

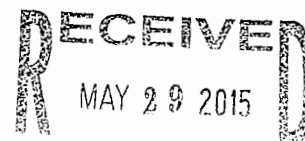
A156 PZ

CHISENHALL, NESTRUD & JULIAN, P.A.  
ATTORNEYS AT LAW  
REGIONS CENTER  
400 WEST CAPITOL, SUITE 2840  
LITTLE ROCK, ARKANSAS 72201  
TELEPHONE (501) 372-5800  
FAX (501) 372-4941

www.cnjlaw.com

May 22, 2015

John Bailey, P.E.  
Technical Assistance Manager  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317



Re: Permit Transfer Forms- Sager Creek Foods, Inc.

Mr. Bailey,

As per our email correspondence this morning, I have enclosed forms to effectuate a transfer of No Discharge Permit No. 4438-WR-4, Stormwater Permit No. ARR15434, and IGP Permit No. ARR00B821 from Sager Creek Vegetable Company to Sager Creek Foods, Inc. Included with this letter are the following documents:

- (1) Permit Transfer Form-4438-WR-4
- (2) Permit Transfer Form ARR15434
- (3) Permit Transfer Form- ARR00B821
- (4) Disclosure Statement- Sager Creek Foods, Inc.
- (5) Arkansas Secretary of State Certificate of Good Standing- Sager Creek Foods, Inc.
- (6) Arkansas SOS- Application for Certificate of Authority- Sager Creek Foods, Inc.
- (7) Delaware Secretary of State Certificate of Good Standing- Sager Creek Foods, Inc.

Please do not hesitate to contact me if you have any questions or concerns. Thank you for your attention to this matter.

Sincerely,

CHISENHALL, NESTRUD & JULIAN

A handwritten signature in cursive script that reads "Malcolm Means". The signature is written in black ink and is positioned above the typed name.

Malcolm Means

**PERMIT TRANSFER FORM**

Please select one of the following options:

- A. Permittee (legal name) change      B. Facility name change      C. Responsible official name change
- A       B       C       A & B       A & C       B & C       A & B & C

PERMIT NUMBER: ARR00B821 (IGP)      AFIN NUMBER: 04-00175

**I. CURRENT PERMITTEE INFORMATION**

Permittee (legal name): Sager Creek Vegetable Company

Facility Name: Sager Creek Vegetable Company - Country Plant

Responsible Official Name (see Section IV below): James Phillips

Is the permittee identified above, the owner of the facility?  Yes     No

If you mark No, please list the name of the owner: \_\_\_\_\_

**II. NEW PERMITTEE INFORMATION**

Permittee (legal name): Sager Creek Foods, Inc.

Facility Name (if different from Permittee Name): Sager Creek Foods, Inc. - Country Plant

Is the permittee identified above, the owner of the facility?  Yes     No

If you mark No, please list the name of the owner: \_\_\_\_\_

**RECEIVED**  
MAY 29 2015  
30528 KB

Responsible Official Name (see Section IV below): James Phillips

Official Title of Responsible Officer: Chief Administrative Officer      Owner Type:

Permittee Address: PO Box 250       STATE       PARTNERSHIP

Permittee City: Siloam Springs       FEDERAL       CORPORATION\*

Permittee State: AR    Zip: 72761       SOLE PROPRIETORSHIP

Permittee Telephone No.: 479-524-6431

Is the new permittee registered with the Arkansas Secretary of State?  Yes     No

If yes, please provide the full name of corporation if different than the legal permittee name listed above. \_\_\_\_\_

Facility Mailing Address: PO Box 250      Facility City: Siloam Springs

14961 Readings Road      Facility State: AR    Zip: 72761

Facility Contact Person Name: Tim Browers      Contact Person Title: Director of Maintenance

Telephone Number: 479-228-0071    Fax Number: 479-524-0144    E-mail: tbrowers@SCVegCo.com

Invoice Contact Person: James Phillips      City: Siloam Springs

Invoice Mailing Address: PO Box 250      State: AR    Zip: 72761

Invoice Mailing Address: 305 E. Main Street      Telephone: 479-524-6431

Cognizant Official Name: James Phillips      Cognizant Official Title: Chief Administrative Officer

Telephone Number: 479-524-6431    Fax Number: 479-524-2990    E-mail: jphillips@SCVegCo.com

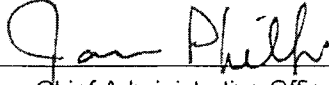
PERMIT TRANSFER FORM

**III. OWNERSHIP CHANGE AGREEMENT**

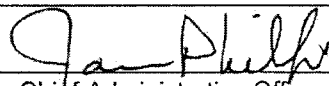
Please note you must complete this Section (III.) only if the permit has a new owner or a new ownership.

