Busin	ess Entity ID Number	for P&SP Stamp C	only		P&SP E	Bar Code Only				
U.S.	Department of Agriculture									
	n Inspection,						Indicate	your preference to s	submit forms	
	ers and Stockyards		PAC	KER ING	UIR	(	electron	ically, or by paper co		
Adm	inistration					-		Electronic Filing		
Pack	ers and						Ivialiual			
	kyards	Instructions: If	an item's value is zero, enter "0", It	f an item does n	ot apply.	enter "NA". Upon completion pleas	se verifv th	at all items have be	en answered.	
Prog	ram	Instructions: If an item's value is zero, enter "0". If an item does not apply, enter "NA". Upon completion please verify that all items have been answered. Return completed form to the P&SP Central Reporting Unit. See separate instructions for complete information about this report.								
_										
			GENERAL	INFORMATION	- SECTI	ON 1				
101	Reporting Period					h. (c.				
102	(mm/dd/yy) Legal Business Name	a. from				b. to				
	-									
103	Business Name (dba)									
104	Mailing Address									
105	City, State, Zip									
106	Physical Address									
107	City, State, Zip									
108	Contact Name									
109	Telephone Number				110	Fax Number				
111	E-Mail Address				112	Web Address				
_	·									
			ORGANIZATIO	NAL STRUCT	URE - SI	ECTION 2				
	List owners, officers, partners,	and members i	n control of this business	1						
		a. Name				b. Title		c. Percentage Ow	vnership	
201										
202										
203										
204										
205										
206			Portporabio Corpor	otion 🗌	L.L.C.				Other	
206			Partnership Corpor	_		L.L.P. Co-op		sociation	Other	
207	Did any change in organization	n take place dur	ing the year?	Yes	No					
208	If line 207 is "Yes", give details	6								
209	List State Incorporated/Registe	arad/Farmad		210	Data I	noornarated/Dagistared/Forma	d	T		
203	List State Incorporated/Registe	eleu/Follileu		210	Date I	ncorporated/Registered/Forme	u			
			COST OF LIVES	FOCK PURCH	ASED -	SECTION 3				
301	Total cost of all livestock pu	rchases for yo	ur account					\$		
			II IDI	SDICTION - SE		_				
			JURI	SDICTION - SE	JIION 4					
401	Number of days livestock wa	as purchased o	luring the reporting year							
	-							¢		
402	Total sales value of all meat	and meat rood	products handled by the firm	•				\$		
403	Does the firm purchase livesto	at terminal stockyards or auction	ockyards or auction markets?				L No			
404	Does the firm purchase livesto	ck for slaughter	from outside the State in which	slaughtered?				🗌 Yes	🗌 No	
405	Does the firm sell or ship any meat or meat food products outside the State where such meat or meat food products are manufactured or			🗌 No						
	prepared by it?									
406	installations, hospitals, etc.)?									
407	Does the firm operate as a wh an unmanufactured form?	olesale broker,	dealer, or distributor in commerce	ce to market m	eat, mea	at food products, or livestock pr	oducts in	□ Yes	□ <sub>No</sub>	
	an unmanulactured form?									

## LIVESTOCK SLAUGHTERED - SECTION 5

	Number of Head			
	Cattle	Calves	Hogs	Sheep/Goats
firm for its own account.				
firm for the accounts of others (i.e. Custom Killed)				
ers for the firm's account. (i.e. Custom Killed for the firm at other ns).				

Note: Under Remarks (Section 6), list name and address of each person or firm for or by whom at least 1,000 head were slaughtered and indicate whether it applies to lines 502 or 503.

## **REMARKS - SECTION 6**

601 Use this space for additional information or explanation, making reference to item number.

501 By the s502 By the s503 By other location

	CERTIFICATION - SECTION 7				
Under the Packers and Stockyards Act any person who willfully makes, or causes any false entry or statement of fact in this report shall be deemed guilty of offense against the United States, and be subject to a fine of \$1,000 to \$5,000, or to imprisonment for a term of not more than 3 years, or to both fine and imprisonment.					
I certify that this report has been prepared by me or under my direction, and to the best of my knowledge and belief correctly reflects reporting entity operations.					
701 Print Name		702 Signature (Must be signed by a person listed on 201-205)			
703 Phone Number 704 Date		705 Title			

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time required to complete this information collection is 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## Instructions to Complete Packer Inquiry Form P&SP-1400

You, as an individual, corporation, or association that engages in business as a packer, must provide the information required by form P&SP-1400.

Penalties for willfully making, or causing to be made, any false entry or statement of fact in any report required to be made under the P&S Act include a fine between \$1,000 to \$5,000 or imprisonment. (7 U.S.C. 222 (Section 402 of the P&S Act)

