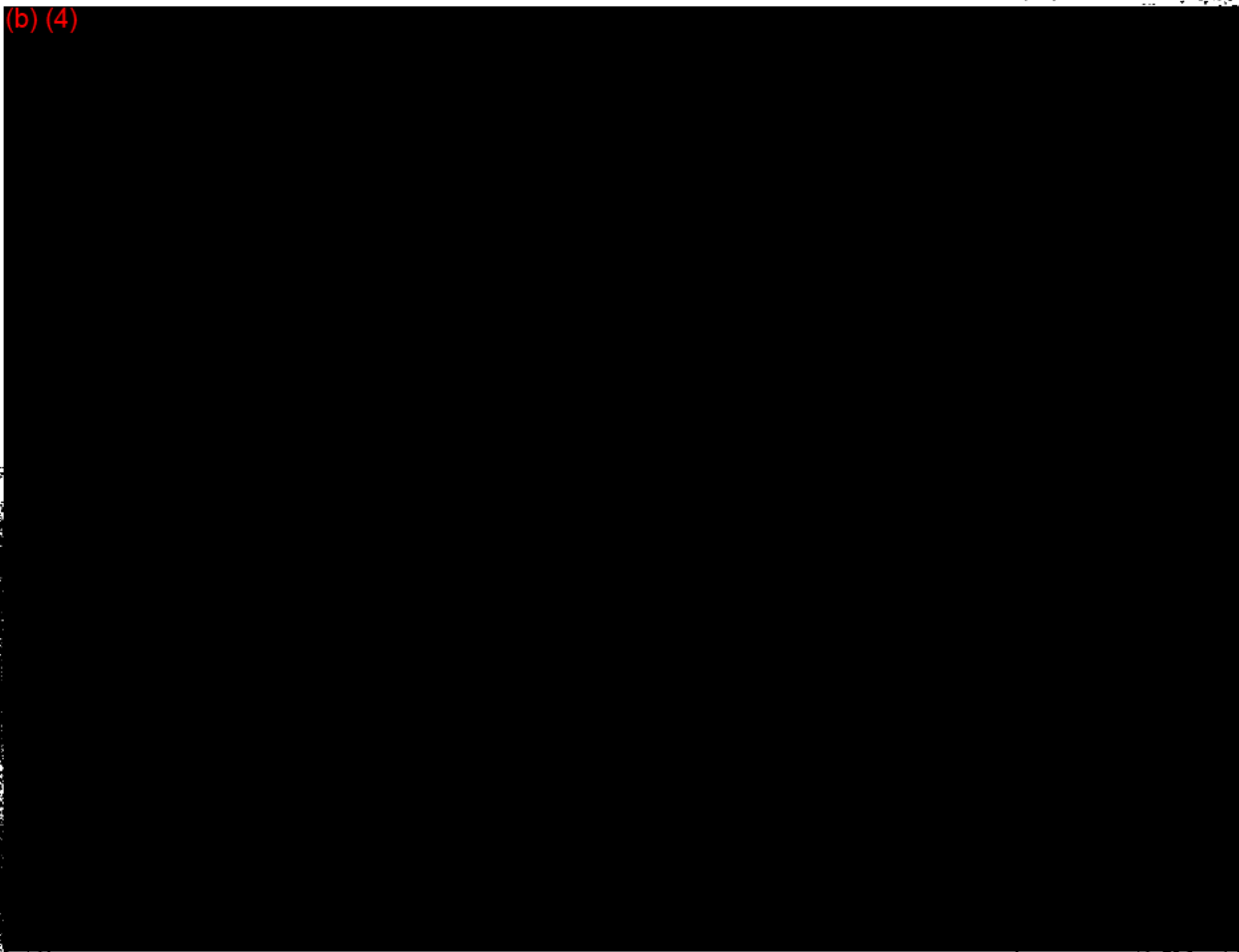


(b) (4)





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(b) (4)



(b) (4)



Natural Prairie Dairy Farms

(b) (4)



e

(b) (4)



(b) (4)





Texas Department of Agriculture
Organic Livestock Dry Matter Worksheet

ROR-623

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Full Legal Business Name Natural Prairie Dairy Farms	
	TDA Client No. (b) (4)	TDA License No. (b) (4)
SECTION B	Report Dates	
	From / / month day year	To / / month day year

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Organic Livestock Dry Matter (DM) Worksheet	
SECTION C	Production Group:
	Class/Stage of production:
	Pasture:
	Dates Grazed (start date-end date):
	Number of days grazed in Class/Stage of production:
	Number of animals:
	Average weight:
	Dry Matter Demand (DMD)
	Source: NRC/NOP Table Value or Other [A]
	Other Feed Sources:
	Name of Feed lb, as fed x % DM of Feed Source = DMI [d]
	Name of Feed lb, as fed x % DM of Feed Source = DMI [e]
	Name of Feed lb, as fed x % DM of Feed Source = DMI [f]
	Name of Feed lb, as fed x % DM of Feed Source = DMI [g]
	Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g [B]
% DMI from feed sources = (B/A)*100	
Pasture DMI, lb = A-B [C]	
% DMI from pastures = (C/A)*100	
DM%: Grains = 89%	
Hay = 90%	
Silage = 25-35%	
Range Cubes = 89%	

SIGNATURE	
I hereby declare this report is true, correct and complete to the best of my knowledge.	
Preparer Printed name Donald De Jong	Phone (b) (6)
Preparer Title Donald De Jong	Date 9 / 15 / 2011 month day year
Preparer Signature (b) (6)	

P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov



Texas Department of Agriculture
Organic Livestock Outdoor Access Calendar

ROR-624

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Full Legal Business Name <i>Natural Prairie Dairy Farm</i>	
	TDA Client No. (b) (4)	TDA License No. (b) (4)
SECTION B	REPORT DATES	
	Calendar Year: <i>2011</i>	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

SECTION C	Outdoor Access Calendar
	(b) (4)

SECTION D	Confinement Details	<input type="checkbox"/> N/A
	*List all days and reasons for confinement of any animal:	
	Date:	Reason for confinement:
	(b) (4)	

SECTION E	SIGNATURE	
	I hereby declare this report is true, correct and complete to the best of my knowledge.	
	Preparer Printed name Donald DeJong	Pho (b) (6)
	Preparer Title Owner	Date 2/22/2011
	Preparer Signature (b) (6)	



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. (b) (4)
	Facility Name NATURAL PRAIRIE DAIRY FARMS (FEED)	TDA Account No. (b) (4)

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 07575111207054417	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 12:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 205	County HARTLEY

SECTION C	FINDINGS
	Certification Type: ORGANIC PROCESSOR (b) (4)

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

SUMMARY FOR PRODUCER

Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION D



Texas Department of Agriculture
Organic Processor (Food and Feed)
Inspection Report

ROR-652

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. (b) (4)
	Facility Name NATURAL PRAIRIE DAIRY FARMS (FEED)	TDA Account No. (b) (4)

SECTION B	INSPECTION INFORMATION	
	Inspection Type Routine	Inspection ID No. 07575111207054417
	Inspector ID 07575	Inspector Name (b) (6)
	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 09:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	County Code 205	County HARTLEY

SECTION C	PROCESSING CATEGORIES	
	1) Select the types of certified organic products that are processed (check all that apply):	
	<input type="checkbox"/> Bakery goods <input type="checkbox"/> Bulk grains, beans and seeds <input type="checkbox"/> Canned fruits and vegetables <input type="checkbox"/> Canned soups, chili and broths <input type="checkbox"/> Cereals <input type="checkbox"/> Chips, crackers, cookies and granola products <input type="checkbox"/> Coffee and teas <input type="checkbox"/> Frozen foods <input type="checkbox"/> Dairy Products <input checked="" type="checkbox"/> Feed, forage, hay or feed supplement (livestock) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Fruits and nuts <input type="checkbox"/> Grains, flours and mixes (packaged) <input type="checkbox"/> Herbs, spices, salt and flavorings <input type="checkbox"/> Juices and beverages <input type="checkbox"/> Meat and meat products <input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc. <input type="checkbox"/> Snacks and candy <input type="checkbox"/> Sweeteners and sugar <input type="checkbox"/> Vegetables
	2) Are any processing categories being conducted that are not included in Section C of the ROR-606? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	
	¹ If Yes, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

PRODUCTS MANUFACTURED AND INGREDIENTS			
SECTION D	3) Are all products manufactured under Section D Subsection 1 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, list all additional manufactured products below. <i>Possible noncompliance.</i>		
	Product Name	% Organic	Organic Label to be Used on Product
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
4) Are all certificates for organic ingredients available at the time of inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
5) Are all organic ingredients clearly identified from non-organic ingredients?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
6) Are all organic ingredients stored in a manner to prevent contamination and commingling from non-organic ingredients?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
² If No, possible noncompliance.			
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*			
*Please clarify under Section K and/or Section L of this report.			

PROCESSING AND HANDLING			
SECTION E	7) Is the information under Section E Question 4 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	8) Does the operation's quality control program adequately prevent commingling and contamination, and monitor the effectiveness of the organic system plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	9) Does the facility and procedures in place prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	10) Is the information under Section E Questions 7-14 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, possible noncompliance.		
11) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?			
<input checked="" type="checkbox"/> Receiving areas or docks, scales, etc.			
<input checked="" type="checkbox"/> Bulk bin(s) or storage unit(s)			
<input type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products			
<input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s)			
<input checked="" type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products			

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION E (CONTINUED)	
PROCESSING AND HANDLING (CONTINUED)	
<input type="checkbox"/> Designated area(s) for certified organic products within dry shelf storage unit(s)	
<input type="checkbox"/> Washing, cleaning, grading, clipping area(s)	
<input checked="" type="checkbox"/> Other (specify): <u>commodity barn bays</u>	
<input type="checkbox"/> Not applicable	
12) Handling areas and equipment for packing and grading of certified organic products (check all that apply):	
<input checked="" type="checkbox"/> Areas with equipment designated exclusively for handling of certified organic products	
<input checked="" type="checkbox"/> Areas with portable equipment designated exclusively for handling of certified organic products	
<input type="checkbox"/> Scheduled times for segregated handling of certified organic products	
<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Not applicable	
13) Are any processing aids used that are not included as ingredients?	<input type="checkbox"/> Yes ² <input checked="" type="checkbox"/> No
² If Yes, are all processing aids listed under section I of the ROR-606?	<input type="checkbox"/> Yes <input type="checkbox"/> No ³
³ If No, list all processing aids not listed under section I of this report. <i>Possible noncompliance.</i>	
14) Are any processed products stored on-site that were not processed at the facility?	<input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No
15) Are any processed products stored at a separate facility with a different physical address of the processing facility?	<input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No
⁴ If Yes, provide name of Certifier and Certification #:	
Certifier: _____	Certification #: _____
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

SECTION F	
SANITATION	
16) Are materials used for sanitation?	<input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No
¹ If Yes, are all materials used for sanitation listed under Section I of the ROR-606?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² <input type="checkbox"/> NA
17) Is the information under Section F Question 21 of the ROR-606 concerning methods used for sanitation and/or cleaning accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
² If No, area(s) of concern.	
18) Does the facility and all equipment appear clean and free from the risk of possible contamination to processed products at the time of inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴
19) Are prohibited materials used in sanitation and/or cleaning?	<input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA
⁴ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

TDA License No. **(b) (4)** Inspector ID No. 07575

Inspection Date 12/7/2011

PEST MANAGEMENT	
SECTION G	20) Are materials used for pest management? <input type="checkbox"/> Yes¹ <input checked="" type="checkbox"/> No
	¹ If Yes, are all materials used for pest management listed under Section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No² <input checked="" type="checkbox"/> NA
	21) Is the information under Section G Question 24 of the ROR-606 concerning methods used for pest management accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²
	² If No, area(s) of concern.
	22) Is the facility and all equipment free of pests and/or the signs of pests at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁴
	23) Are prohibited materials used in pest management? <input type="checkbox"/> Yes³ <input checked="" type="checkbox"/> No
³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No⁴ <input checked="" type="checkbox"/> NA	
24) Is the information under Section G Question 26 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁴	
⁴ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

PRODUCT LABELING		
SECTION H	25) Are organic products labeled or re-labeled? <input type="checkbox"/> Yes¹ <input checked="" type="checkbox"/> No	
	¹ If Yes, do all labels included in the operation's supporting documentation match the labels that are present at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No² <input checked="" type="checkbox"/> NA	
	<i>*Labels will be included with new applications (if labeling or re-labeling is being conducted). Annual updates will only include labels if changes are made to existing labels or new labels are added.</i>	
	26) List the number of certified organic products with their corresponding label type or production lot number:	
	Label Type	Number of Products
	100% ORGANIC - All ingredients and processing aids are certified organic.	1
	ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.	
	MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.	
	ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.	
	Certified organic products in non-retail containers are labeled with production lot number.	
27) Is the information under Section H Questions 29 and 30 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²		
² If No, area(s) of concern. Explain in comments section.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. (b) (4) Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION I		
MATERIALS USED		
28) Are all of the materials listed under Section I of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹		
¹ List all materials <u>not</u> included in the ROR-606 in the table below. <i>If No, possible noncompliance:</i>		
Brand Name:	Manufacturer:	Reason for use:
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section I. of this report.		

SECTION J		
RECORD KEEPING		
29) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Names and addresses of suppliers ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Purchasing records of certified organic products/ingredients (including purchase dates, invoices, and quantities) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Current Inventory of Products and Ingredients ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Handling Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Routine quality control inspections, reports, and evaluations ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Verification of certifications and records of certifying agents for all certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales and shipping records of certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
30) Does record keeping system adequately provide for auditing the organic system plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i>		
² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i>		
³ <i>If No, possible noncompliance.</i>		
*Note, all records must be maintained for 5 years.		