Please specify the closing date for this transaction: 3/10/15

**Current Permittee (Seller):** Sager Creek Vegetable Company

Signature of Responsible Corporate Officer:   
Title of Responsible Corporate Officer: Chief Administrative Officer  
Printed Name of Responsible Corporate Officer: James Phillips  
Date: 5/21/15

**New Permittee (Buyer):** Sager Creek Foods, Inc.

Signature of Responsible Corporate Officer:   
Title of Responsible Corporate Officer: Chief Administrative Officer  
Printed Name of Responsible Corporate Officer: James Phillips  
Date: 5/21/15

**Disclosure Statement:**

Disclosure Statement must be submitted for new permittee. **Disclosure Statement is not required for Stormwater Permits.**

Is Disclosure Statement enclosed:  Yes  No

**Financial Assurance:**

Please note that if Financial Assurance is required for the current permittee then the new permittee may have to provide new Financial Assurance before the permit may be transferred..

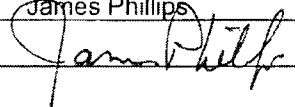
**Land Use Contract:**

For **land application permits** you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

**IV. CERTIFICATION OF NEW PERMITTEE**

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: James Phillips Title: Chief Administrative Officer  
Signature:  Date: 5/21/15

## Vickerson, Casey

---

**From:** Pemberton, Layne  
**Sent:** Monday, March 23, 2015 11:21 AM  
**To:** Vickerson, Casey  
**Cc:** McDonald, Scott  
**Subject:** RE: Enforcement Check

CAO executed 02/28/14, schedule achieved  
Fees paid

No apparent outstanding enforcement issues.

Layne Pemberton  
Enforcement Analyst  
ADEQ Water Division  
Enforcement Branch  
Phone: 501-682-0664  
Fax: 501-682-0880  
[pemberton@adeq.state.ar.us](mailto:pemberton@adeq.state.ar.us)

---

**From:** Vickerson, Casey  
**Sent:** Monday, March 23, 2015 10:19 AM  
**To:** Pemberton, Layne  
**Cc:** McDonald, Scott; Healey, Richard; Johnson, Miles  
**Subject:** Enforcement Check

Good Morning Layne,

Could you please tell me if there are any enforcement issues with Permit ARR00B821 (AFIN 04-00175), Sager Creek?

I appreciate your help!

Thanks,

Casey Vickerson  
Permit Engineer  
ADEQ Water Division  
501-682-0653

# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

## Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

Mail to:  
**ADEQ**  
**DISCLOSURE STATEMENT**  
*[List Proper Division(s)]*  
**5301 Northshore Drive**  
**North Little Rock, AR 72118-5317**

Hand Deliver to:  
**ADEQ**  
**DISCLOSURE STATEMENT**  
*[List Proper Division (s)]*  
**5301 Northshore Drive**  
**North Little Rock, AR 72118-5317**

1. APPLICANT: (Full Name)  
**Sager Creek Foods, Inc.**

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):  
**305 E. Main Street**

3. CITY, STATE, AND ZIP CODE:  
**Siloam Springs, AR 72761**

4. (check all that apply.)

Individual      Corporate or Other Entity  
 Permit     License     Certification     Operational Authority  
 New Application     Modification     Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)  
 Air     Water     Hazardous Waste     Regulated Storage Tank     Mining     Solid Waste  
 Environmental Preservation and Technical Service      New ownership

5. Declaration of No Changes:  
 The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement I filed with ADEQ on \_\_\_\_\_

Signature of Individual or Authorized Representative of Firm or Legal Entity  
 (Also complete #18.)

