

CERTIFICATE OF VETERINARY INSPECTION

82-235178

Name of Consignor <i>Mike Ferguson / Yellowstone Bear World</i>		Name of Consignee <i>Bear Country USA</i>		Entry Permit No. <i>SP 22249 MBM</i>			
Physical Address <i>PO Box 160, 6010 South 4300 West</i>		Physical Address <i>13820 S. Hwy 16</i>		Brand Inspection No.	Carrier Name and Address		
City, State, Zip <i>Rexburg, ID 83440</i>		City, State, Zip <i>Rapid City, SD 57702</i>		<i>4/1/15</i>			
Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input checked="" type="checkbox"/> Other <i>Bears</i>	Number of Animals Shipped <i>2</i>	ORIGIN OF SHIPMENT		Area Status <input checked="" type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input checked="" type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	Herd or Flock Status <input type="checkbox"/> Accredited Herd No. _____ <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Validated Herd No. _____ <input type="checkbox"/> Other _____	QUAL. HERD TEST DATES 1. _____ 2. _____ 3. _____	VACCINATION and/or TREATMENT For _____ Date and Product _____
		County <i>Madison</i>	Market				

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				BRUCELLOSIS				OTHER TESTS		
OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION	AGE	BREED	SEX	TUBERCULIN TEST (INTRADERMAL)		TEST		BRUC. VACC. TATTOO SYMBOL	Test For	Test For
				Date		Date			Lab	Lab
				Lab (Name and Address)		Lab (Name and Address)			Date	Date
				Accession No.		Accession No.			RESULTS	RESULTS
<i>1</i>	<i>2 1/2 mo.</i>									
<i>2</i>										
<i>3</i>										
<i>4</i>										
<i>5</i>										
<i>6</i>										
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<i>19</i>										
<i>20</i>										

REC'D APR 08 2015

VETERINARY CERTIFICATION <small>I certify, as an accredited veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted) The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.</small>		OWNER/AGENT STATEMENT (Where applicable) <small>"The animals in this shipment are those certified to and listed on this certificate."</small>		State Verification
Signature <i>Paul M. Tew DVM</i>	Date <i>April 1, 2015</i>	Signature <i>[Signature]</i>	Date <i>[Date]</i>	
Print Name <i>Paul M. Tew DVM</i>	License # <i>V1317</i>	Owner/Agent		
Address <i>840 N. 2nd E. #1, Rexburg, ID 83440</i>	Phone <i>208-356-4271</i>	Address		

ISDA019