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

RECORD KEEPING (CONTINUED)	
31) Are city, state, or federal food health and safety permits/licenses available at the time of inspection?	<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵ <input checked="" type="checkbox"/> NA
32) Are records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁵ <input checked="" type="checkbox"/> NA
⁴ If Yes, list the following information regarding the permits/licenses:	
Issuing Agency	Enter as MM/DD/YYYY Expiration Date
⁵ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

SECTION J (CONTINUED)

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION K

SUMMARY FOR HANDLER

33) Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION L

Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Processor (Food and Feed) Inspection Report
- Organic Inspection Findings
- Additional Attachments (specify):



Texas Department of Agriculture
Processor (Food and Feed) Organic System
Plan

ROR-606

TODD STAPLES, COMMISSIONER

SECTION A	VERIFICATION INFORMATION <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name: Natural Prairie Dairy Farms LLC	D.B.A. (if applicable):	
	Facility Name: Natural Prairie Dairy Farms (Feed)	Client No. (b) (4)	Account No. (b) (4)
	Contact Individual: Cheri DeJong		

SECTION B	REQUIRED SUPPORTING DOCUMENTATION
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.
	<input checked="" type="checkbox"/> Overall description of physical facilities including a complete diagram of the facilities
	<input checked="" type="checkbox"/> Description of handling and processing procedures and materials
	<input checked="" type="checkbox"/> Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas
	<input checked="" type="checkbox"/> Description of the critical control points of potential contamination and commingling
	<input checked="" type="checkbox"/> Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation
	<input checked="" type="checkbox"/> Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution
	<input type="checkbox"/> Attach copies of all current food health and safety permits/licenses
	<input checked="" type="checkbox"/> Processing Categories (SECTION C)
	<input checked="" type="checkbox"/> Products Manufactured and Ingredients (SECTION D)
	<input checked="" type="checkbox"/> Processing and Handling (SECTION E)
	<input checked="" type="checkbox"/> Sanitation (SECTION F)
	<input checked="" type="checkbox"/> Pest Management (SECTION G)
	<input checked="" type="checkbox"/> Product Labeling (SECTION H)
<input checked="" type="checkbox"/> Materials Used (SECTION I)	
<input checked="" type="checkbox"/> Record Keeping (SECTION J)	
<input checked="" type="checkbox"/> Attachments (i.e. ingredient listings)	

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Business Name:

SECTION C

PROCESSING CATEGORIES

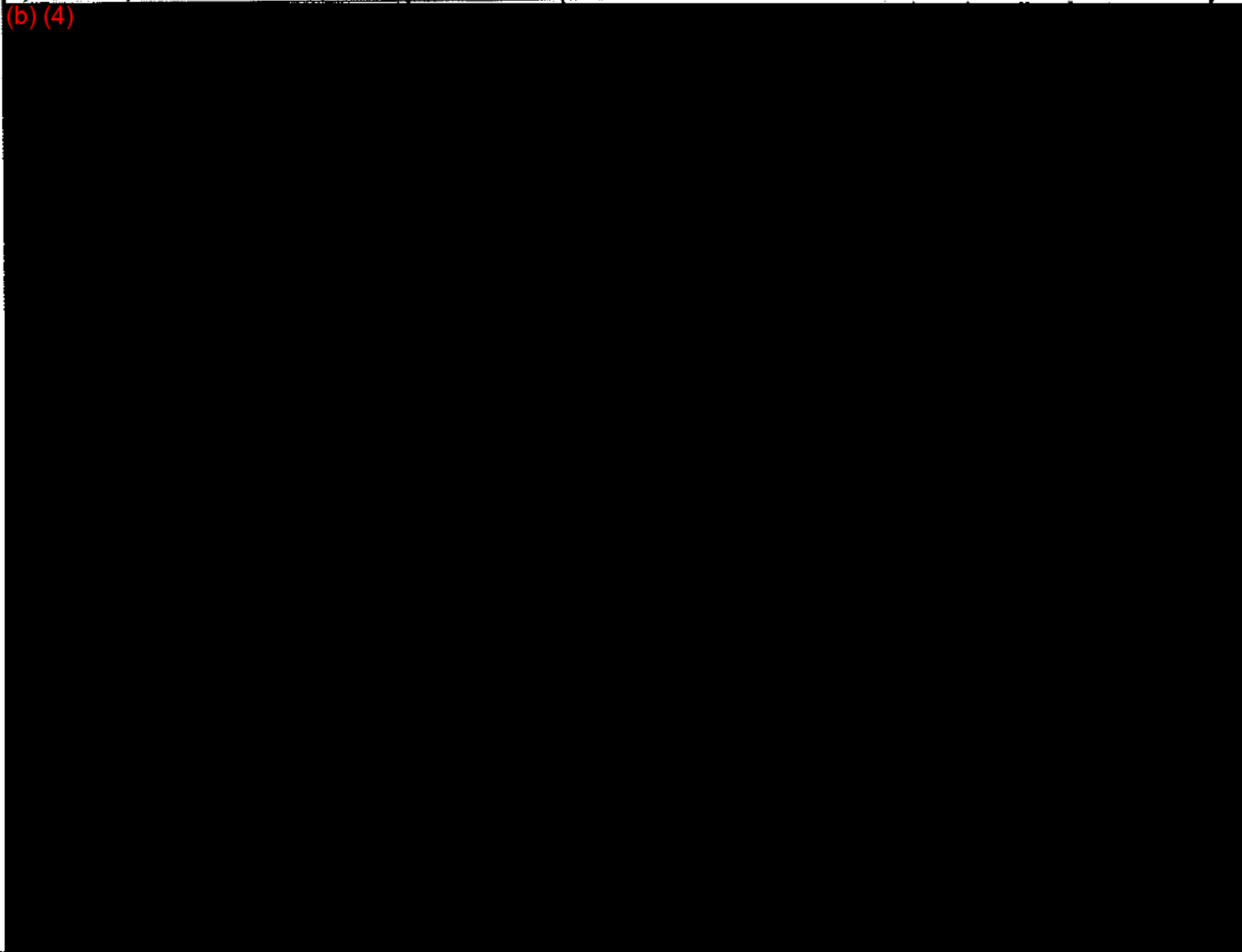
- 1) Select the types of certified organic products that are processed (check all that apply):
- Bakery goods
 - Bulk grains, beans and seeds
 - Canned fruits and vegetables
 - Canned soups, chili and broths
 - Cereals
 - Chips, crackers, cookies and granola products
 - Coffee and teas
 - Frozen foods
 - Dairy Products
 - Feed, forage, hay or feed supplement (livestock)
 - Other (specify):
 - Fruits and nuts
 - Grains, flours and mixes (packaged)
 - Herbs, spices, salt and flavorings
 - Juices and beverages
 - Meat and meat products
 - Nut butters, jams, jellies, honey, syrup, etc.
 - Snacks and candy
 - Sweeteners and sugar
 - Vegetables

PRODUCTS MANUFACTURED AND INGREDIENTS

PRODUCTS MANUFACTURED

2) List all products manufactured:

(b) (4)



SECTION D

Business Name:

SECTION D (CONTINUED)

PRODUCTS MANUFACTURED (CONTINUED)

Product Name	% Organic	Organic Label to be Used on Product		
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
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		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic

*Make additional copies of this page as needed.

Business Name:

INGREDIENTS

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name: (b) (4)

Organic Ingredients

Non-Organic Ingredients

(b) (4)

SECTION D (CONTINUED)

*Make additional copies of this page for each submitted product.

Business Name:

2 INGREDIENTS

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name: (b) (4)

Organic Ingredients

Non-Organic Ingredients

(b) (4)

SECTION D (CONTINUED)

*Make additional copies of this page for each submitted product.

Business Name:

SECTION E

PROCESSING AND HANDLING

4) Select the types of processing equipment used:

- | | | |
|--------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Stone Milling | <input checked="" type="checkbox"/> Hammer Mill | <input type="checkbox"/> Roller Mill |
| <input type="checkbox"/> Sizing/Cleaning | <input type="checkbox"/> Pelletizer | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Other (specify): <u>Loewen Feed Mixers</u> | | |

5) Do you have a quality control program implemented to evaluate potential commingling and contamination, and to monitor the effectiveness of your organic system plan? Yes No¹

6) Do you have facilities and procedures in place to prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products? Yes No¹

7) Are all processing and handling systems cleaned prior to each run of certified organic product? Yes No¹

8) Are methods used during processing to prevent contamination and commingling from non-certified organic product? Yes No¹

9) Is a segregated area designated for storage of certified organic product to be processed? Yes No¹

¹If No, explain: 10/3/2011 - via phone - Only organic product. NSF

10) Is handling equipment designated exclusively for certified organic product? Yes No²

²If No, describe your cleaning process and list any materials used in section II:

- 11) Are processed products:
- | | | |
|----------------------------------------------------|------------------------------------------------------|----------------------------------------|
| Shipped immediately to other warehouse facilities? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Temporarily stored or warehoused on-site? | <input checked="" type="checkbox"/> Yes ³ | <input type="checkbox"/> No |
| Stored on-site until shipped to buyer? | <input type="checkbox"/> Yes ³ | <input checked="" type="checkbox"/> No |

³If Yes, is a segregated area designated for storage of processed organic products? Yes No⁴

⁴If No, explain:

12) Is shipping and transportation of processed organic products managed to prevent commingling and contamination from nonorganic products? Yes No⁵

⁵If No, explain: Product is not shipped or transported off farm - It is fed to dairy cows on site

Business Name:

PROCESSING AND HANDLING (CONTINUED)

13) Packaging materials used for processed organic products (check all that apply):

- Exclusively for certified organic products
- Previously used
- Have been cleaned or lined with new liners
- New
- Contain no prohibited materials
- Other (specify): Not applicable

14) Do you process any organic by-products? Yes⁶ No

⁶If Yes, list the types of by-products you process:

⁶If Yes, do methods used for conveying, handling and storing of certified by-products prevent commingling and contamination from non-organic by-products? Yes No⁷

⁷If No, explain:

15) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?

- Receiving areas or docks, scales, etc.
- Bulk bin(s) or storage unit(s)
- Cold storage unit(s) used exclusively for certified organic products
- Designated area(s) for certified organic products with cold storage unit(s)
- Dry shelf storage unit(s) used exclusively for certified organic products
- Designated area(s) for certified organic products within dry shelf storage unit(s)
- Washing, cleaning, grading, clipping area(s)
- Other (specify): Commodity barn bays
- Not applicable

16) Handling areas and equipment for packing and grading of certified organic products (check all that apply):

- Areas with equipment designated exclusively for handling of certified organic products
- Areas with portable equipment designated exclusively for handling of certified organic products
- Scheduled times for segregated handling of certified organic products
- Other (specify):
- Not applicable

17) Do you use any processing aids that are not included as ingredients? Yes⁸ No

⁸If Yes, list all processing aids under section I.

18) Are any processed products stored on-site that were not processed at your facility? Yes⁹ No

19) Do you store any processed products that are located at a separate facility with a different physical address of the processing facility? Yes⁹ No

⁹If Yes, you must submit form ROR-602 Distributor Organic System Plan with all applicable fees.

SECTION E (CONTINUED)

Business Name:

SECTION F	¹SANITATION		
	20) Are materials used for sanitation?	<input checked="" type="checkbox"/> Yes ¹	<input type="checkbox"/> No
	¹ If Yes, list materials used under section I.		
	21) Select methods and/or materials used for sanitation and/or cleaning (check all that apply):		
	<input type="checkbox"/> Citric acid <input type="checkbox"/> Hydrogen peroxide <input checked="" type="checkbox"/> Sweeping/brushing <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Phosphoric acid <input type="checkbox"/> Sodium hydroxide <input checked="" type="checkbox"/> Compressed air	<input type="checkbox"/> Allowed bleaches <input type="checkbox"/> Water <input type="checkbox"/> Not Applicable
22) Are prohibited materials used in sanitation and/or cleaning?	<input type="checkbox"/> Yes ²	<input checked="" type="checkbox"/> No	
² If Yes, are certified organic products protected from contamination from prohibited materials used in sanitation and/or cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
² If Yes, do the methods of handling and application of prohibited materials used in sanitation and/or cleaning prevent contamination of certified organic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION G	¹PEST MANAGEMENT		
	23) Are materials used for pest management?	<input type="checkbox"/> Yes ¹	<input checked="" type="checkbox"/> No
	¹ If Yes, list materials used under section I.		
	24) Select methods and/or materials used for pest management (check all that apply):		
	<input checked="" type="checkbox"/> Sanitation <input type="checkbox"/> Sticky traps/baits <input type="checkbox"/> Botanical insecticides <input type="checkbox"/> Diatomaceous earth (DE)	<input type="checkbox"/> Physical barriers <input type="checkbox"/> Boric Acid <input type="checkbox"/> Soaps and/or oils <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Insect/rodent traps <input type="checkbox"/> Pheromone traps <input type="checkbox"/> Microbial or viral insecticides
	25) Are prohibited materials used in pest management?	<input type="checkbox"/> Yes ²	<input checked="" type="checkbox"/> No
	² If Yes, are certified organic products protected from contamination from prohibited materials used in pest management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
² If Yes, do the methods of handling and application of prohibited materials used in pest management prevent contamination of certified organic products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26) Are pest control materials applied by a:	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> designated employee or department; <input type="checkbox"/> registered commercial pest control service company. ³			
³ Attach the most recent invoices and/or contracts from commercial pest control service company.			

Business Name:

SECTION H	PRODUCT LABELING	
	27) Do you label products?	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No
	¹ If Yes, attach copies of all labels used for certified organic products.	
	28) Which labeling categories do you use (check all that apply)? (All calculations exclude added water and salt)	<input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> 100% ORGANIC - All ingredients and processing aids are certified organic. <input type="checkbox"/> ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form. <input type="checkbox"/> MADE WITH ORGANIC (Specified Ingredients)* - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances. <input type="checkbox"/> IDENTIFICATION OF ORGANIC INGREDIENTS IN INGREDIENT STATEMENT ONLY* *Not allowed on livestock feed products.	
	29) The following labeling requirements have been met:	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> "Certified organic by <Name of Certifier>" appears above, below or next to the name and address of the processor or distributor of the product (not allowed on products with organic ingredient statement only). <input type="checkbox"/> Organic ingredients are identified as organic in the ingredient statement. <input type="checkbox"/> Other labeling options, including TDA logo and USDA seal (if used), comply with applicable restrictions.		
30) Does the facility have certified organic products custom labeled for them by another certified organic operation?	<input type="checkbox"/> Yes ^{2,3} <input checked="" type="checkbox"/> No	
² If Yes, you must submit documentation verifying the approval of all labels by the certifying agent(s) listed on the label other than the Texas Department of Agriculture.		
³ If Yes, provide the following information about the certified organic operation:		
Business Name:		
Certified by: <input type="checkbox"/> TDA <input type="checkbox"/> Other (specify):		
Certification Number:		

Business Name:

SECTION J	RECORD KEEPING
	32) Select all records that are currently maintained (check all that apply):
	<input checked="" type="checkbox"/> Names and addresses of suppliers, including producers, processors, and distributors* <input checked="" type="checkbox"/> Purchasing records of certified products* <input checked="" type="checkbox"/> Current inventory of certified organic products* <input type="checkbox"/> Current inventory of ingredients for processing* <input type="checkbox"/> Records regarding each stage of handling and processing for all certified organic products* <input type="checkbox"/> Routine quality control inspections, reports and evaluations* <input checked="" type="checkbox"/> Verification of certifications and records of certifying agents for all certified organic products* <input type="checkbox"/> Sales and shipping records of certified organic products* <input type="checkbox"/> Records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements* <input type="checkbox"/> Records indicating compliance with city, state or federal health code requirements (if applicable)* <input type="checkbox"/> Other (specify):
	<p><i>*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.</i></p> <p>33) How long do you plan to maintain the above selected records? 5 years</p>

10/27/2011 -
 Not all the
 above records
 are applicable
 DJF

Business Name:

AFFIRMATION

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any organic product. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.