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

Sager Creek Foods, Inc. (SCFI) was incorporated in Delaware on March 26, 2015. The applicant is newly formed and does not have an operating history. The applicant anticipates the personnel responsible for the current operation of the facility will continue with the applicant. Those individuals are:

- 1) Nathan Florer, Wastewater Manager. Florer has 20+ years of experience water and wastewater system construction and has managed the wastewater operations for over a year. He has a Basic Industrial Wastewater license.
- 2) Tim Browers, Director of Maintenance. Browers has extensive food industry experience and hands on experience with facility's irrigation system.
- 3) David Vogl, Environmental Manager. Vogl has 25 years of environmental management experience and engineering in the food processing industry. He is a licensed wastewater operator in Illinois and was a licensed wastewater operator in Minnesota.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant \* in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

Sager Creek Foods, Inc. was formed in Delaware on March 26, 2015. As such, there are no civil or criminal legal actions against the applicant. Sager Creek Vegetable Company was formed on February 28, 2014 under new owners following the bankruptcy of Allens, Inc. on October 28, 2013.

1. The company is not subject administrative enforcement actions resulting in sanctions. Sager Creek Vegetable Company is operating under the conditions of a Consent Administrative Order (CAO No. LIS 14-017).
2. None.
3. None.
4. None.

\* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add additional pages, if necessary.) See additional officers after Part 17.

NAME: Nils Lommerin TITLE: Chief Executive Officer & President  
STREET: One Maritime Plaza  
CITY, STATE, ZIP: San Francisco, CA 94111

NAME: David Meyers TITLE: Chief Financial Officer & Treasurer  
STREET: One Maritime Plaza  
CITY, STATE, ZIP: San Francisco, CA 94111

NAME: David Withycombe TITLE: Chief Operations Officer & Sr. Vice President  
STREET: One Maritime Plaza  
CITY, STATE, ZIP: San Francisco, CA 94111

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Nils Lommerin TITLE: Director  
STREET: One Maritime Plaza  
CITY, STATE, ZIP: San Francisco, CA 94111

NAME: David Meyers TITLE: Director  
STREET: One Maritime Plaza  
CITY, STATE, ZIP: San Francisco, CA 94111

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: none TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: Tim Browers TITLE: Director of Maintenance  
STREET: 14961 Readings Road  
CITY, STATE, ZIP: Siloam Springs, AR 72761

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: none TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: none TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: none \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: none \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:



16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: none TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

United States Environmental Protection Agency

Wisconsin Department of Natural Resources

North Carolina Department of Environment & Natural Resources

8. Additional officers of the company:

Roy Glickin, Vice President

Alfred Artis, Vice President

Paul Miller, Vice President

William Sawyers, Secretary

Address: One Maritime Plaza, San Francisco, CA 94111

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of CA

County of San Francisco

I, David Withycombe, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE: *David Withycombe*

COMPANY TITLE: Chief Operations Officer / Senior Vice President

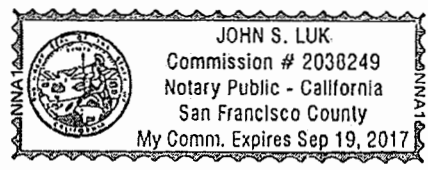
DATE: April 17, 2015

SUBSCRIBED AND SWORN TO BEFORE ME THIS 17<sup>TH</sup> DAY OF APRIL 20 15

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

*John S. Luk*  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
SEPT. 19, 2017





**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**SAGER CREEK FOODS, INC.**

formed under the laws of the state of Delaware, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office March 30, 2015.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 20th day of April 2015.

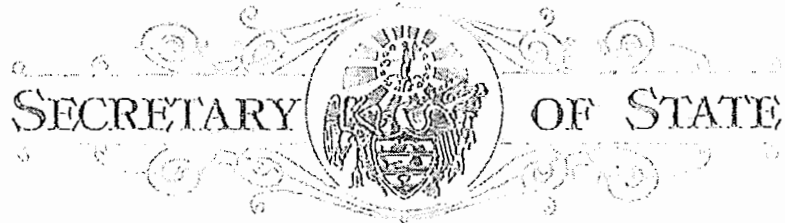
*Mark Martin*

Mark Martin  
Secretary of State

Online Certificate Authorization Code: bdc2639ed3ea855

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

STATE OF ARKANSAS



**Mark Martin**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

**Application for Certificate of Authority**

of

**SAGER CREEK FOODS, INC.**

filed in this office March 30, 2015 to be a Foreign For Profit Corporation formed under the laws of the State of DELAWARE in the Country of United States.

