

DEPARTMENT OF AGRICULTURE & CONSUMER SVCS  
 BUREAU OF FOOD DISTRIBUTION  
 407 SOUTH CALHOUN STREET, M-39, 2<sup>ND</sup> FLOOR  
 TALLAHASSEE, FLORIDA 32399-0800

EXHIBIT N  
 EFFECTIVE DATE: October 15, 2007  
 REVISED: Original  
 PAGE NUMBER: 1 of 2

KC-269-A Forwarding Notice

KC-269-A (6-14-99)

U.S. DEPARTMENT OF AGRICULTURE  
 KANSAS CITY FSA COMMODITY OFFICE

FORM APPROVED - OMB NO. 056 0-0177

<b>FORWARDING NOTICE</b>				DATE <b>05/25/07</b>	CONTRACT NO. OR WHSE <b>12027724601</b>	N/D NO. <b>VDO20728757</b>	
				DOCKET	ANNOUNCEMENT LS120	INVITATION 069	*****
PAGE 1 OF 1 HAS BEEN INSTRUCTED TO DELIVER THE FOLLOWING COMMODITY				COMM. CODE 2510	CERTIFICATE NO.	GRADE	FOB OR FAS DESTIN
COMMODITY DESCRIPTION BEEF, COARSE GROUND, REPROCESS	SERVICING CARRIER	PC 8	PY 07				

MAILING ADDRESS OF SHIPPER

LOCATION OF SHIPPER

WESTLAND MEAT CO.  
 13677 YORBA AVENUE

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 13677 YORBA AVENUE

PHONE 909-590-3340

CHINO CA 91710

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WAREHOUSE LOT IDENTIFICATION -				CONSIGNEE PORTION					
LOT NO.	PC	PY	COMM. CODE	SIZE-TYPE UNITS	NO. OF UNITS	NET WEIGHT	GROSS WEIGHT	CERTIFICATE NO.	EX N/D NO.
FINAL				CONSIGNEE AND DESTINATION 446149				ITEM NO 0008	
TC 510	DESTINATION AND STATE SEE BELOW		DISPOSITION NUMBER <b>A594112J039</b>	SIZE-TYPE UNITS 60 LB CTN	UNITS 700	NET WEIGHT 42,000	GROSS WEIGHT 43,400	DELY CARR	

C/O TRUCK DELY LOC  
 ADVANCE FOOD CO INC  
 201 SOUTH RALEIGH ROAD

C/O RAIL DELY LOC

CONSIGN TO/E-MAIL  
 FL DEPT OF AG & CONSUMER SVC  
 BUREAU FOOD DISTRIBUTION 112  
 BFD@DOACS.STATE.FL.US

ENID OK 73701  
 CALL 24 HOURS IN ADVANCE FOR DELIVERY

CONTACT SHARI MUELLAR  
 PHONE 580-237-6656  
 FAX 580-234-1025

CONTACT MARTHA JONES  
 PHONE 850-488-8835  
 FAX 850-488-6961

CONSIGNEE RECEIPT FOR      UNITS RECEIVED      DATE RECEIVED      RECEIVED BY (SIGNATURE & TITLE)

NON-COMMON CARRIER MOVES

ROUTING - TO ORDER EQUIPMENT, PHONE	RATE ID	TRANS MODE	MILES
FOR MORE INFO. PHONE	UNITS	NET WEIGHT	GROSS WEIGHT
FOR TRANSPORTATION INFO. PHONE 000 0000	SHIP NET	SHIP NLT	*****

**REMARKS:**  
 SHOW ON B/L: VENDOR/TRUCKER MUST CONTACT CONSIGNEE AT LEAST 24 HOURS BEFORE DELIVERY FOR APPOINTMENT TO UNLOAD.

**KC-269-A REVERSE** PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 See KC-269 reverse for Privacy Act, Public Burden and Nondiscrimination Statements. Form Approved - OMB No. 0560-0177