The responsible party, by and through their personal or agent's signature below:

(1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;

(2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and

(3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

SECTION K

<i>Signature of Responsible Party:</i>		(b) (6)	<i>Date:</i>	8/16/2011
<i>Print Name:</i>	Cheri DeJong			

I have made copies of this form and other supporting documents for my own records.

I have attached the following documents:

- Notice(s) of non-compliance or denial of certification from other certifying agencies
- Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- All required attachments (ingredient labels, organic labels, etc.)

Submit completed form, fees and supporting documents to:

Texas Department of Agriculture
 Organic Certification Program
 P.O. Box 12847
 Austin, TX 78711

Natural Prairie Dairy Farms

Feed Processing

Grain Flow Chart / Handling Procedures

(b) (4)



**Natural Prairie Dairy Farms
Feed Processing Diagram**

(b) (4)



Natural Prairie Dairy Farms

Feed Processing

Critical Control Points

(b) (4)



Natural Prairie Dairy Farms

Feed Processing – Internal Quality Controls

(b) (4)



Natural Prairie Dairy Farms

Security/Biosecurity Program

(b) (4)



Natural Prairie Dairy Farms

Product Storage, Loading and Transportation

(b) (4)





P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov



Texas Department of Agriculture Organic Certificate

TODD STAPLES, COMMISSIONER

This is to certify that

NATURAL PRAIRIE ORGANIC
10250 US HWY 385
CHANNING TX 79018

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class: ORGANIC LAND PRODUCER

Certificate Number: (b) (4)

TDA Client Number: [REDACTED]

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Products:

ALFALFA, BERMUDA, CORN, FESCUE, GRASS, NATIVE GRASSES, WHEAT

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date:	06/08/2011
NOP effective date:	05/27/2005
Next update due:	03/01/2012



Indiana Certified Organic, LLC

8364 S SR 39, Clayton, IN 46118, tel: 317-539-4317 fax: 317-539-2739

ico@earthlink.net

www.indianacertifiedorganic.com

ICO Certified Products List

Operation: (b) (4)

Certificate #: (b) (4)

Initial Certification Date: (b) (4)

Effective Date: (b) (4)

Scope: Crops

Standards: 7 CFR Part 205 National Organic Program

Product/s:
(b) (4)

Signature:
(b) (6)

With this document ICO LLC verifies that the products listed above are eligible to be labeled as certified organic in accordance with the standards and scope stated above.
Document Status: Current as of 8/29/10

CERTIFICATE OF CONFORMANCE

Scope of
Certification
Crops

(b) (4)

(b) (4)

The Organic System Plan of the above operation meets applicable requirements and has been granted organic certification in accordance with the standards and scope detailed on this certificate.

Standards
7 CFR Part 205 National Organic Program



Indiana Certified Organic, LLC, 8964 S SR 39, Clayton, IN 46118
530-4317 ph, 517-630-2739 fax
ico@icoworld.com

(b) (6)

Cecilia A Bowman, CEO

This certificate is valid until suspended, surrendered, or revoked. To confirm the validity of this Certificate, please contact ICO. See attached list of individual products eligible to be labeled certified organic or contact ICO for verification.

ICO Certificate
Document status: Final

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
USDA NATIONAL ORGANIC PROGRAM

(b) (4)

LAST ANNUAL INSPECTION

Crops

(b) (4)

Crops (100% organic): Alfalfa, Grass
Hay

CERTIFICATION NUMBER

(b) (4)



700 Kopling Street, Suite 4000
Lakewood, CO, 80215
(303) 739-4139



(b) (4)

Location Program Manager

Once certified, a production or handling operation's organic certification continues in effect until surrendered by the organic operation or suspended or revoked.

00-206-2006

CERTIFIED ORGANIC CERTIFICATE OF COMPLIANCE WITH THE USDA NATIONAL ORGANIC PROGRAM

(b) (4)

LAST ANNUAL INSPECTION

Crops

(b) (4)

Crops: 100% organic: Alfalfa, Rye, Barley

(b) (4)



700 Empire Street, Suite 4000
Lafayette, CO, 80215
(303) 239-4139



3-28-2011
Date Issued

(b) (6)

March 7

Once certified, a production or handling operation's organic certification continues in effect until surrendered by the organic operator or suspended or revoked.

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
NATIONAL ORGANIC PROGRAM

(b) (4)

(b) (4)

LAST ANNUAL INSPECTION

Crops

(b) (4)

Crops: Alfalfa

CERTIFICATION NUMBER

(b) (4)

COLORADO
DEPARTMENT OF
AGRICULTURE

780 E. Highway Street, Suite 4000
Lafayette, CO, 80215
(303) 239-4139



(b) (6)

(b) (6)

(b) (4)

(b) (4)

AM

Once certified, a production or handling operation's organic status may be suspended or revoked if the operation is found to be in violation of the National Organic Program standards.

Rev 68-29-2008



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
Hearing Impaired: (800) 735-2988 www.TexasAgriculture.gov



Texas Department of Agriculture Organic Certificate

Todd Staples, Commissioner

This is to certify that

(b) (4)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class: ORGANIC LAND PRODUCER

Certificate Number: (b) (4)

TDA Client Number: [Redacted]

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Products:
ALFALFA

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date:

NOP effective date:

Next update due:

(b) (4)

(b) (4)

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
USDA NATIONAL ORGANIC PROGRAM

(b) (4)

CERTIFICATION NUMBER
(b) (4)

LAST ANNUAL INSPECTION
(b) (4)

Crops: Alfalfa, Wheat, Barley, Potatoes,
Oat Hay, Sudan



(b) (6)

(b) (4)

Once certified, a production or handling operation's or organic operation...

Rev 08-29-2008

(b) (4)

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
USDA NATIONAL ORGANIC PROGRAM

(b) (4)

LAST ANNUAL INSPECTION

Crops

(b) (4)

Crops (100% organic): Alfalfa Hay

CERTIFICATION NUMBER

(b) (4)

COLORADO
DEPARTMENT OF
AGRICULTURE
200 Explic Street, Suite 4000
Lakewood, CO 80215
(303) 239-4139



(b) (6)

(b) (4)

Month Year

Once certified, a production or handling operation's organic certification remains in effect until surrendered by the organic operation or suspended or revoked.

Rev 08-29-2008

(b) (4)

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
USDA NATIONAL ORGANIC PROGRAM

(b) (4)

LAST ANNUAL INSPECTION

(b) (4)

Crops

Alfalfa Hay, Wheat

CERTIFICATION NUMBER

(b) (4)

COLORADO
DEPARTMENT OF AGRICULTURE

700 Kipling Street, Suite 4000
Lakewood, CO, 80215
(303) 239-4139



(b) (6)

(b) (4)

Mitc

Once certified, a production or handling operation's organic c
organic operation or suspended or revoked.

Rev 08-29-2008

(b) (4)

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
USDA NATIONAL ORGANIC PROGRAM

(b) (4)

CERTIFICATION NUMBER

(b) (4)

LAST ANNUAL INSPECTION

(b) (4)

Crops

Crops: Alfalfa, Grass Hay

COLORADO

DEPARTMENT OF AGRICULTURE
700 Kipling Street, Suite 4000
Lakewood, CO, 80215
(303) 239-4139



(b) (6)

(b) (4)

Mich Y

Once certified, a production or handling operation's organic certification is subject to annual inspection. If an organic operation is suspended or revoked.

Rev 08-29-2008

CERTIFIED ORGANIC
CERTIFICATE OF COMPLIANCE WITH THE
USDA NATIONAL ORGANIC PROGRAM

(b) (4)

LAST ANNUAL INSPECTION

(b) (4)

CERTIFICATION NUMBER

(b) (4)

Crops (100% Organic): Potatoes,
Quinoa, Alfalfa, Beans, Beans (Fava),
Carrots, Corn, Cucumbers, Greens,
Herbs, Oats, Onions, Peas, Radishes,
Rye, Sorghum, Squash, Wheat, Pasture,
Clover, Mixed Forage Hay, Triticale;

Processing/handling of crops produced



(b) (6)

(b) (4)



700 Kipling Street, Suite 4000
Lafayette, CO 80215
(303) 239-4139

Once certified, a production or handling operation's organic certification is subject to annual inspection or suspension or revocation.

Rev 05-25-2003

(b) (5)

Scope of
Certification
Crops

(b) (4)

CERTIFICATE OF CONFORMANCE

Certificate

The Organic System Plan of the above operation meets applicable requirements and has been granted organic certification in accordance with the standards and scope detailed on this certificate.

(b) (4)

Standards
7 CFR Part 205 National Organic Program

Issue Date

(b) (4)



Effective Date

(b) (4)

Indiana Certified Organic, LLC, 3914 Charles Creek Rd, Plainfield, IN 46169
Phone 317 839 9700, fax 317 839 9707

Anniversary Date

(b) (4)

Signature and Name of the decision maker, CO

(b) (6)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. To confirm the validity of this Certificate, please contact ICCO. See attached list of individual products eligible to be labeled certified organic or contact ICCO for verification.

Quality Certification Services (QCS)

Hereby certifies that

(b) (4)

Meets the strict standards to be

CERTIFIED ORGANIC

Quality Certification Services, a USDA National Organic Program and ISO-65 compliant organic certification program, has determined, based on a review of the above named entity's application and records, and inspection of its fields, facilities and processes, that the above named entity meets or exceeds the appropriate and applicable standards of organic production, handling, and processing. In displaying this certificate, the Certified Entity warrants that it is in, and will remain in, full compliance with the organic standards set by the USDA National Organic Program.

This certification does not expire and is good until surrendered, suspended, or revoked.

QCS Entity ID

(b) (4)

Effective Date:



P.O. Box 12311
Gainesville, FL 32604
Phone: 352-377-0133

Facility Location(s)	Certified Product(s)
See Product Verification Form	See Product Verification Form

Scope

Handling

(b) (6)

(b) (6)

Certification Coordinator

CS-E-01,V1,R1,9-17-04



QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •
(p) 352-377-0133, (f) 352-377-8363 • www.qcsinfo.org

(b) (4)



The Product Verification Form does not replace the organic certificate. QCS issues separate organic certificates for NOP, EC 889/2008 & 834/2007 and CGSB Production System. This document is provided to describe the certified products and is valid only with the corresponding organic certificate(s).

- * Under the NOP, organic certification, once granted does not expire and remains good until the certification is surrendered, suspended or revoked.
- * Under EC 889/2008 & 834/2007 organic certification expires on an annual basis.
- * Under the Canadian General Standards Board Production System (CGSB), organic certification is valid until the results of the next annual evaluation are known and a new decision is rendered.
- * US-Canada Equivalence Agreement (US-Canada EA)

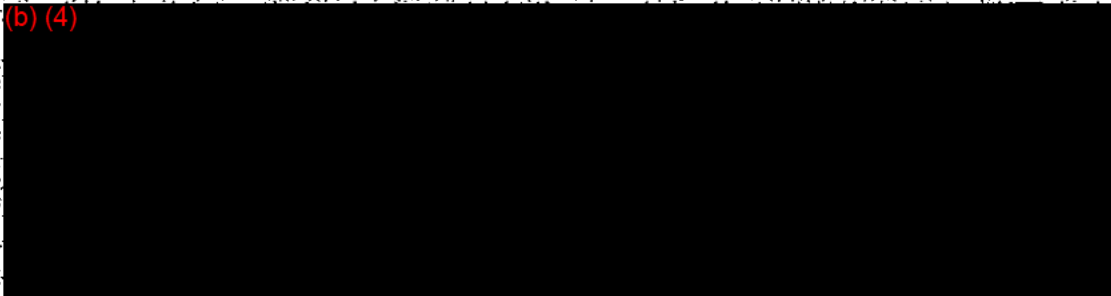
Certified Products and Facility Locations

(b) (4)



100% Organic

(b) (4)





QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •
(p) 352-377-0133, (f) 352-377-8363 • www.qcsinfo.org

(b) (4)

100% Organic

(b) (4)

(b) (4)

100% Organic

(b) (4)

(b) (4)

100% Organic

(b) (4)



QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •
(g) 352-377-0133, (f) 352-377-8383 • www.qcsinfo.org

(b) (4)

100% Organic

(b) (4)

(b) (4)

100% Organic

(b) (4)

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100% Organic

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100% Organic

(b) (4)



QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •
(p) 352-377-0133, (f) 352-377-8363 • www.qcsinfo.org

(b) (4)

100% Organic

(b) (4)

Signed by:

(b) (6)
(b) (6)

Certification Coordinator

Date: 3/4/2010



Quality Certification Services (QCS)

PO Box 12311, Gainesville, FL 32604

Phone: (352) 377-0133 Fax: (352) 377-8363

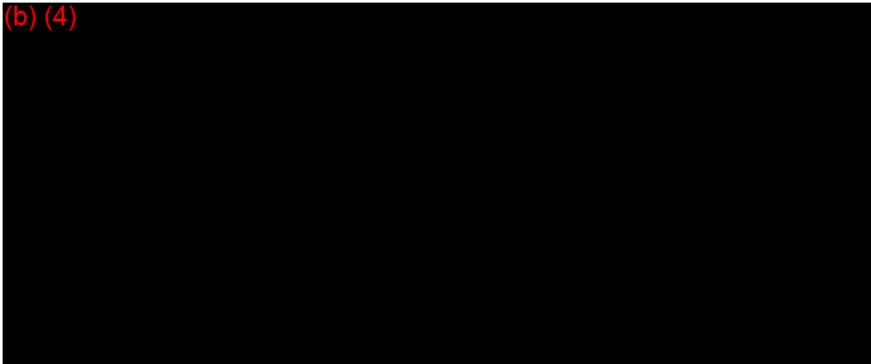
QCS is the Certification Program of Florida Certified Organic Growers and Consumers, Inc. (FOG)

June 21, 2011

To whom it may concern:

The purpose of this letter is to verify the current status of the organic certification of the following (b) (4) processing operations:

(b) (4)



The above (b) (4) processing operations are currently certified organic by Quality Certification Services (QCS) as accredited by the National Organic Program (NOP). These certifications are in effect and currently valid. An organic certificate is essentially a license granted by QCS under the authority of the United States Department of Agriculture's NOP that gives (b) (4) the right to market the products listed on the attached Product Verification Forms as Certified Organic under the National Organic Program.