I further certify that said Foreign For Profit Corporation, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 30th day of March, 2015.



*Mark Martin*

Arkansas Secretary of State



# Arkansas Secretary of State

## Mark Martin

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

### Application for Certificate of Authority

(Please type or print)

Pursuant to the provisions of the Business Corporation Act of 1987, Act 958 of 1987, the undersigned as the duly authorized and acting president, secretary, treasurer, superintendent or managing agent in the State of Arkansas, of the foreign corporation named below (the "corporation") for which this statement is submitted, under oath hereby states:

1a. The name of the corporation is: Sager Creek Foods, Inc.

b. Fictitious name to be used in Arkansas: n/a

(The corporation may use a fictitious name to transact business in Arkansas if its real name is unavailable and it delivers to the Secretary of State for filing a copy of the resolution of its board of directors certified by its secretary adopting a fictitious name.)

2. The state, territory or foreign country under whose laws the corporation was incorporated is: Delaware

Date Incorporated: 2/24/2015 Period of Duration: perpetual

3. The nature of the business of the corporation and the object or purposes to be transacted, promoted or carried on by it are:  
Manufacture and marketing of processed foods

4. The address of the general office or place of business of the corporation in Arkansas is designated to be:  
none  
(Street or Address) (City) (State) (ZIP)

5. The name and address of the registered agent of the corporation upon whom Service of Process is authorized to be made in Arkansas is:  
(Name) Corporation Service Company  
300 Spring Building, Suite 900, 300 S. Spring St., Little Rock, AR 72201  
(Street or Address) (City) (State) (ZIP)

6. The address of the general office or principal place of business of the corporation is:  
c/o Del Monte Foods, Inc., One Maritime Plaza, P.O. Box 7112, San Francisco, CA 94120-7112  
(Street or Address) (City) (State) (ZIP)

7. The number and par value, if any, of shares of the corporation's capital stock owned or to be owned by residents of Arkansas:  
Number of shares: 1,000 Par value of shares: \$.01

8. The foreign corporation shall deliver with the completed application a certificate of existence (or document of similar import) duly authorized by the Secretary of State or other official having custody of corporate records in the state or country under whose laws it is incorporated.

9. A filing fee of \$300.00 is submitted herewith in accordance with Act 958 of 1987.  
Witness the hand and seal of the corporation executed under oath by the undersigned in behalf of the corporation on this the \_\_\_\_\_ day of March, 2015.

10. I understand that knowingly signing a false document with the intent to file it with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Witness the hand executed under oath by the undersigned in behalf of the corporation on this the 25<sup>th</sup> day of March, 2015.

Sager Creek Foods, Inc.  
(Name of Corporation)

*Wm. R. Dewey*  
(Signature of Authorized Officer)

# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAGER CREEK FOODS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2015.

5698903 8300

150412834

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2236396

DATE: 03-26-15

# Permit Change Route Sheet

Ownership Change  
Facility Name Change  
Responsible Official Change

Project/Facility Name		Sager Creek	
Permit Number		AR200B821	AFIN NO. 04-00175
Assigned	Activity	Initials	Date Complete/Entered
ASII (1 day)	Application Logged/Assign to Engineer	KB	5-29
Engineer (3 days)	Completeness and Technical Review Enter Update Info to Database ✓ <del>Disclosure Statement for ARG</del> Check With Enforcement ✓ Check with SOS ✓ Check Fee Payments ✓	CN	6/25
AA III (15 days)	Enter Into PDS <u>6-29</u> Merge Change Owner Form (if applicable) <u>6-29</u> Email C/O Form to Committee (if applicable) <u>6-29</u> Wait 10-days for response (if applicable) <u>7-13</u> Merger Letter for Permittee <u>7-10</u>	KB	7-10
Engineer (1 day)	Review transfer letter and documents	CN	7/13
Engineer Supervisor (1 day)	Review all the documents and letter		
Permits Section Chief (1 day)	Review the documents and sign		
AS II (1 day)	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this change in weekly report, due every Tuesday by 2:00 P.M.	KB	7-15

Remarks: