

**CONTINUATION SHEET FOR ANIMAL CARE INSPECTION REPORT (S)**  
(APHIS FORMS 7004 and 7008)

1. LICENSEE OR REGISTRANT NAME <b>KATHY BAUCK</b>	2. LIC. OR REG. NO. <i>Prelicense #1</i>	3. DATE <b>4-24-97</b>	4. PAGE <b>2 OF 2</b>
5. LOCATION OR SITE <b>RD 3 BOX 280</b>  <b>NEW YORK MILLS MN 56567</b>		6. WAYBILL NUMBER AND DATE (If Applicable.)	

7. NARRATIVE: I. Non-compliant item(s) previously identified that have been corrected; II. Non-compliant item(s) previously identified for which time remains for correction; III. Non-compliant item(s) identified this inspection; IV. Non-compliant item(s) previously identified that have not been corrected:

THIS IS THE FIRST PRELICENSE INSPECTION.

NO NONCOMPLIANT STANDARDS OR REGULATIONS IDENTIFIED ON THIS INSPECTION

APPLICANT WANTS TO BE LICENSED AS A "B" DEALER

APPLICATION AND LICENSE FEE PAID TO REGIONAL OFFICE BY CREDIT CARD.

*CH*

8. PREPARED BY (Signature) <i>Cathy Hovancsak</i>	9. TITLE <b>CATHY HOVANCSAK, VMO-MN</b>	10. DATE <b>4/24/97</b>
11. COPY RECEIVED BY (Signature) <i>[Signature]</i>	12. TITLE <i>[Signature]</i>	13. DATE <b>4/24/97</b>
14. REVIEWED BY (Signature) <i>[Signature]</i>	15. TITLE <b>F. MIAVA BINKLEY, DVM SUPERVISORY ANIMAL CARE SPECIALIST NORTHEAST SECTOR REAC (AC)</b>	16. DATE <b>5-1-97</b>