Such a certificate is treated similarly to all federal licenses; once granted, it never expires and continues as valid and in effect until it is suspended, revoked or surrendered. The exact text of the applicable federal law, 7 CFR Part 205, NOP Final Rule, states in Section 205.404(c): *Once certified, a production or handling operation's organic certification continues in effect until surrendered by the organic operation or suspended or revoked by the certifying agent, the State organic program's governing State official, or the Administrator.*

(b) (4) currently holds a valid organic certificate for each of these operations, which has not been suspended, revoked or surrendered. No date appearing on the certificate should be interpreted as an expiration date, for under the NOP no such date exists. A date that appears under a label such as "Renewal Date" is not an expiration date for the certificate, but one which serves certain

CS-E-06, V1, R3, 03/01/10

administrative purposes within QCS. It is not intended as, and in no circumstances should be interpreted as, an expiration date. Organic certificates have no expiration dates.

I hope this answers your questions. If I can be of further assistance, please let me know.

(b) (6)



CERTIFICATE OF CONFORMANCE

(b) (4)

Scope of
Certification
Handler

The Organic System Plan of the above operation meets applicable requirements and has been granted organic certification in accordance with the standards and scope detailed on this certificate.

Certificate
Number

(b) (4)

Standards
7 CFR Part 205 National Organic Program

Issue Date

(b) (4)



Effective Date

(b) (4)

Indiana Certified Organic, LLC, 8364 S SR 29, Clayton, IN 46115
339-6347 ph, 317-539-2789 fax
indco@certifind.com

(b) (6)
(b) (6)
(b) (6)

This certificate is valid until suspended, surrendered, or revoked. To confirm the validity of this Certificate, please contact ICO. See attached list of individual products eligible to be labeled certified organic or contact ICO for verification.

ICO Certificate
Document status: Final



Indiana Certified Organic, LLC

8364 S SR 39, Clayton, IN 46118, tel: 317-539-4317 fax: 317-539-2739
icollc@earthlink.net
www.indianacertifiedorganic.com

ICO Certified Products List

Operation: (b) (4)
[Redacted]

Certificate #: (b) (4)
[Redacted]

Initial Certification Date: (b) (4)
[Redacted]

Effective Date: (b) (4)
[Redacted]

Scope: Handler

Standards: 7 CFR Part 205 National Organic Program

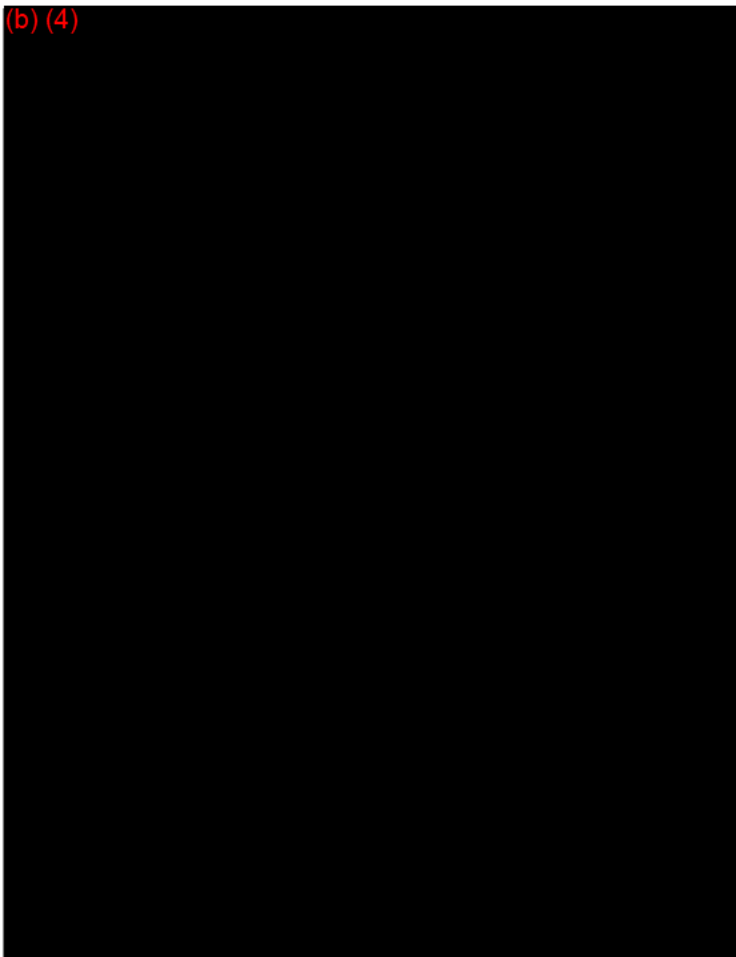
Product/s: Expelling and extrusion of soybean meal and soybean oil

Signature:
(b) (6)
[Redacted]

With this document ICO LLC verifies that the products listed above are eligible to be labeled as certified organic in accordance with the standards and scope stated above.
Document Status: Current as of 12/30/10

Feed Tag Details

LB-



Feed Tag Details

LB-

(b) (4)



(b) (4)



Feed Tag Details

LB-

(b) (4)



(b) (4)





National Organic Program Certificate of Compliance

Certified Organic

Number: (b) (4)

Certified Entity

(b) (4)

Type of Operation

Handler (Processor)

Certified Products

Per Attached NOP Organic System Plan Summary

Identification Marks

Per Attached NOP Organic System Plan Summary

Location Inspected

(b) (4)

Effective Date

(b) (4)

Quality Assurance International, upon providing this certification, states that it has received the Certified Entity's application, reviewed its records, inspected its fields and/or facilities and has determined that the certified entity identified above is operating in accordance with the Organic Foods Production Act of 1990 and 7 CFR Part 205. In its acceptance of this certification, the certified entity warrants, that it is in, and will remain in, full compliance with the Terms and Conditions of the Certification Agent; and in accordance with general guidelines established by the USDA's National Organic Program. Certification valid until surrendered, suspended or revoked.

Signed on behalf of QAI Inc

(b) (6)

(b) (6)
February 12, 2011

Quality Assurance International
9191 Towne Centre Drive, Suite 510, San Diego, California 92122, USA
Tel: (858) 792-3531 • Fax: (858) 792-8665

Page 1 of 1



NOP Organic System Plan Summary

Company: (b) (4)

Inspected
Location:

Operation Type : Handler (Processor)

Certification Number : (b) (4)

First Certified Date : (b) (4)

Next Annual Monitoring Date : (b) (4)

100% Organic

(b) (4)



100% Organic

(b) (4)



100% Organic

Product	Id Mark	Compliance	Date Added
<p>(b) (4)</p> 			

Signed on behalf of OAI Inc

(b) (6)

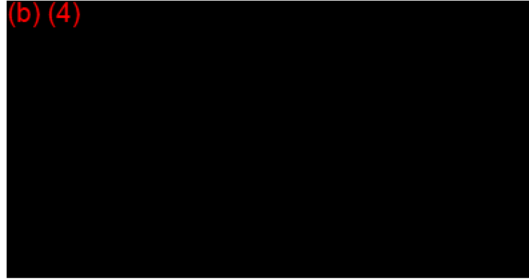
(b) (6)

May 12, 2011

MOSA Organic Certificate

The Midwest Organic Services Association, Inc. (MOSA), has verified through inspection and review that this operation has met the National Organic Standards and is certified as compliant with the USDA's National Organic Program (7 CFR Part 205).

(b) (4)



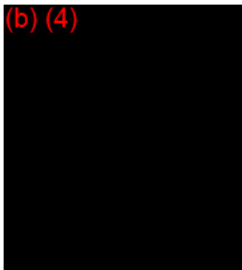
Categories of Organic Operation: Handler

Certified Organic Products/Services:

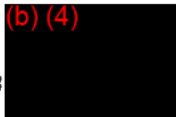
Receiving, mixing, rolling, bagging, and delivering organic grains and feed blends

This certificate serves to establish the current MOSA certification of the Associate named above and is not valid for trade. Transaction certificates are issued for requested trade purposes.

(b) (4)



Handler Number: (b) (4)



Associate Number:



Certification Specialist



Please direct any questions regarding the verification of this certificate to the Midwest Organic Services Association, Inc.
PO Box 821, Viroqua WI 54663, (608) 637-2526, fax (608) 637-7032, email: mosa@mosaorganic.org



PO Box 821 - Viroqua, WI 54665 -- (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

(b) (4)

Handler # (b) (4)

Associate #

MOSA Certified:

(b) (4)

The above named operation has met the National Organic Standards and is certified as compliant with the USDA's National Organic Program (7 CFR Part 205) to produce or handle the following product(s) and/or service(s):

Receiving, mixing, rolling, bagging, and delivering organic grains and feed blends.

100% Organic

Products

Label Names

(b) (4)

Organic

Products

Label Names

(b) (4)



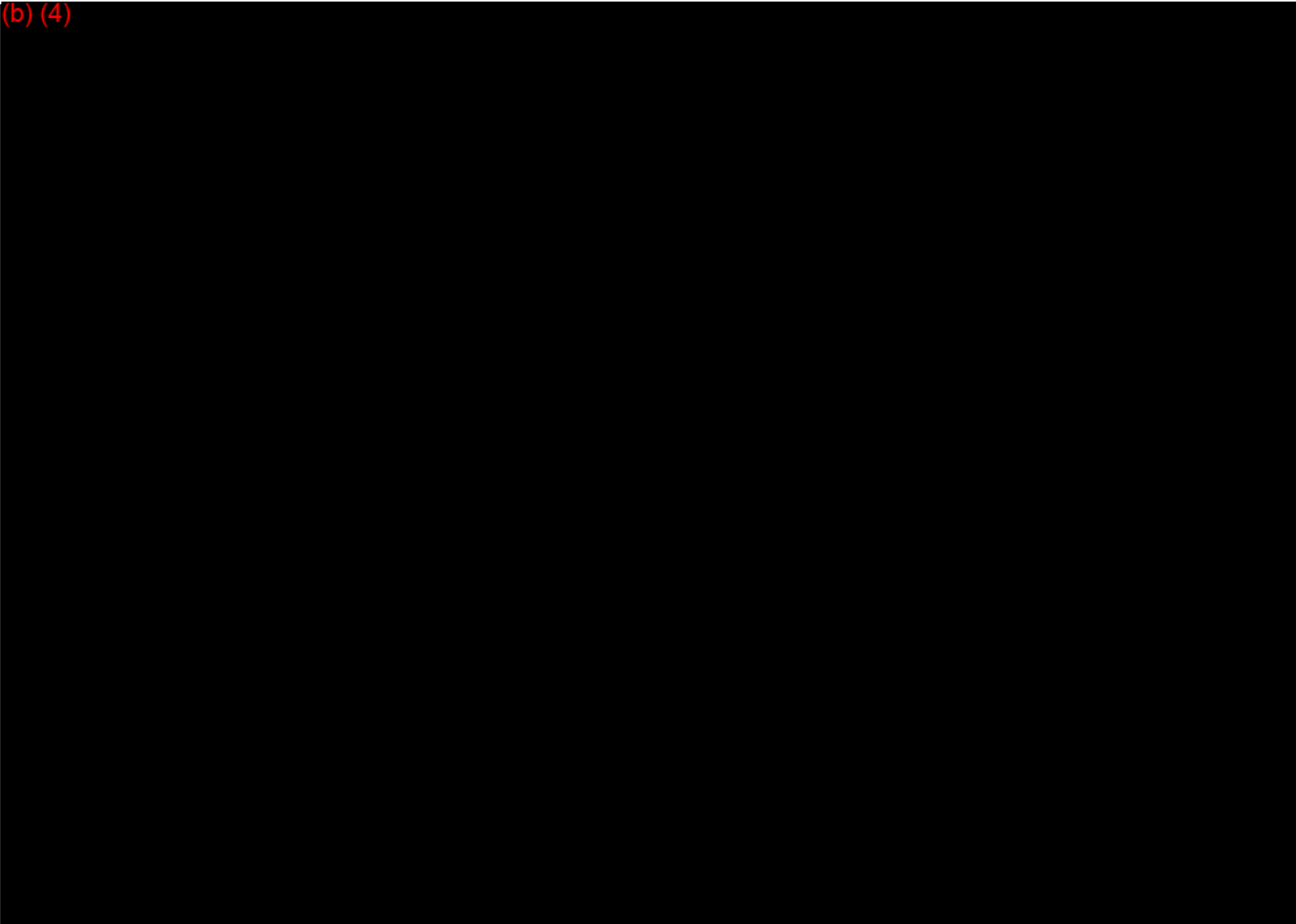
PO Box 821 - Viroqua, WI 54665 – (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

nonagricultural ingredients)

Feed Blends:

(b) (4)



Made With Organic Ingredients

Products

Label Names

(b) (4)

Additional Verification (as specified)

(b) (4)

(b) (6)

11/2/2010

Date



PO Box 821 - Viroqua, WI 54665 – (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

(b) (6)

Certification Specialist

Date

Organic Pride®

(b) (4)



Certified Organic by Midwest Organic Services Association

MOSA Organic Certificate

The Midwest Organic Services Association, Inc. (MOSA), has verified through inspection and review that this operation has met the National Organic Standards and is certified as compliant with the USDA's National Organic Program (7 CFR Part 205).

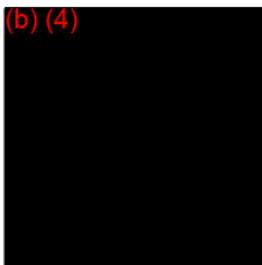


Categories of Organic Operation: Handler

Certified Organic Products/Services:

Receiving, mixing, rolling, bagging, and delivering organic grains and feed blends.

This certificate serves to establish the current MOSA certification of the Associate named above and is not valid for trade. Transaction certificates are issued for requested trade purposes.