Mail the completed form to the appropriate regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below the regional office's address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration				
Eastern Regional Office	Western Regional Office	Midwestern Regional Office		
Suite 230	3950 Lewiston St., Suite 200	Room 317		
75 Spring Street	Aurora, CO 80011-1556	210 Walnut Street		
Atlanta, GA 30303-3308	Telephone: (303) 375-4240	Des Moines, IA 50309-2110		
Telephone: (404) 562-5840	FAX: (303) 371-4609	Telephone: (515) 323-2579		
FAX: (404) 562-5848	E-	FAX: (515) 323-2590		
E-	mail: <u>PSPDenverCO.GIPSA@usda.</u>	E-		
mail: <u>PSPAtlantaGA.GIPSA@usda</u> .	gov	mail: PSPDesMoinesIA.GIPSA@usda.		
gov		gov		
States Covered	States Covered	States Covered		
AL, AR, CT, DC, DE, FL, GA,	AB, AK, AZ, BC, CA, CO, HI, ID,	IA, IL, IN, KY, OH, MB, MI, MO,		
LA, MA, MD, ME, MS, NC,NL,	KS, MT, NM, NV, OK, OR, SK,	MN, ND, NE, ON, SD, WI		
NH, NJ, NY, PA, PR, QC, RI, SC,	TX, UT, WA, WY			
TN, VA, VT, WV				

Additional copies of the report may be obtained from the regional office covering your state. All inquiries concerning any section or part of a section contained in the report can also be addressed to that regional office.

Line No. Subject		Instructions			
		FORM HEADER			
Business Entity ID	Number	The Business Entity ID should be completed using information provided by P&SP. If the information is not already completed on the for when you receive, please contact your Regional PS&P office to obtain the information			
Preference for Filing		Select the method by which you prefer to receive your Annual Report; electronic or Paper Copy. If you select Electronic, you will no longer receive a letter and forms from PS&P reminding you that your annual report is due			
4.0.4		AL INFORMATION – SECTION 1			
101	Reporting Period	Report period a. from – b. to			
102 Legal Business		Enter the legal business name of the firm.			
	Name				
103 Business Name (dba)		Enter the business name.			
104 & 105	Mailing Address	Enter complete mailing address.			
	City, State, Zip	* <u>-</u>			
106 & 107	Physical Address	Enter the complete physical address of the firm.			
108 Contact Name		Enter the name of the person to contact.			

Line No.	Subject	Instructions
109	Telephone Number	Enter the area code and telephone number where you may be reached during the hours of 8:00 a.m. and 5:00 p.m. local time.
110	Fax Number	Enter the area code and fax number where you may be reached durin the hours of 8:00 a.m. and 5:00 p.m. local time.
111	E-Mail Address	Enter complete e-mail address.
112	Web Address	Enter complete web address.
	OPCANIZ	ATIONAL STRUCTURE – SECTION 2
201 - 205	Owners, Officers,	
201 205	Partners, and	For each owner, officer, partner, and member enter their name, title, and respective percentage of ownership.
	Members	and respective percentage of ownership.
206	Type of Organization	Indicate if your organization is an individual, partnership, corporation LLC, LLP, Co-op, Association or other.
207	Change in	Indicate Yes or No if your organization had any change during the
	Organization	year.
208	Yes	If line 207 is "Yes", give details.
209	State Incorporated,	List State Incorporated/Registered/Formed.
	Registered, Formed	
210	Date Incorporated,	List Date Incorporated/Registered/ Formed.
<b></b>	Registered, Formed	
		VESTOCK PURCHASED – SECTION 3
301	Livestock Purchased	Enter the total cost of livestock purchases for your account during the
		reporting period.
101		RISDICTION – SECTION 4
401	Number of Days	Indicate the number of days business was conducted during the
402	Total Sales Value	reporting year.
402	rotar Sales Value	Indicate the total sales value of all meat and meat food products handled by the firm.
403	Livestock for	Indicate YES or NO if the firm purchases livestock for slaughter at
	Slaughter	terminal stockyards or auction markets.
404	Livestock for	Indicate YES or NO if the firm purchases livestock for slaughter from
	Slaughter Outside	outside the State in which it is slaughtered.
	the State	
405	Selling Meat Outside	Indicate YES or NO if the firm sells or ships any meat or meat food
	the State Meat is	products outside the State where the meat or meat food products are
	Manufactured	manufactured.
406	Selling Meat to U.S.	Indicate YES or NO if the firm sells or ships meat or meat food
	Government	products manufactured or prepared by it to U.S. Government agencies.
1 /2 <b>/4</b>	Agencies	
407	Wholesale Broker,	Indicate YES or NO if you operate as a wholesale broker, dealer, or
	Dealer, or	distributor in commerce to market meat, meat food products, or
	Distributor	livestock products in an unmanufactured form.
501	Slaughtered on	CK SLAUGHTERED – SECTION 5
301	Firm's Account	Enter the number of head of livestock that was slaughtered by the firm
502	a de la construction de la constru	for its own account by each category of livestock.
278 <i>4</i>		Enter the number of head of livestock that was slaughtered by the firm for the accounts of others by each category of livestock.
503		Enter the number of head of livestock that was slaughtered by others
		for the firm's account by each category of livestock. For each person
		or firm listed, please indicate if you are responding to line 502 or line
	* Construction of the second se	503.
	L	

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Line No.	Subject	Instructions		
601	Remarks	Use line 601 for additional information or explanation, making reference to the line number. Continue on next sheet of form if necessary.		
		CERTIFICATION - SECTION 7		
701	Print Name	Print name of a person listed on 201-205		
702	Signature	Must be signed by a person listed on 201-205.		
703	Phone Number	Enter the phone number of the person that signed the report.		
704	Date	Enter the date the form was signed.		
705 Title		Enter the title of the person signing the form.		

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