

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE		1. DATE  11/09/2018	2. ESTABLISHMENT NO.  M-54242 / P-54242
<b>GRANT OF INSPECTION</b>		3. DISTRICT CODE  80 / NC - TA	
4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known)  FLYNNS FARM, LLC 5980 ZION CHURCH ROAD CONCORD, NC 28025		5. DISTRICT OFFICE CONTACT INFORMATION (mailing address, e-mail, phone number)  RALEIGH DISTRICT OFFICE 6020 SIX FORKS ROAD RALEIGH, NC 27609 919-208-2965 RALEIGH.GRANTCURATOR@FSIS.USDA.GOV	
6. LOCATION OF ESTABLISHMENT (PHYSICAL STREET ADDRESS)  5980 ZION CHURCH ROAD CONCORD, NC 28025		7. TYPE OF GRANT  <input type="checkbox"/> CONDITIONAL (VALIDATE HACCP PLAN) <input checked="" type="checkbox"/> REGULAR	
8. TYPE OF INSPECTION (Check all that apply)  <input checked="" type="checkbox"/> MEAT <input checked="" type="checkbox"/> POULTRY <input type="checkbox"/> EGG <input type="checkbox"/> IMPORT <input type="checkbox"/> SILURIFORMES FISH		9. DATE OF INAUGURATION OF SERVICE  JULY 2018	

**AGREEMENT AND CERTIFICATION:** A survey of your establishment at the location shown above indicates compliance with the applicable requirements in Title 9 CHAPTER III – FOOD SAFETY AND INSPECTION SERVICE, DEPARTMENT OF AGRICULTURE regulations promulgated under the authority of the Federal Meat Inspection Act, the Poultry Products Inspection Act, or the Egg Products Inspection Act. Accordingly, inspection service is granted.

A copy of FSIS Form 5200-2, *Application for Federal Inspection*, is enclosed or attached. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to the inspection of meat, poultry, Siluriformes fish or egg product or the importation of meat, poultry, Siluriformes fish or egg product.

Your establishment is under the supervision of the District Office. Contact the District Office if you need help in interpreting the provisions of the regulations

**REMARKS:**

THIS REGULAR GRANT OF INSPECTION IS BEING ISSUED DUE TO THE ESTABLISHMENT HAS VALIDATED THEIR HACCP, SSOP, SPS, AND WRITTEN RECALL PROCEDURES.

CC: FLS/TA Coordinator  
RM  
DVMS/DDM  
SEIAO/DCS  
FSC  
EST. FILE

DISTRICT MANAGER SIGNATURE

PRINT NAME

Dr. Beth Cunningham, Deputy District Manager