Handler Number: (b) (4)

Associate Number
(b) (6)

Certification Review Staff Authorized Signature



Please direct any questions regarding the verification of this certificate to the Midwest Organic Services Association, Inc. PO Box 821, Viroqua WI 54665, (608) 637-2526, fax (608) 637-7032, email: mosa@mosaorganic.org

Organic Pride®

(b) (4)



(b) (4)





PO Box 821 - Viroqua, WI 54665 --(608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

(b) (4)

Handler #

(b) (4)

Associate #

MOSA Certified:

The above named operation has met the National Organic Standards and is certified as compliant with the USDA's National Organic Program (7 CFR Part 205) to produce or handle the following product(s) and/or service(s):

Processing and handling of pelletized organic livestock feed and custom organic mixes.

100% Organic

Products

Label Names

(b) (4)

Organic

(b) (4)

Made With Organic Ingredients

Products

Label Names

(b) (4)



PO Box 821 - Viroqua, WI 54665 – (608) 637-2526 Fax: (608) 637-7032, email: mosa@mosaorganic.org www.mosaorganic.org

Certified Organic Products & Services

Additional Verification (as specified)

(b) (4)

(b) (6)

6/23/2011

Date

Processing Certification Manager/ Compliance Manager



OMRI Listed®

The following product is OMRI Listed. It may be used in certified organic production or food processing and handling according to the USDA National Organic Program Rule.

Product

(b) (4)

Status

Allowed with Restrictions

Category

Minerals – feed & health care

Issue Date

(b) (4)

Product number

(b) (4)

Class

Livestock Feed Ingredients

Expiration Date

(b) (4)

Restrictions

May not be fed in amounts above those needed for adequate nutrition and health maintenance for the species at its specific stage in life. May not be used to stimulate growth or production.

(b) (6)

Executive Director

Product review is conducted according to the policies in the current OMRI Policy Manual and based on the standards in the current OMRI Standards Manual. To verify the current status of this or any OMRI Listed product, view the most current version of the OMRI Products List at www.omri.org. OMRI listing is not equivalent to organic certification and is not a product endorsement. It cannot be construed as such. Final decisions on the acceptability of a product for use in a certified organic system are the responsibility of a USDA accredited certification agent. It is the operator's responsibility to properly use the product, including following any restrictions.

OMRI
Listed

Organic Materials Review Institute
P.O. Box 11558, Eugene, OR 97440-3758, USA
541.343.7600 • fax 541.343.8971 • Info@omri.org • www.omri.org

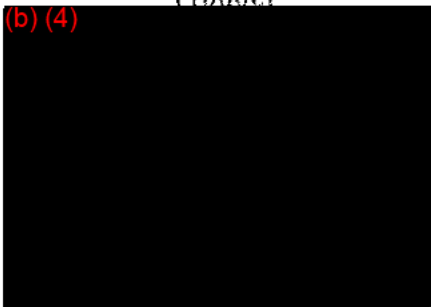


OMRI Listed®

The following product is OMRI Listed. It may be used in certified organic production or food processing and handling according to the USDA National Organic Program Rule.

Product

(b) (4)



Status
Allowed with Restrictions

Category
Minerals -- feed & health care

Issue Date
(b) (4)

Product number
pap-1710

Class
Livestock Feed Ingredients

Expiration Date
(b) (4)

Restrictions

May not be fed in amounts above those needed for adequate nutrition and health maintenance for the species at its specific stage in life. May not be used to stimulate growth or production.

RECEIVED

OCT 22 2010

REGULATORY

(b) (6)

Executive Director

Product review is conducted according to the policies in the current OMRI Policy Manual and based on the standards in the current OMRI Standards Manual. To verify the current status of this or any OMRI Listed product, view the most current version of the OMRI Products List at www.omri.org. OMRI listing is not equivalent to organic certification and is not a product endorsement. It cannot be construed as such. Final decisions on the acceptability of a product for use in a certified organic system are the responsibility of a USDA accredited certification agent. It is the operator's responsibility to properly use the product, including following any restrictions.



Organic Materials Review Institute
P.O. Box 11558, Eugene, OR 97440-3758, USA
541.343.7600 • fax 541.343.8971 • info@omri.org • www.omri.org



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. (b) (4)
	Facility Name NATURAL PRAIRIE DAIRY FARMS (LIVESTOCK)	TDA Account No. (b) (4)

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 07575111207054248	
	Inspector ID 07575	Inspector Name STEVE DARIN CAVITT	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 12:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 205	County HARTLEY

SECTION C	FINDINGS
	Certification Type: ORGANIC PROCESSOR (b) (4)

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

SUMMARY FOR PRODUCER

Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION D



Texas Department of Agriculture
Organic Processor (Food and Feed)
Inspection Report

ROR-652

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. (b) (4)
	Facility Name NATURAL PRAIRIE DAIRY FARMS (LIVESTOCK)	TDA Account No. (b) (4)

SECTION B	INSPECTION INFORMATION		
	Inspection Type Routine	Inspection ID No. 07575111207054248	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 08:02 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205 County HARTLEY

SECTION C	PROCESSING CATEGORIES	
	1) Select the types of certified organic products that are processed (check all that apply):	
	<input type="checkbox"/> Bakery goods <input type="checkbox"/> Bulk grains, beans and seeds <input type="checkbox"/> Canned fruits and vegetables <input type="checkbox"/> Canned soups, chili and broths <input type="checkbox"/> Cereals <input type="checkbox"/> Chips, crackers, cookies and granola products <input type="checkbox"/> Coffee and teas <input type="checkbox"/> Frozen foods <input checked="" type="checkbox"/> Dairy Products <input type="checkbox"/> Feed, forage, hay or feed supplement (livestock) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Fruits and nuts <input type="checkbox"/> Grains, flours and mixes (packaged) <input type="checkbox"/> Herbs, spices, salt and flavorings <input type="checkbox"/> Juices and beverages <input type="checkbox"/> Meat and meat products <input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc. <input type="checkbox"/> Snacks and candy <input type="checkbox"/> Sweeteners and sugar <input type="checkbox"/> Vegetables
	2) Are any processing categories being conducted that are not included in Section C of the ROR-606? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	
¹ If Yes, possible noncompliance.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. **(b) (4)**

Inspector ID No. 07575

Inspection Date 12/7/2011

PRODUCTS MANUFACTURED AND INGREDIENTS			
SECTION D	3) Are all products manufactured under Section D Subsection 1 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, list all additional manufactured products below. <i>Possible noncompliance.</i>		
	Product Name	% Organic	Organic Label to be Used on Product
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
4) Are all certificates for organic ingredients available at the time of inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
5) Are all organic ingredients clearly identified from non-organic ingredients?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
6) Are all organic ingredients stored in a manner to prevent contamination and commingling from non-organic ingredients?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
² If No, possible noncompliance.			
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*			
*Please clarify under Section K and/or Section L of this report.			

PROCESSING AND HANDLING			
SECTION E	7) Is the information under Section E Question 4 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	8) Does the operation's quality control program adequately prevent commingling and contamination, and monitor the effectiveness of the organic system plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	9) Does the facility and procedures in place prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	10) Is the information under Section E Questions 7-14 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, possible noncompliance.		
	11) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?		
<input type="checkbox"/> Receiving areas or docks, scales, etc.			
<input type="checkbox"/> Bulk bin(s) or storage unit(s)			
<input checked="" type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products			
<input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s)			
<input type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products			

TDA License No. (b) (4) Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION E (CONTINUED)	
PROCESSING AND HANDLING (CONTINUED)	
<input type="checkbox"/> Designated area(s) for certified organic products within dry shelf storage unit(s) <input type="checkbox"/> Washing, cleaning, grading, clipping area(s) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable	
12) Handling areas and equipment for packing and grading of certified organic products (check all that apply):	
<input checked="" type="checkbox"/> Areas with equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Areas with portable equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Scheduled times for segregated handling of certified organic products <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable	
13) Are any processing aids used that are not included as ingredients? <input type="checkbox"/> Yes ² <input checked="" type="checkbox"/> No	
² If Yes, are all processing aids listed under section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No ³	
³ If No, list all processing aids not listed under section I of this report. <i>Possible noncompliance.</i>	
14) Are any processed products stored on-site that were not processed at the facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No	
15) Are any processed products stored at a separate facility with a different physical address of the processing facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No	
⁴ If Yes, provide name of Certifier and Certification #:	
Certifier: _____	Certification #: _____
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

SECTION F	
SANITATION	
16) Are materials used for sanitation? <input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No	
¹ If Yes, are all materials used for sanitation listed under Section I of the ROR-606? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² <input type="checkbox"/> NA	
17) Is the information under Section F Question 21 of the ROR-606 concerning methods used for sanitation and/or cleaning accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
² If No, area(s) of concern.	
18) Does the facility and all equipment appear clean and free from the risk of possible contamination to processed products at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴	
19) Are prohibited materials used in sanitation and/or cleaning? <input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No	
³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA	
⁴ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION G		PEST MANAGEMENT	
	20) Are materials used for pest management?	<input checked="" type="checkbox"/> Yes ¹	<input type="checkbox"/> No
	¹ If Yes, are all materials used for pest management listed under Section I of the ROR-606?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ² <input type="checkbox"/> NA
	21) Is the information under Section G Question 24 of the ROR-606 concerning methods used for pest management accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²
	² If No, area(s) of concern.		
	22) Is the facility and all equipment free of pests and/or the signs of pests at the time of inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ⁴
	23) Are prohibited materials used in pest management?	<input type="checkbox"/> Yes ³	<input checked="" type="checkbox"/> No
	³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA
	24) Is the information under Section G Question 26 of the ROR-606 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ⁴
	⁴ If No, possible noncompliance.		
		<input checked="" type="checkbox"/> In compliance at time of inspection	<input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*
*Please clarify under Section K and/or Section L of this report.			

SECTION H		PRODUCT LABELING	
	25) Are organic products labeled or re-labeled?	<input type="checkbox"/> Yes ¹	<input checked="" type="checkbox"/> No
	¹ If Yes, do all labels included in the operation's supporting documentation match the labels that are present at the time of inspection?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No ² <input checked="" type="checkbox"/> NA
*Labels will be included with new applications (if labeling or re-labeling is being conducted). Annual updates will only include labels if changes are made to existing labels or new labels are added.			
	26) List the number of certified organic products with their corresponding label type or production lot number:		
		Label Type	Number of Products
		100% ORGANIC - All ingredients and processing aids are certified organic.	1
		ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.	
		MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.	
		ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.	
		Certified organic products in non-retail containers are labeled with production lot number.	
	27) Is the information under Section H Questions 29 and 30 of the ROR-606 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²
	² If No, area(s) of concern. Explain in comments section.		
		<input checked="" type="checkbox"/> In compliance at time of inspection	<input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*
*Please clarify under Section K and/or Section L of this report.			

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

MATERIALS USED		
28) Are all of the materials listed under Section I of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹		
¹ List all materials <u>not</u> included in the ROR-606 in the table below. <i>If No, possible noncompliance:</i>		
Brand Name:	Manufacturer:	Reason for use:
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

RECORD KEEPING		
29) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Names and addresses of suppliers ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Purchasing records of certified organic products/ingredients (including purchase dates, invoices, and quantities) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Current Inventory of Products and Ingredients ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Handling Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Routine quality control inspections, reports, and evaluations ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Verification of certifications and records of certifying agents for all certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales and shipping records of certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
30) Does record keeping system adequately provide for auditing the organic system plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i>		
² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i>		
³ <i>If No, possible noncompliance.</i>		
*Note, all records must be maintained for 5 years.		

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

RECORD KEEPING (CONTINUED)		
SECTION J (CONTINUED)	31) Are city, state, or federal food health and safety permits/licenses available at the time of inspection? <input checked="" type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵ <input type="checkbox"/> NA	
	32) Are records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁵ <input type="checkbox"/> NA	
	⁴ If Yes, list the following information regarding the permits/licenses:	
	Issuing Agency	
	<small>Enter as MM/DD/YYYY</small> Expiration Date	
	Texas Department of Health Services	08/31/2013
⁵ If No, possible noncompliance.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. **(b) (4)** Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION K

SUMMARY FOR HANDLER

33) Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION L

SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Processor (Food and Feed) Inspection Report
- Organic Inspection Findings
- Additional Attachments (specify):



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
 Hearing impaired: (800) 735-2938 www.TexasAgriculture.gov

Texas Department of Agriculture
Processor (Food and Feed) Organic System
Plan

ROR-606

TODD STAPLES, COMMISSIONER

VERIFICATION INFORMATION			
<input type="checkbox"/> New Application <input checked="" type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP			
SECTION A	Full Legal Business Name: Natural Prairie Dalry Farms	D.B.A. (if applicable):	
	Facility Name: Natural Prairie Dalry Farms #1	Client No. (b) (4)	Account No. (b) (4)
	Contact Individual: Cheri DeJong		

REQUIRED SUPPORTING DOCUMENTATION	
SECTION B	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.
	<input checked="" type="checkbox"/> Overall description of physical facilities including a complete diagram of the facilities
	<input checked="" type="checkbox"/> Description of handling and processing procedures and materials
	<input checked="" type="checkbox"/> Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas
	<input checked="" type="checkbox"/> Description of the critical control points of potential contamination and commingling
	<input checked="" type="checkbox"/> Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation
	<input checked="" type="checkbox"/> Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution
	<input checked="" type="checkbox"/> Attach copies of all current food health and safety permits/licenses
	<input checked="" type="checkbox"/> Processing Categories (SECTION C)
	<input checked="" type="checkbox"/> Products Manufactured and Ingredients (SECTION D)
	<input checked="" type="checkbox"/> Processing and Handling (SECTION E)
	<input checked="" type="checkbox"/> Sanitation (SECTION F)
	<input checked="" type="checkbox"/> Pest Management (SECTION G)
	<input checked="" type="checkbox"/> Product Labeling (SECTION H)
<input checked="" type="checkbox"/> Materials Used (SECTION I)	
<input checked="" type="checkbox"/> Record Keeping (SECTION J)	
<input checked="" type="checkbox"/> Attachments (i.e. ingredient listings)	

RECEIVED
 AUG 17 2011
 REGULATORY

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Business Name: *Naturaj Prairie Dairy Farm*

SECTION C	PROCESSING CATEGORIES	
	1) Select the types of certified organic products that are processed (check all that apply):	
	<input type="checkbox"/> Bakery goods	<input type="checkbox"/> Fruits and nuts
	<input type="checkbox"/> Bulk grains, beans and seeds	<input type="checkbox"/> Grains, flours and mixes (packaged)
	<input type="checkbox"/> Canned fruits and vegetables	<input type="checkbox"/> Herbs, spices, salt and flavorings
	<input type="checkbox"/> Canned soups, chili and broths	<input type="checkbox"/> Juices and beverages
	<input type="checkbox"/> Cereals	<input type="checkbox"/> Meat and meat products
	<input type="checkbox"/> Chips, crackers, cookies and granola products	<input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc.
	<input type="checkbox"/> Coffee and teas	<input type="checkbox"/> Snacks and candy
	<input type="checkbox"/> Frozen foods	<input type="checkbox"/> Sweeteners and sugar
<input checked="" type="checkbox"/> Dairy Products	<input type="checkbox"/> Vegetables	
<input type="checkbox"/> Feed, forage, hay or feed supplement (livestock)		
<input type="checkbox"/> Other (specify):		

SECTION D	PRODUCTS MANUFACTURED AND INGREDIENTS		
	PRODUCTS MANUFACTURED		
	2) List all products manufactured:		
	Product Name	% Organic	Organic Label to be Used on Product
	Organic Raw Milk	100%	<input checked="" type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
			<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
			<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
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			<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic

Business Name: Natural Prairie Dairy Farm

PRODUCTS MANUFACTURED (CONTINUED)		
Product Name	% Organic	Organic Label to be Used on Product
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
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		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic

SECTION D (CONTINUED)

*Make additional copies of this page as needed.

Business Name: *Natural Prairie Dairy Farm*

PROCESSING AND HANDLING	
4) Select the types of processing equipment used:	<input type="checkbox"/> Stone Milling <input type="checkbox"/> Hammer Mill <input type="checkbox"/> Roller Mill <input type="checkbox"/> Sizing/Cleaning <input type="checkbox"/> Pelletizer <input type="checkbox"/> None <input checked="" type="checkbox"/> Other (specify): <i>Organic milk is harvested from cows and cooled, then stored in bulk tanks.</i>
5) Do you have a quality control program implemented to evaluate potential commingling and contamination, and to monitor the effectiveness of your organic system plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
6) Do you have facilities and procedures in place to prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
7) Are all processing and handling systems cleaned prior to each run of certified organic product?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹
8) Are methods used during processing to prevent contamination and commingling from non-certified organic product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
9) Is a segregated area designated for storage of certified organic product to be processed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹
¹ If No, explain: <i>Facility is 100% organic.</i>	
10) Is handling equipment designated exclusively for certified organic product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
² If No, describe your cleaning process and list any materials used in section H:	
11) Are processed products:	
Shipped immediately to other warehouse facilities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Temporarily stored or warehoused on-site?	<input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
Stored on-site until shipped to buyer?	<input checked="" type="checkbox"/> Yes ³ <input type="checkbox"/> No
³ If Yes, is a segregated area designated for storage of processed organic products?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴
⁴ If No, explain:	
12) Is shipping and transportation of processed organic products managed to prevent commingling and contamination from nonorganic products?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁵
⁵ If No, explain:	

SECTION E

Business Name: Natural Prairie Dairy Farms

PROCESSING AND HANDLING (CONTINUED)

13) Packaging materials used for processed organic products (check all that apply):

- Exclusively for certified organic products
- Previously used
- Have been cleaned or lined with new liners
- New
- Contain no prohibited materials
- Other (specify): Not applicable

14) Do you process any organic by-products? Yes⁶ No

⁶If Yes, list the types of by-products you process:

⁶If Yes, do methods used for conveying, handling and storing of certified by-products prevent commingling and contamination from non-organic by-products? Yes No⁷

⁷If No, explain:

15) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?

- Receiving areas or docks, scales, etc.
- Bulk bin(s) or storage unit(s)
- Cold storage unit(s) used exclusively for certified organic products
- Designated area(s) for certified organic products with cold storage unit(s)
- Dry shelf storage unit(s) used exclusively for certified organic products
- Designated area(s) for certified organic products within dry shelf storage unit(s)
- Washing, cleaning, grading, clipping area(s)
- Other (specify): Bulk milk tanks
- Not applicable

16) Handling areas and equipment for packing and grading of certified organic products (check all that apply):

- Areas with equipment designated exclusively for handling of certified organic products
- Areas with portable equipment designated exclusively for handling of certified organic products
- Scheduled times for segregated handling of certified organic products
- Other (specify):
- Not applicable

17) Do you use any processing aids that are not included as ingredients? Yes⁸ No

⁸If Yes, list all processing aids under section I.

18) Are any processed products stored on-site that were not processed at your facility? Yes⁹ No

19) Do you store any processed products that are located at a separate facility with a different physical address of the processing facility? Yes⁹ No

⁹If Yes, you must submit form ROR-602 Distributor Organic System Plan with all applicable fees.

SECTION E (CONTINUED)

Business Name: *Natural Prairie Dairy Farms*

SECTION F	SANITATION		
	20) Are materials used for sanitation?	<input checked="" type="checkbox"/> Yes ¹	<input type="checkbox"/> No
	¹ If Yes, list materials used under section I.		
	21) Select methods and/or materials used for sanitation and/or cleaning (check all that apply):		
	<input type="checkbox"/> Citric acid <input type="checkbox"/> Phosphoric acid <input type="checkbox"/> Allowed bleaches <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Sodium hydroxide <input checked="" type="checkbox"/> Water <input type="checkbox"/> Sweeping/brushing <input type="checkbox"/> Compressed air <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Other (specify): See attachment: Section I Sanitation.		
22) Are prohibited materials used in sanitation and/or cleaning?	<input type="checkbox"/> Yes ²	<input checked="" type="checkbox"/> No	
² If Yes, are certified organic products protected from contamination from prohibited materials used in sanitation and/or cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
² If Yes, do the methods of handling and application of prohibited materials used in sanitation and/or cleaning prevent contamination of certified organic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION G	PEST MANAGEMENT		
	23) Are materials used for pest management?	<input checked="" type="checkbox"/> Yes ¹	<input type="checkbox"/> No
	¹ If Yes, list materials used under section I.		
	24) Select methods and/or materials used for pest management (check all that apply):		
	<input checked="" type="checkbox"/> Sanitation <input checked="" type="checkbox"/> Physical barriers <input checked="" type="checkbox"/> Insect/rodent traps <input checked="" type="checkbox"/> Sticky traps/baits <input checked="" type="checkbox"/> Boric Acid <input checked="" type="checkbox"/> Pheromone traps <input type="checkbox"/> Botanical insecticides <input type="checkbox"/> Soaps and/or oils <input type="checkbox"/> Microbial or viral insecticides <input type="checkbox"/> Diatomaceous earth (DE) Other (specify): <input type="checkbox"/> (b) (4)		
	25) Are prohibited materials used in pest management?	<input type="checkbox"/> Yes ²	<input checked="" type="checkbox"/> No
² If Yes, are certified organic products protected from contamination from prohibited materials used in pest management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
² If Yes, do the methods of handling and application of prohibited materials used in pest management prevent contamination of certified organic products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26) Are pest control materials applied by a:	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> designated employee or department;			
<input type="checkbox"/> registered commercial pest control service company. ³			
³ Attach the most recent invoices and/or contracts from commercial pest control service company.			

Business Name: Natural Prairie Dairy Farm

SECTION H	PRODUCT LABELING	
	27) Do you label products?	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No
	¹ If Yes, attach copies of all labels used for certified organic products.	
	28) Which labeling categories do you use (check all that apply)? (All calculations exclude added water and salt)	<input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> 100% ORGANIC - All ingredients and processing aids are certified organic. <input type="checkbox"/> ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form. <input type="checkbox"/> MADE WITH ORGANIC (Specified Ingredients)* - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances. <input type="checkbox"/> IDENTIFICATION OF ORGANIC INGREDIENTS IN INGREDIENT STATEMENT ONLY* *Not allowed on livestock feed products.	
	29) The following labeling requirements have been met:	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> "Certified organic by <Name of Certifier>" appears above, below or next to the name and address of the processor or distributor of the product (not allowed on products with organic ingredient statement only). <input type="checkbox"/> Organic ingredients are identified as organic in the ingredient statement. <input type="checkbox"/> Other labeling options, including TDA logo and USDA seal (if used), comply with applicable restrictions.		
30) Does the facility have certified organic products custom labeled for them by another certified organic operation? <input type="checkbox"/> Yes ^{2,3} <input checked="" type="checkbox"/> No		
² If Yes, you must submit documentation verifying the approval of all labels by the certifying agent(s) listed on the label other than the Texas Department of Agriculture.		
³ If Yes, provide the following information about the certified organic operation:		
Business Name:		
Certified by: <input type="checkbox"/> TDA <input type="checkbox"/> Other (specify):		
Certification Number:		

Business Name: Natural Prairie Dairy Farms

MATERIALS USED

31) Complete the table below of all materials used and attach all ingredient labels for each product:

Brand Name:	Manufacturer:	Reason for use:
(b) (4)		

SECTION I

*Make additional copies of this page as needed.

Business Name:

SECTION J	RECORD KEEPING
	<p>32) Select all records that are currently maintained (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Names and addresses of suppliers, including producers, processors, and distributors* <input type="checkbox"/> Purchasing records of certified products* <input type="checkbox"/> Current inventory of certified organic products* <input type="checkbox"/> Current inventory of ingredients for processing* <input type="checkbox"/> Records regarding each stage of handling and processing for all certified organic products* <input checked="" type="checkbox"/> Routine quality control inspections, reports and evaluations* <input type="checkbox"/> Verification of certifications and records of certifying agents for all certified organic products* <input checked="" type="checkbox"/> Sales and shipping records of certified organic products* <input type="checkbox"/> Records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements* <input checked="" type="checkbox"/> Records indicating compliance with city, state or federal health code requirements (if applicable)* <input type="checkbox"/> Other (specify):
	<p><i>*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.</i></p>

33) How long do you plan to maintain the above selected records? 5 years

Business Name: *Natural Prairie Dairy Farms*

AFFIRMATION

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any organic product. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.

The responsible party, by and through their personal or agent's signature below:

- (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;
- (2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and
- (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

SECTION K

<i>Signature of Responsible Party:</i>	(b) (6)	<i>Date:</i>	8/15/2011
<i>Print Name:</i>	Cheri M. DeJong		

- I have made copies of this form and other supporting documents for my own records.
- I have attached the following documents:**
 - Notice(s) of non-compliance or denial of certification from other certifying agencies
 - Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
 - All required attachments (ingredient labels, organic labels, etc.)

Submit completed form, fees and supporting documents to:
 Texas Department of Agriculture
 Organic Certification Program
 P.O. Box 12847
 Austin, TX 78711

TEXAS DEPARTMENT OF AGRICULTURE

TODD STAPLES
COMMISSIONER

February 18, 2011

(b) (4)



(b) (6)



Shashank Nilakhe, Ph.D.
State Entomologist



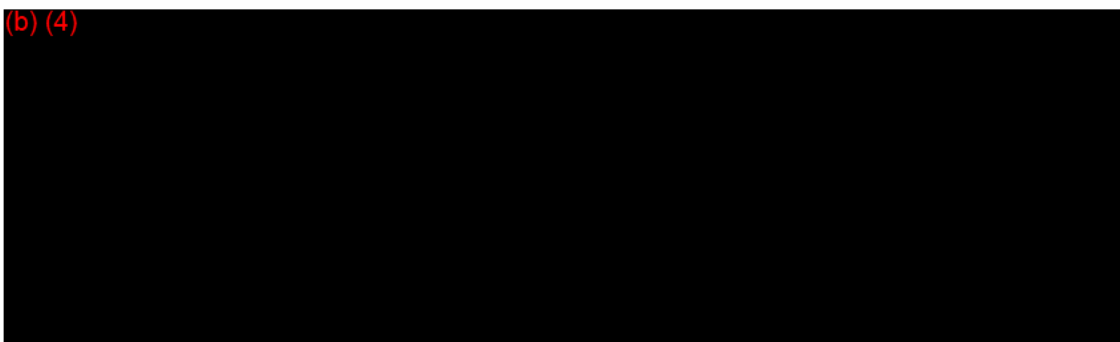
P.O. Box 12847 Austin, Texas 78711 (512) 463-7476 Fax: (888) 223-8861
www.TexasAgriculture.gov

AMS01721

U.S. CUSTOMS AND BORDER PROTECTION
Department of Homeland Security

March 2, 2011
Subject: COUNTRY OF ORIGIN

To whom it may concern:



Embassy,

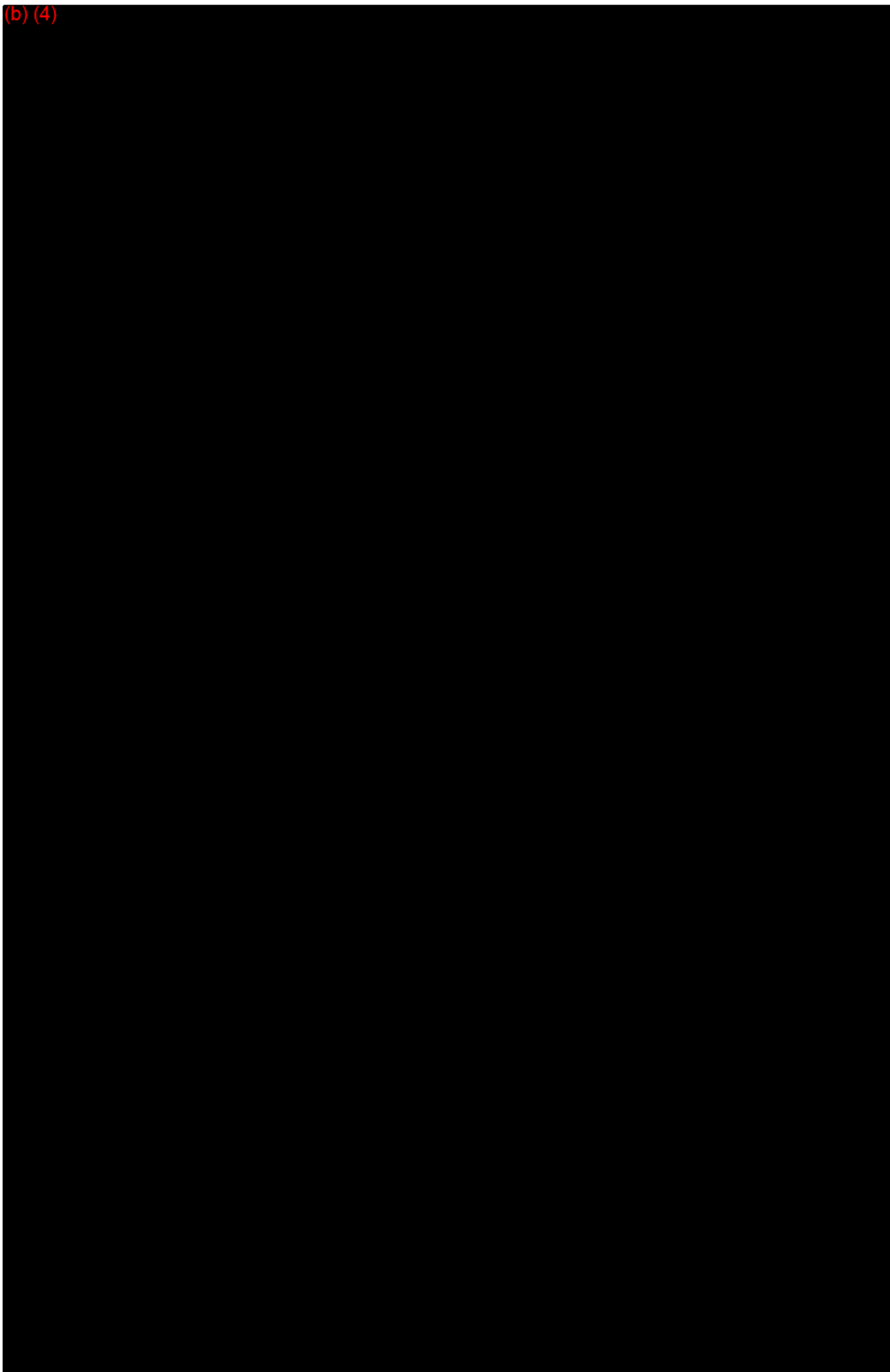
Joe Alanis, Jr.
Supervisory Customs & Border Protection Agriculture Specialist
AQI, Cargo, & Rail Operations
Customs and Border Protection
Eagle Pass, Texas

