HEALTH CERTIFICATE
covering organic acids as feed additives
for export from Norway

Country of dispatch: NORWAY
Competent authority: NORWEGIAN FOOD SAFETY AUTHORITY, N-2381 BRUMUNDDAL, NORWAY
Inspection body: NORWEGIAN FOOD SAFETY AUTHORITY, REGIONAL OFFICE
Phone: + 47 22 40 00 00 Facsimile: + 47 23 21 68 01 E-mail: postmottak@mattilsynet.no

I. Details identifying the products

<table>
<thead>
<tr>
<th>Order no.</th>
<th>Invoice no.</th>
<th>Batch no.</th>
<th>Product name</th>
<th>Product description</th>
<th>Type of packaging</th>
<th>No of packages</th>
<th>Net weight (kg)</th>
<th>Sum:</th>
</tr>
</thead>
</table>

II. Provenance of the products

Name, address and approval number of preparation or processing establishment:

____________________________________________________________________________________________

III. Destination of the products

The products are to be dispatched from: (Place of dispatch) to: (Place of destination) by the following means of transport: ________________________________

Name of consignee and address at place of destination:

____________________________________________________________________________________________

IV. Certification

The undersigned official inspector hereby certifies that:

1. The manufacturing plant is under supervision and regularly inspected by Norwegian Food Safety Authority;
2. The manufacturing plant is registered or approved according to the feed hygiene regulation (EC) No. 183/2005;
3. The product is manufactured in accordance with relevant feed legislation and is not intended for human consumption;
4. The product is approved as a feed additive according (EU) No. 1831/2003;
5. The product does not contain any ingredients of terrestrial animal or aquatic animal origin;
6. Norway is officially free from foot- and- mouth disease and recognized by the OIE as having a negligible BSE risk according to Resolution No. 22 of the 77th General Session in May 2009, satisfying the conditions in chapter 11.5 of the Terrestrial Animal Health Code.

Reference number: ______________________

Done at ___________________________ on ___________________________ (Place) (Date)

Stamp (Signature of official inspector) (Name and qualifications in capitals)

1. The signature and the stamp must be in a colour different to that of the printing.