### IDAHO DEPARTMENT OF AGRICULTURE

### **CERTIFICATE OF VETERINARY INSPECTION**

82-280955

Name of Consignor					Name of Consignee										Entry Permit No.						
The sea see that					Check (Cool)										Brand Inspection No. Carrier Name and Addres						
Physical Address						Physical Address									and inspectio	n No.		Carrier Name and Address			
City, State, Zi	City, State, Zip								Da	ate		1	Consistance								
Species	Number of Anin Shipped	nals	ORIGIN OF SHI	IPMENT	Area Stati	JS					Herd or	Flock St	tatus	-		QU	AL. HE	RD TEST DATES	VACCINA	ATION and/or TREATMENT	
☐ Cattle	Snipped	Cou	inty		□тв	Free			Brucellosis	В	□ Ad	ccredit	ted H	erd	No	1.		-	For		
Horse					☐ TB Mod. Accred. ☐ Brucellosis Free			d.	☐ Brucellosis C		☐ Certified Herd				No						
Sheep				e Other				☐ Validated Herd			d	No			Date an		Product				
Swine Other				☐ Brucellosis A							ther _		-	_	3.						
INDIVIDUAL ANIMAL IDENTIFICATION AND TEST					T DATA							BR	UCEL	LOSIS				OTHER TES		TESTS	
								TUBERCULIN TEST (INTRADERMAL)		Date							Test For		Test For		
	OFFICIAL PERMANENT INDIVIDUAL						В		Date		Lab (Name and Address)					BRUC. VACC.		Lab		Lab	
				Con.		AGE	E	SEX	X N Hour							TATTOO		Date		Date	
	IDENTIFICATION AND DESCRIPTION			1		E D		o Date		- Hardyn-La					SYMBOL		Accession No.		Accession No.		
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20											1					_					
VETERINARY CERTIFICATION  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									OWNER/AGENT STATEMENT (Where applicable) e animals in this shipment are those certified to and listed on this certificate."  State Verification												
Signature Date							Det	Date													
Print Name License # License # USI 7							Date	Date Owner/Agent													
Address Phone								Address									ISDA003				

## IDAHO DEPARTMENT OF AGRICULTURE CERTIFICATE OF VETERINARY INSPECTION 82- 275248

BUREAU OF ANIMAL HEALTH, BOISE, IDAHO																		
Name of Consign	me of Consignor  Name of Consignee										E	Entry Permit No.						
Physical Address Physical Address							A.				Br	rand Inspectio	n No.	Carrier Name and Address				
(0010)	ECCIP -1	DD West	HOT	LIK	7 13	(F)	THE						FC _52E					
City, State, Zip	27 65 57 400	Phone	City, State, Zip	-	0		-1120	-	Phon		Da	ate	1,	1108	390	an		
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Species	Number of Animals ORIGIN OF SHIPMENT Area S					11/2		Herd or Flock Status						HERD TEST DATES VACCINATION and/or TR		TION and/or TREATMENT		
Cattle		County TB Free Brucellosis B Accredited H						No										
Horses				TB Mod. Accred.			Brucellosis C	Certified Herd				No	2.		Date and Product			
Sheep	Poultry	Market	Brucell		ee	L	Other	☐ Validated Herd☐ Other				No	_		Date and	Product		
Swine	Other		☐ Brucelle	osis A				ш	Other			-	3.					
	INDIVIDUAL ANIMAL	IDENTIFICATION AND TEST	DATA						ВІ	RUCEL	LOSIS	-			OTHER			
						T	TUBERCULIN TEST (INTRADERMAL)		. Date			3		Test For		Test For		
				B R E E	170	-	Date N Hour		Name and	Addres.	s)	3	BRUC.	Lab		Lab		
	OFFICIAL PERMAN		AGE		SEX	N			(			_	VACC. TATTOO SYMBOL	Date Accession No.		Date		
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I certify, as an a signs of infectious indicated on the cr interstate requirem	VETERIN/ ccredited veterinarian, that the above-de- s, contagious, and/or communicable dis- artificate. To the best of my knowledge, thents. No further warranty is made or implements.	g s <sup>1</sup> "The		OWNER/AGENT S nimals in this shipment a					State verification									
Signature Date 4-35-15							Owr	ner/Age	ent		4							
Print Name	ALL ME THE L	Dat	¥		6-1				ISDA002									
Address	ddress Phone Address											. 3				ISDA002		

# IDAHO DEPARTMENT OF AGRICULTURE CERTIFICATE OF VETERINARY INSPECTION 82-284248

BUREAU OF ANIMAL HEALTH, BOISE, IDAHO																
Name of Consignor	Name of C	Name of Consignee Entry Po										rmit No. 23 15 7 7 6 5				
Physical Address 6010 South 4300 west	Physical Ad	Physical Address									Brand Inspection	on No.	Carrier Name and Address			
City, State, Zip Phone	City State	Zin	036	1 3	L 132			Phone			Date		0			
Pexburg ID 83440	My State,	City, State, Zip Phone Nu Serry Crove IL 62262									Jale		Consignee			
Species Number of Animals ORIGIN OF SHIPMENT	Area Status Herd or Flock Status											QUAL. H	HERD TEST DATES VACCINATION and/or TREATMENT			
County	□ тв ғ		☐ Brucellosis B			Accredited Herd			erd	No	1.	For				
Horses America ( adison	□тви	Mod.	Accre	d.	□Br	ucellosis C		☐ Certified Herd			No					
☐ Sheep ☐ Poultry ☐ Market	Brucellosis Free			e Other				☐ Validated Herd			No		Date and Product		Product	
☐ Horses ☐ Sheep ☐ Poultry ☐ Market ☐ Swine ☐ Other ☐ Market	☐ Brucellosis A ☐ Other									3.						
INDIVIDUAL ANIMAL IDENTIFICATION AND TEST	DATA							В	RUCEL	LOSIS	S			OTHER	TESTS	
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OFFICIAL DEDMANENT INDIVIDUAL			В		I D		Lab (Name and Address)				De-	BRUC.	Lab		Lab	
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IDENTIFICATION AND DESCRIPTION			E		O D	The state of the state of				44	SYMBOL	Accession No.				
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VETERINARY CERTIFICATION  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.  State Verification  "The animals in this shipment are those certified to and listed on this certificate."																
Signature Land M. Lew Date	Dot	Date Owner/Agent														
Print Name License #	Date	- Cincy, gain														
Address Phone 7.08 45	Add	dress	PARTY CONTRACTOR													