I. DOMESTICATED RUSSIAN FOX QUESTIONNAIRE FORM

WORLD WIDE EXOTIC ANIMAL TALENT AGENCY, LLC.
DBA: FEATURING ANIMALS
P.O. BOX 940008
MAITLAND, FLORIDA 32794-USA
OFFICE PHONE: (407) 645-5000 CELLULAR: (407) 496-2334 FAX: (407) 645-2810
MITCHELK25@HOTMAIL.COM

DATE: ____________________

A) CLIENTS NAME:

1. REFERRED BY: ____________________

B) MAILING ADDRESS:

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

C) PHYSICAL ADDRESS:

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

D) PHONE #: ____________________
F) CELL #: ____________________

E) FAX #: ____________________
G) E-MAIL: ____________________

H) NUMBER OF FOX (S) REQUESTED: ______

A) DESCRIPTION: (FOX # 1)

1. COLOR PREFERENCE ____________________

2. SEX: [ ] NEUTERED MALE [ ] SPAYED FEMALE

(RUSSIANS WILL ONLY ALLOW STERILIZED ANIMALS TO BE EXPORTED)

3. NAME ____________________

4. MICRO CHIP # ____________________

5. AGE/DATE OF BIRTH: ____________________

(YOUNG FOXES ARE APPROXIMATELY 5-6 MONTHS OF AGE AT TIME OF IMPORT)
MITCHELKL25@HOTMAIL.COM – U.S.A. 
OFFICE PHONE: (407) 645-5000 CELLULAR: (407) 496-2334 FAX: (407) 645-2810

B) DESCRIPTION: (FOX #2)

1. COLOR PREFERENCE__________________________

2. SEX: [ ] NEUTERED MALE [ ] SPAYED FEMALE
   (RUSSIANS WILL ONLY ALLOW STERILIZED ANIMALS TO BE EXPORTED)

3. NAME ____________________________ 4. MICRO CHIP # ____________________________

5. AGE/DATE OF BIRTH: ____________________________
   (YOUNG FOXES ARE APPROXIMATELY 5-6 MONTHS OF AGE AT TIME OF IMPORT)

C) DESCRIPTION: (FOX #3)

1. COLOR PREFERENCE__________________________

2. SEX: [ ] NEUTERED MALE [ ] SPAYED FEMALE
   (RUSSIANS WILL ONLY ALLOW STERILIZED ANIMALS TO BE EXPORTED)

3. NAME ____________________________ 4. MICRO CHIP # ____________________________

5. AGE/DATE OF BIRTH: ____________________________
   (YOUNG FOXES ARE APPROXIMATELY 5-6 MONTHS OF AGE AT TIME OF IMPORT)

I)

1. PICK UP AT KALMANSO FLORIDA LOCATION: YES [ ] OR NO [ ]

OR

2. OTHER DELIVERY LOCATION: ____________________________

J) LOCAL WILD LIFE OR EQUAL LICENSE REQUIRED FOR POSSESSION:

1) BUYER MUST HAVE ANY AND ALL PROPER PERMITS AND/OR PERMISSION TO POSSESS
   THE ANIMALS FROM THEIR LOCAL AND/OR STATE OF RESIDENCY IN ORDER TO
   PURCHASE AND HAVE THE ANIMAL TRANSFERRED TO THEM.

2) PLEASE FORWARD COPY OF ANY APPLICABLE PERMITS &/OR LICENSES TO US

3) INCLUDE PHOTOS OF YOUR (APPROVED) ENCLOSURE/CAGE.
K) DEPOSIT:

1) AN INITIAL DEPOSIT OF U.S. $1,250.00 IS REQUIRED. (NON REFUNDABLE)

2) 50% OF THE BALANCE SHALL BE DUE AND PAID 60 DAYS PRIOR TO SHIPMENT.

3) FINAL BALANCE DUE UPON ARRIVAL INTO FLORIDA AND TRANSFERRED TO OWNER/BUYER AS AGREED.

4) THE DEPOSIT IS NON REFUNDABLE UNLESS THERE ARE NO AVAILABLE FOXES THAT MEET YOUR CRITERIA. IN THIS INSTANCE, YOU WILL BE NOTIFIED AND MAY RECEIVE A REFUND OF YOUR DEPOSIT OR ALTER YOUR CRITERIA.

5) ANY OTHER PAYMENT ARRANGEMENTS MUST BE AGREED UPON IN WRITING BY BOTH PARTIES.

6) COST OF FOX TO THE INSTITUTE IS U.S. $3,200.00 PLUS U.S. $4,800.00.
TRANSPORTATION FEES

L) PAYMENT METHOD:

[ ] CASH (USD)  [ ] PERSONAL CHECK  [ ] CASHIER’S CHECK

[ ] MONEY ORDER  [ ] BANK TRANSFER

M) SIGNATURE & SUBMITTAL:

PRINTED NAME: ________________________________

I HEREBY AGREE THAT ALL TERMS/CONDITIONS & INFORMATION PROVIDED ARE HEREBY CORRECT.

X ____________________________  X ____________________________

SIGNATURE  DATE
N) REMARKS (IF ANY):


0) SEND COMPLETED QUESTIONNAIRE TO:

MITCHEL KALMANSON
235 S. MAITLAND AVE, SUITE 201
P.O. BOX 940008
MAITLAND, FL 32751
USA
MITCHEL25@HOTMAIL.COM
OFFICE PHONE # (407) 645-5000
CELLULAR # (407) 496-2334
FAX # (407) 645-2810

P) PLEASE NOTE THAT THE RUSSIAN DOMESTICATED FOX SALE/PURCHASE AGREEMENT WILL COME UNDER SEPARATE COVER.

Q) KALMANSON WILL BE HAPPY TO DELIVER ANYWHERE IN THE WORLD SUBJECT TO CURRENT LICENSES, PERMITS AND/OR AUTHORIZATIONS, AND/OR ANY EXPENSES TO BE INCURRED.

PLEASE FEEL FREE TO CONTACT ME OR MY OFFICE IF YOU HAVE ANY QUESTIONS.