Vigilance ★ *Service* ★ *Integrity*

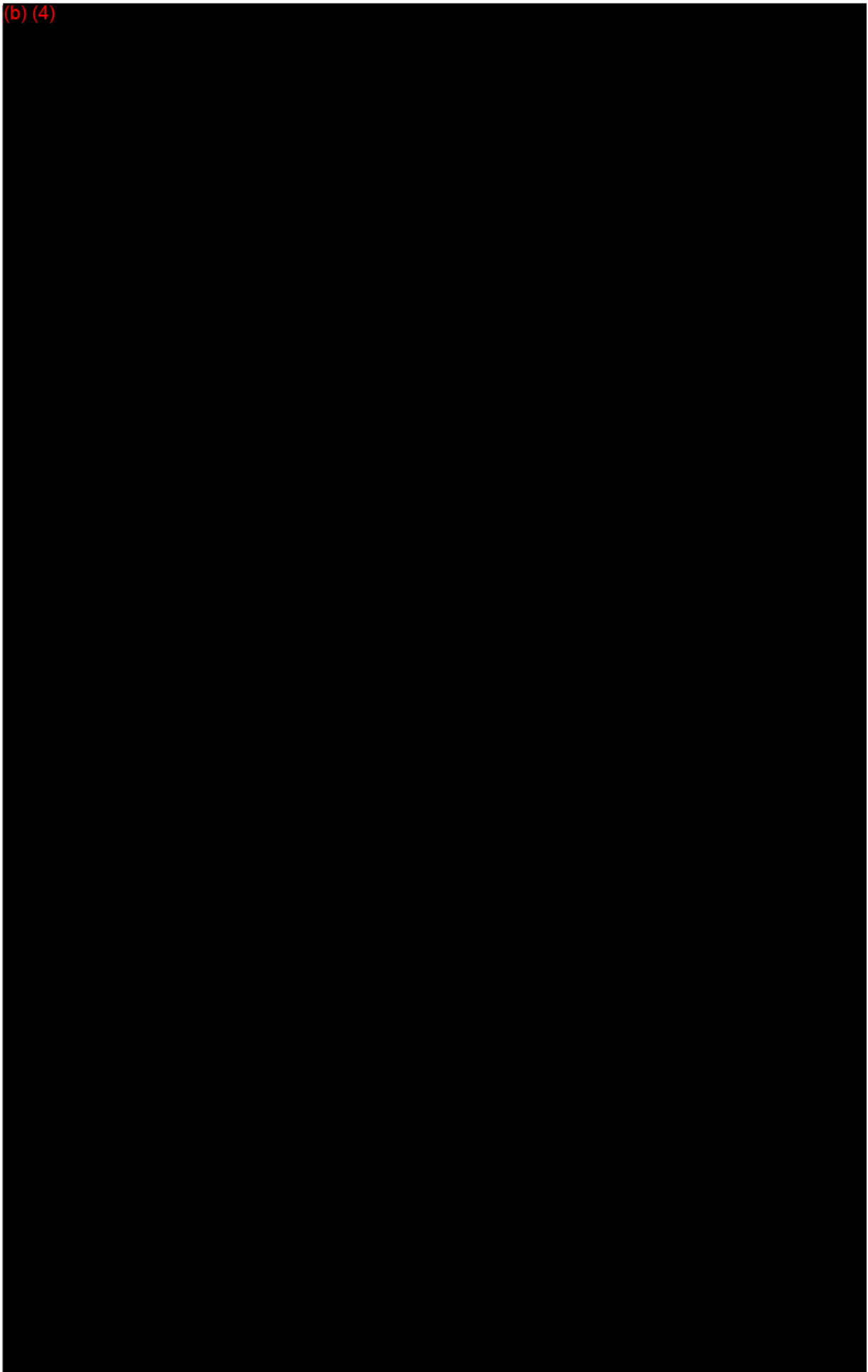
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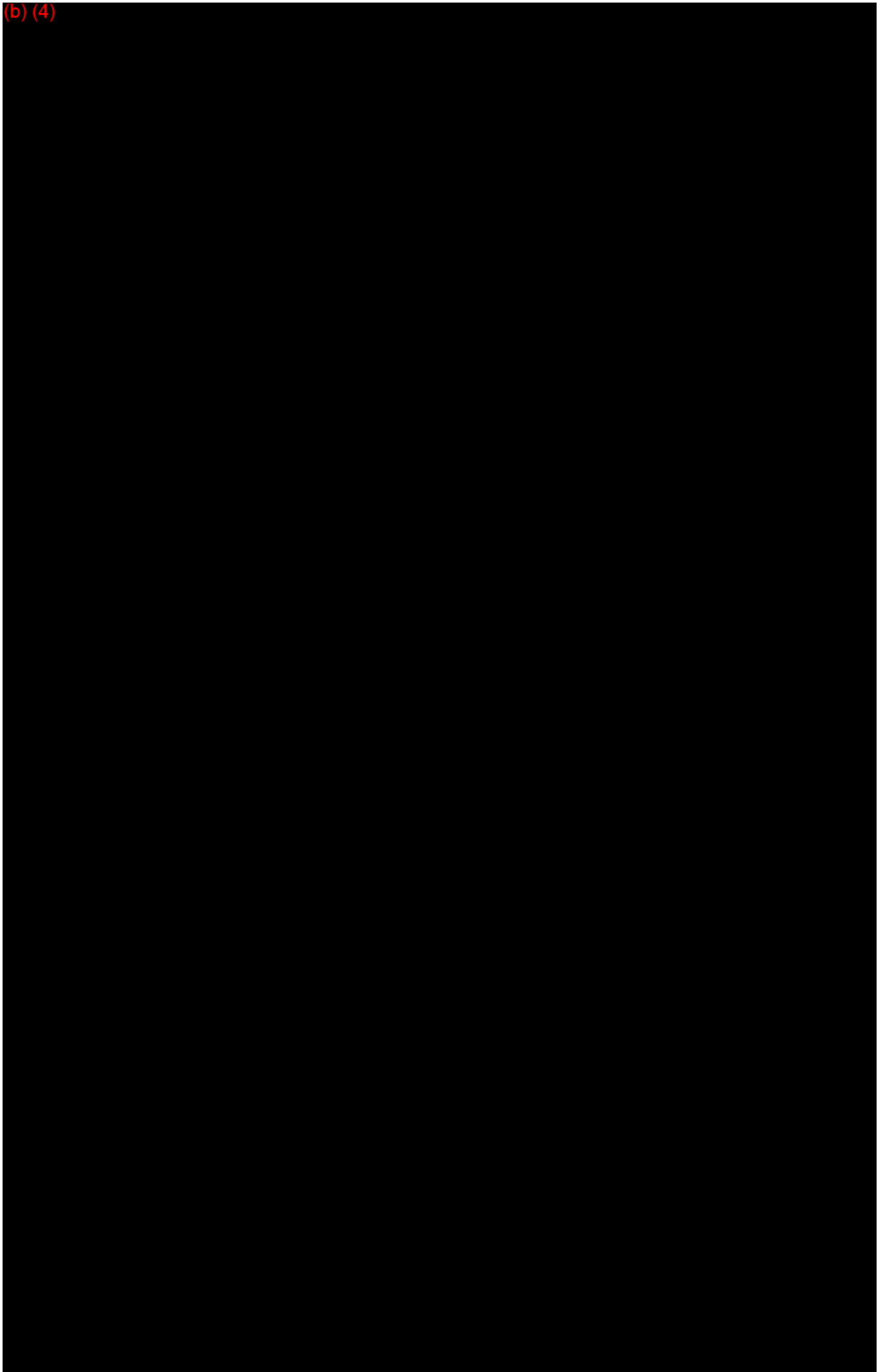
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(b) (4)



(b) (4)



(b) (4)



Handling and Processing of Organic Milk Natural Prairie Dairy Farms

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Natural Prairie Dairy Farms Milking Equipment

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Natural Prairie Dairy Farms

Critical Control Points

(b) (4)



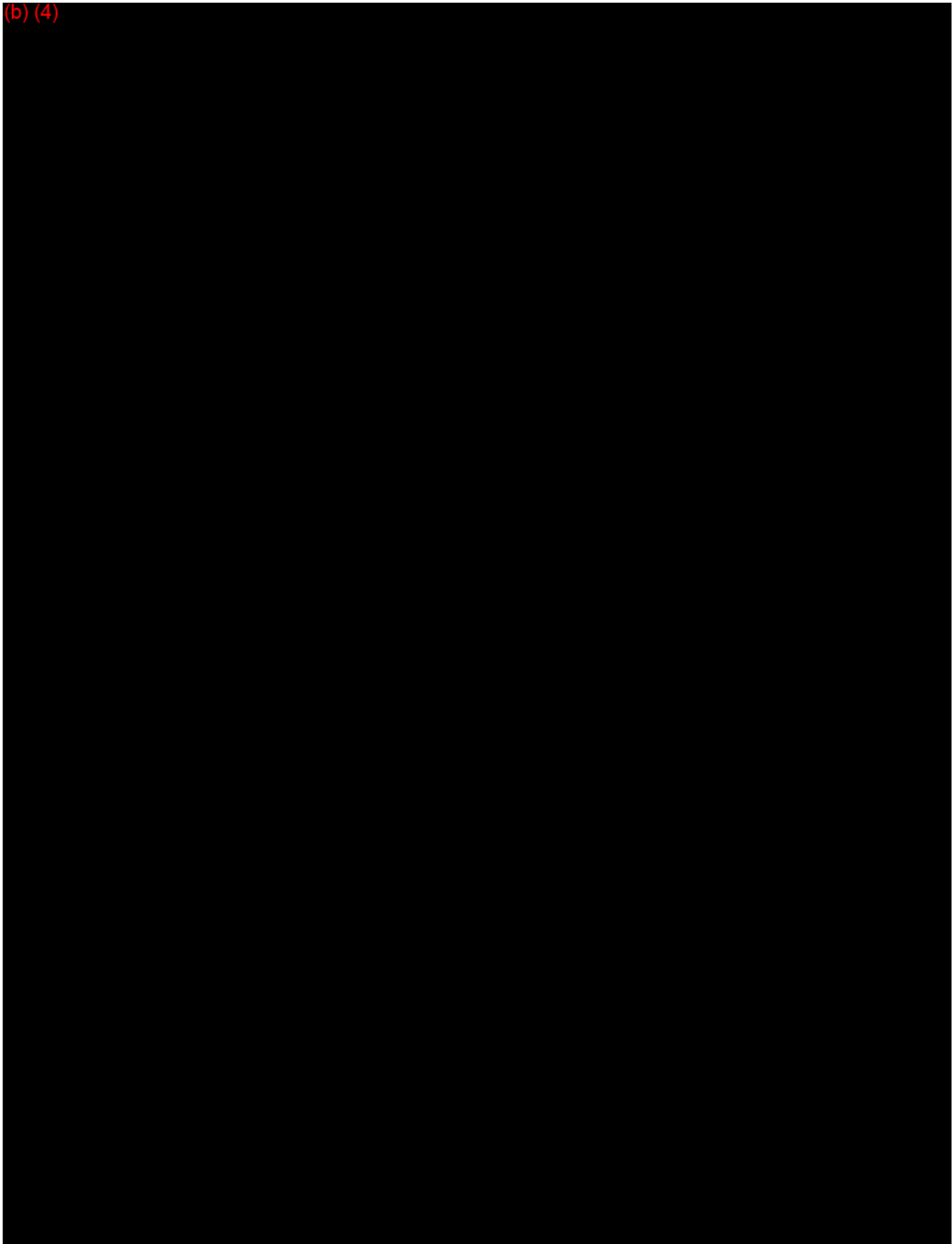
Natural Prairie Dairy Farms

Internal Quality Control Procedures

(b) (4)