**SECTION I REPORT OF CARGO OVER, SHORT, AND/OR DAMAGED**

COMMODITY	DESTINATION	N/D NUMBER
NAME AND ADDRESS OF SHIPPER		WEIGHT PER UNIT
QUANTITY BILLED		RECEIVED

<b>A. OVERAGE</b>		<b>B. SHORTAGE</b> (Submit copy of unloading tally sheet.)	
1. NUMBR OF UNITS OVER	1. NO. UNITS SHORT	2. SEAL NUMBER (Both doors) <input type="checkbox"/> Seals Intact <input type="checkbox"/> Seals Broken	3. SHORTAGE DISCOVERED <input type="checkbox"/> Before Unloading <input type="checkbox"/> During Unloading <input type="checkbox"/> After Unloading
2. DISPOSITION		4. CAR UNLOADED FROM <input type="checkbox"/> A. Car to Pier <input type="checkbox"/> B. Car to Lighter <input type="checkbox"/> C. Float to Pier <input type="checkbox"/> D. Float to Ship <input type="checkbox"/> E. Car to Warehouse <input type="checkbox"/> F. Team Track via Truck to Warehouse <input type="checkbox"/> G. If (E) or (F) is checked show distance	
5. DESCRIBE LOAD BY TIERS AND STATE LOCATION OF TIERS IN WHICH SHORTAGE WAS FOUND			
6. WAS LOAD UNITIZED (PALLET/SHRINK WRAPPED)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. PROTECTION AFFORDED SHIPMENT DURING UNLOADING			

<b>C. DAMAGE</b>			
1. NUMBER OF UNITS	2. NATURE OF DAMAGE	3. APPARENT CAUSE	
A. DAMAGED	B. RECOVERED		
4. NET LOSS DUE TO DAMAGE (LBS.)	5. DISPOSITION OF DAMAGED COMMODITY	6. RECONDITIONING CHARGES	
7. GENERAL CONDITIONS		A. AMOUNT	B. BILLED TO
A. LOAD PROPERLY BULK-HEADED OR BRACED? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. LOAD SHIFTED OR JUMBLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. A. CARRIER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. IF PERISHABLE COMMODITY, SUPPLY FOLLOWING INFORMATION:		B. PERSON NOTIFIED	
A. NO. OF HEATERS	B. NO. OF HEATERS BURNING	C. TEMPERATURE ON ARRIVAL	C. DATE
		Inside Car: _____ Outside Car: _____	D. NOTIFIED BY <input type="checkbox"/> Wire <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> FAX
10. PHYSICAL CONDITION OF CAR OR TRUCK. IF NOT GOOD, DESCRIBE FULLY.			11. WEIGHTS SECURED? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCALE <input type="checkbox"/> Counter <input type="checkbox"/> Platform <input type="checkbox"/> Truck <input type="checkbox"/> Portable			

<b>VERIFICATION OF DELIVERING CARRIER</b>	<b>CONSIGNEE</b>
NAME AND ADDRESS OF DELIVERING CARRIER	NAME AND ADDRESS OF CONSIGNEE
SIGNATURE OF AGENT _____ DATE _____	SIGNATURE OF AGENT _____ DATE _____

**NOTE:** Copy of carrier's Over, Short, and/or Damaged report definitely stating loss, damage, or shortage must accompany this report when carrier does not verify, or condition his verification of this report. Over, Short, and/or Damaged reports containing "Consignee Claims" statements are NOT acceptable.

**SECTION II WAREHOUSE OR CONSIGNEE RECEIPT (Non-Negotiable)**

CAR INITIALS & NO. OR TRUCK LICENSE	STORAGE BEGIN DATE C.C.C.	DATE RECEIVED	PACK DATE (Month/Year)	TEMPERATURE ON ARRIVAL
Received in Good Condition <input type="checkbox"/>	NO. OF UNITS	GROSS WEIGHT <sup>1/</sup>	NET WEIGHT <sup>1/</sup>	WHSE. CODE
This is to certify that we have accepted from Farm Service Agency the commodity shown herein which will be handled in accordance with terms and conditions of contracts or tariff, whichever is applicable.				LOT NO. ASSIGNED
CONSIGNEE OR FACILITY NAME			AUTHORIZED SIGNATURE AND TITLE	DATE
				<sup>1/</sup> NOTE: Explain all differences between billed and received weight.

**SECTION III DISTRIBUTING AGENCY CONSIGNEE RECEIPT**

<b>CONSIGNEE I</b>			<b>CONSIGNEE II</b>			<b><sup>2/</sup> NOTE:</b> All shortage or damage must be reported on Form FNS-57. Send original and copy to FSA Commodity Office. Attach to Consignee Receipt.
QUANTITY RECEIVED IN GOOD CONDITION			QUANTITY RECEIVED IN GOOD CONDITION			
QUANTITY OVER	QUANTITY SHORT <sup>2/</sup>	QUANTITY DAMAGED <sup>2/</sup>	QUANTITY OVER	QUANTITY SHORT <sup>2/</sup>	QUANTITY DAMAGED <sup>2/</sup>	
SIGNATURE _____ DATE RECEIVED _____			SIGNATURE _____ DATE RECEIVED _____			
CONSIGNEE NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			CONSIGNEE NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			