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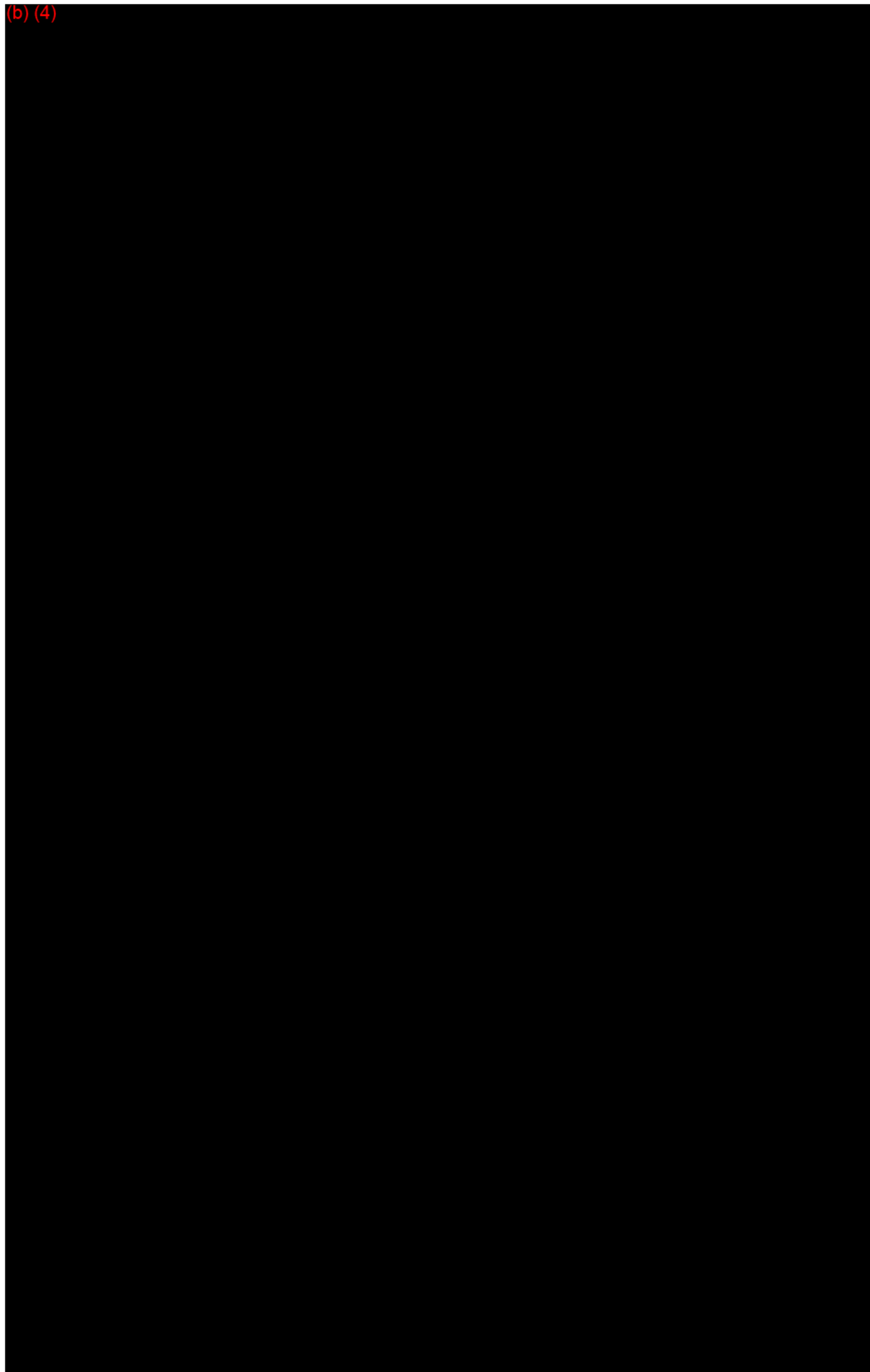
Natural Prairie Dairy Farms

Product Storage, Loading and Transportation

(b) (4)



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PERMIT ENCLOSED

Please contact this office immediately if any information on this permit/license is incorrect.

This permit shall be posted in a conspicuous location within the facility. Place permit/license in a protective sleeve or frame to protect the permit from its environment.

Permit fees are due every two years. Failure to submit the renewal fee before the expiration date will result in a late fee, as well as, proposed revocation of the permit/license for noncompliance as required of Chapter 217, Texas Administrative Code.

A permit will be amended if: (1) a name change of facility, (2) ownership change or (3) change of location of a permitted place of business takes place prior to the permit expiration date located below. To obtain an application for these amendments, call 512-834-6626 or download the application at www.dshs.state.tx.us/fdlicense/apps.shtm

If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626. If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626.

NATURAL PRAIRIE DAIRY FARMS LLC
PO BOX 659
HARTLEY TX 79044

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT
GRADE 'A' MILK PERMIT**

NATURAL PRAIRIE DAIRY FARMS LLC

10250 US HIGHWAY 395
CHANNING, TX 79018

Pursuant to Health and Safety Code Chapter 435 and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by the licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

PRODUCER DAIRY

PERMIT NO.: 058946

Expiration Date: 08/31/2011

NON-TRANSFERABLE

David L. Lacey, M.D.
Commissioner

MUST BE DISPLAYED IN A CONSPICUOUS LOCATION WITHIN THE FACILITY

19001

PERMIT ENCLOSED

Please contact this office immediately if any information on this permit/license is incorrect.

This permit shall be posted in a conspicuous location within the facility. Place permit/license in a protective sleeve or frame to protect the permit from its environment.

Permit fees are due every two years. Failure to submit the renewal fee before the expiration date will result in a late fee, as well as, proposed revocation of the permit/license for noncompliance as required of Chapter 217, Texas Administrative Code.

A permit will be amended if: (1) a name change of facility, (2) ownership change or (3) change of location of a permitted place of business takes place prior to the permit expiration date located below. To obtain an application for these amendments, call 512-834-6626 or download the application at www.dshs.state.tx.us/fdllicense/apps.shm

If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626. If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626.

NATURAL PRAIRIE DAIRY LLC #2
PO BOX 659
HARTLEY TX 79022

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT
GRADE 'A' MILK PERMIT**

NATURAL PRAIRIE DAIRY LLC #2

10250 US HWY 385 C
CHANNING, TX 79018

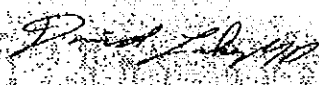
Pursuant to Health and Safety Code Chapter 435 and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by the licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

PRODUCER DAIRY

PERMIT NO.: 058949

Expiration Date: 08/31/2012

NON-TRANSFERABLE


David L. Lakey, M.D.
Commissioner

19442

MUST BE DISPLAYED IN A CONSPICUOUS LOCATION WITHIN THE FACILITY

PERMIT ENCLOSED

Please contact this office immediately if any information on this permit/license is incorrect.

This permit shall be posted in a conspicuous location within the facility. Place permit/license in a protective sleeve or frame to protect the permit from its environment.

Permit fees are due every two years. Failure to submit the renewal fee before the expiration date will result in a late fee, as well as, proposed revocation of the permit/license for noncompliance as required of Chapter 217, Texas Administrative Code.

A permit will be amended if: (1) a name change of facility, (2) ownership change or (3) change of location of a permitted place of business takes place prior to the permit expiration date located below. To obtain an application for these amendments, call 512-834-6626 or download the application at www.dshs.state.tx.us/fdlicense/apps.shtm

If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626. If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626.

NATURAL PRAIRIE DAIRY FARM #3
PO BOX 659
HARTLEY TX 79044

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT
GRADE 'A' MILK PERMIT**

NATURAL PRAIRIE DAIRY FARM #3
10250 US HWY 385
CHANNING, TX 79018

Pursuant to Health and Safety Code Chapter 435 and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by the licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

PRODUCER DAIRY

PERMIT NO.: 058951
Expiration Date: 08/31/2012
NON-TRANSFERABLE

David L. Lahey, M.D.
Commissioner

19440

MUST BE DISPLAYED IN A CONSPICUOUS LOCATION WITHIN THE FACILITY

Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

(b) (4)



Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Material Safety Data Sheet

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Natural Prairie Dairy Farms

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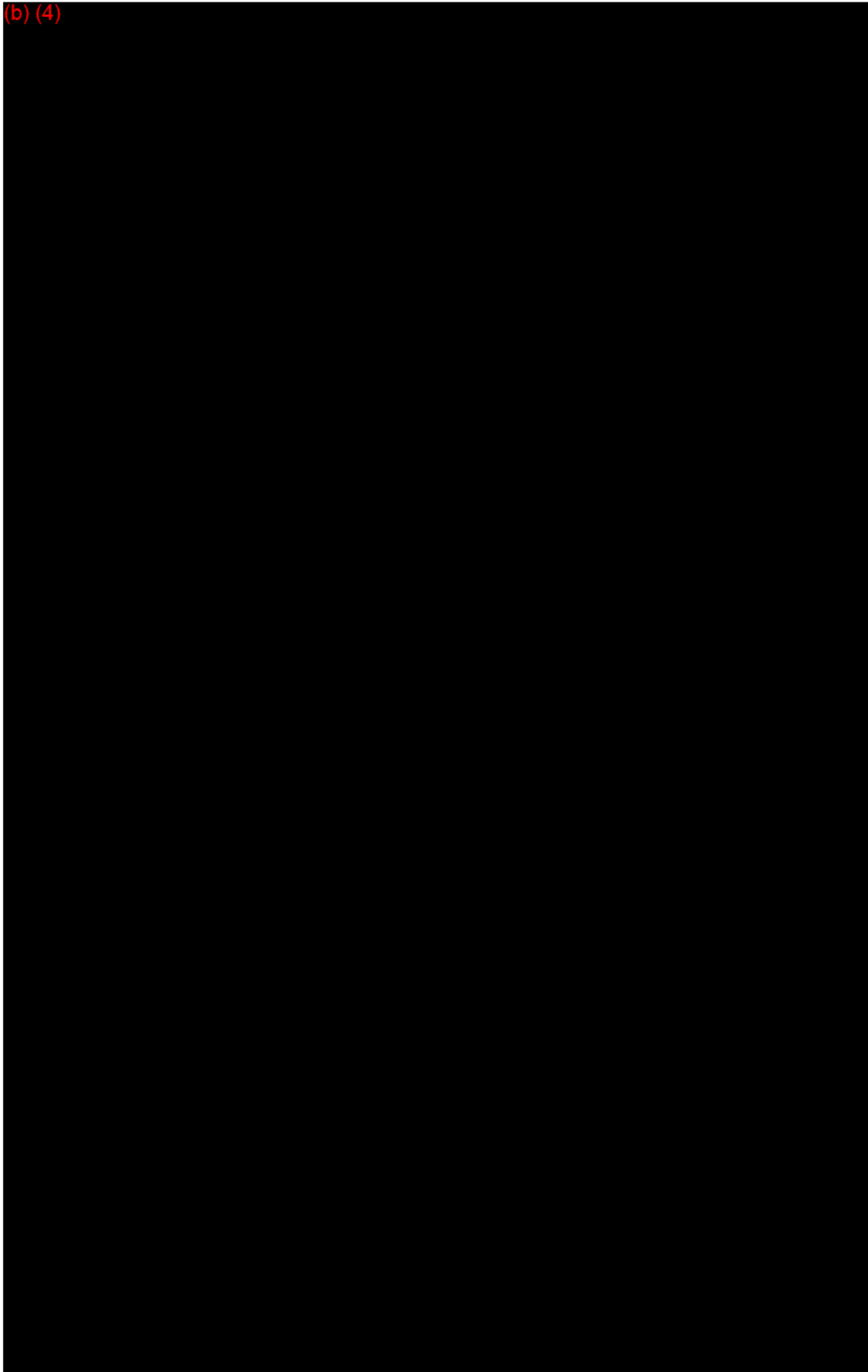
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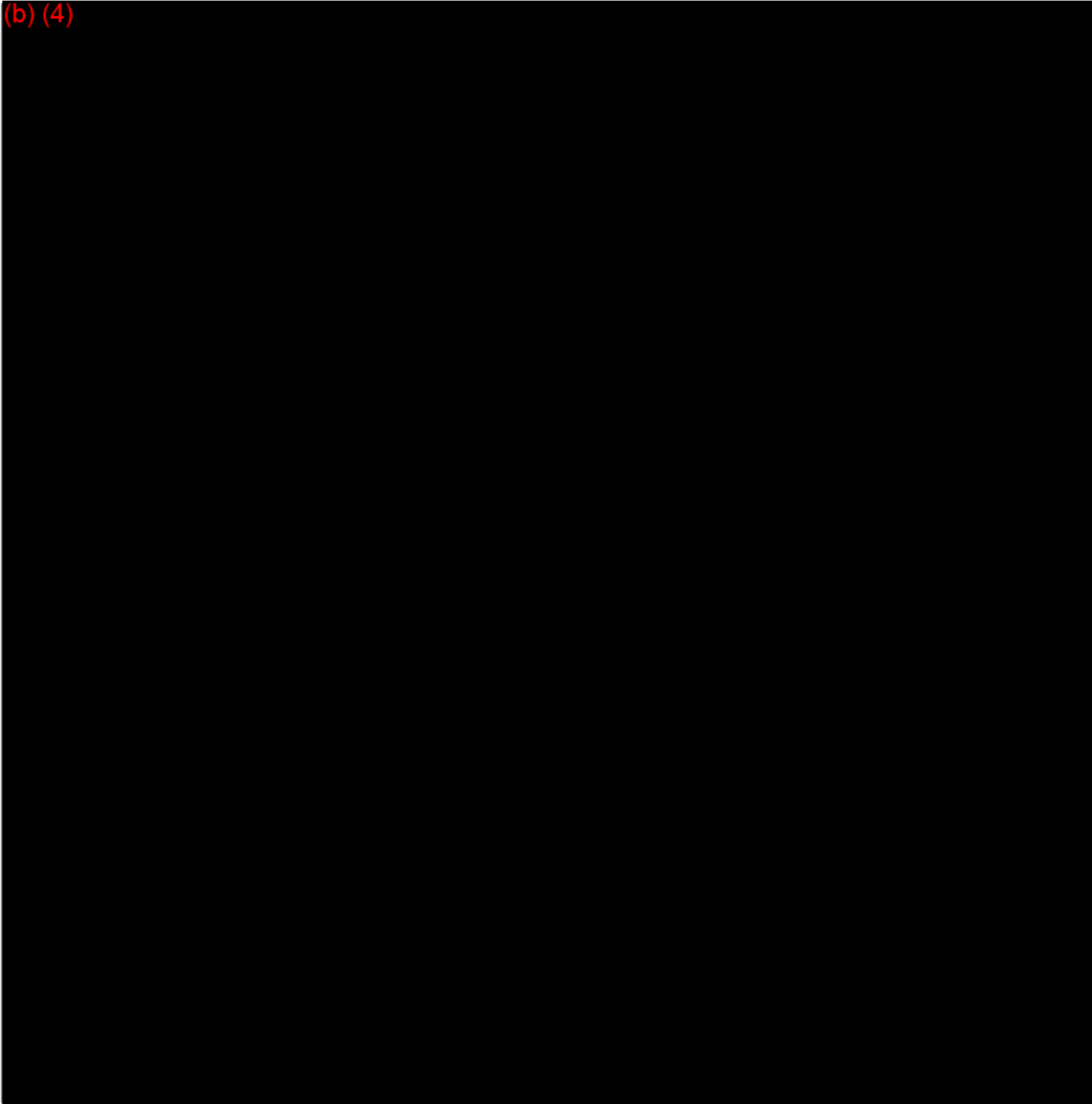


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