

Name of Consignor Husky Bear World		Name of Consignee Gins World		Entry Permit No. 3315745	
Physical Address 6610 South 4300 West		Physical Address 1909 Old Park Ave.		Brand Inspection No.	Carrier Name and Address Consance
City, State, Zip Boise ID 83410		City, State, Zip Mulberry Grove ID 83412		Date	

Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped 5	ORIGIN OF SHIPMENT County Madison Market	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	<input type="checkbox"/> Brucellosis B <input type="checkbox"/> Brucellosis C <input type="checkbox"/> Other	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 _____
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INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				TUBERCULIN TEST (INTRADERMAL)				BRUCELLOSIS				OTHER TESTS			
I N J	Date	Hour	SEX	AGE	B R E E D	OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION	TEST				BRUC. VACC. TATTOO SYMBOL	Test For		Test For	
							CARD	PLATE	RIV	CF		TEST RESULTS	RESULTS	RESULTS	
															Date
1						4 Black Female									
2						1 Black Male									
3															
4															
5						USDA # 33-C-0218									
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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.		OWNER/AGENT STATEMENT (Where applicable) "The animals in this shipment are those certified to and listed on this certificate."		State Verification
Signature Paul M. Terio	Date 4/1/2019	Date	Owner/Agent	
Print Name Paul M. Terio DVM	License # V1817	Address		

ISDA003

Name of Consignor <i>Shiloh Star Beef Ranch</i>		Name of Consignee <i>Greg Loomis</i>		Entry Permit No. <i>35151395</i>	
Physical Address <i>6010 South 4300 West</i>		Physical Address <i>109 Old Park Ave</i>		Brand Inspection No.	Carrier Name and Address <i>Consig</i>
City, State, Zip <i>Keyhole ID 83440</i>		City, State, Zip <i>17180 Grove IL 62217</i>		Date	
Species	Number of Animals Shipped <i>4</i>	ORIGIN OF SHIPMENT County <i>Madsen</i>	Area Status	Herd or Flock Status	QUAL. HERD TEST DATES
<input type="checkbox"/> Cattle		Market	<input type="checkbox"/> TB Free	<input type="checkbox"/> Accredited Herd No. _____	1.
<input type="checkbox"/> Horses			<input type="checkbox"/> TB Mod. Accred.	<input type="checkbox"/> Certified Herd No. _____	2.
<input type="checkbox"/> Sheep	<input type="checkbox"/> Poultry		<input type="checkbox"/> Brucellosis Free	<input type="checkbox"/> Validated Herd No. _____	3.
<input type="checkbox"/> Swine	<input checked="" type="checkbox"/> Other <i>Beef</i>		<input type="checkbox"/> Brucellosis A	<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Brucellosis B		VACCINATION and/or TREATMENT
			<input type="checkbox"/> Brucellosis C		For
			<input type="checkbox"/> Other _____		Date and Product

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				BRUCELLOSIS				OTHER TESTS			
OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION	AGE	BREED	SEX	TUBERCULIN TEST (INTRADERMAL)				BRUC. VACC. TATTOO SYMBOL	Test For	Test For	
				I N J		O B S			Date	Lab	Lab
				Date	Hour	Date	Hour		Lab (Name and Address)	Date	Date
				TEST		TEST RESULTS		Accession No.	Accession No.		
				CARD	PLATE	RIV	CF	RESULTS	RESULTS		
1	<i>1 Female Cub</i>	<i>3m</i>	<i>Female</i>								
2	<i>1 Black Cub</i>	<i>3m</i>	<i>Female</i>								
3	<i>1 Red Cub</i>	<i>3m</i>	<i>Female</i>								
4											
5	<i>1 Adult Black - Black</i>	<i>1y</i>	<i>Female</i>								
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RECEIVED APR 29 2019

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>William B. Shaw</i>	Date <i>4-29-19</i>		Date	Owner/Agent	
Print Name <i>William B. Shaw</i>	License # <i>U3747</i>				
Address <i>1101 N. 1st St. Idaho Falls ID 83401</i>	Phone <i>208-356-4271</i>		Address		

ISDA002

Name of Consignor <i>Yellowstone bear world</i>		Name of Consignee <i>Greg Woody</i>		Entry Permit No. <i>33157265</i>	
Physical Address <i>6010 South 4300 West</i>		Physical Address <i>1909 Old Park Ave</i>		Brand Inspection No.	Carrier Name and Address
City, State, Zip <i>Peoria ID 83440</i>		City, State, Zip <i>Mulberry Grove IL 62262</i>		Date <i>Consignee</i>	

Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped <i>9</i>	ORIGIN OF SHIPMENT County <i>Madison</i>	Area Status <input type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input checked="" type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	<input type="checkbox"/> Brucellosis B <input type="checkbox"/> Brucellosis C <input type="checkbox"/> Other	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 _____
		Market <i>American Black Scars</i>				<input type="checkbox"/> Poultry <input checked="" type="checkbox"/> Other	

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				TUBERCULIN TEST (INTRADERMAL)				BRUCELLOSIS				OTHER TESTS		
I N J O B S	Date	Hour	Date	Hour	Date	Hour	TEST				BRUC. VACC. TATTOO SYMBOL	Test For	Test For	
							CARD	PLATE	RIV	CF		TEST RESULTS	RESULTS	RESULTS
							TEST RESULTS					RESULTS	RESULTS	
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USDA # 82-C-00412

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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.		OWNER/AGENT STATEMENT (Where applicable) "The animals in this shipment are those certified to and listed on this certificate."		State Verification
Signature <i>Paul M. Tew</i>	Date <i>7/11/19</i>	Date	Owner/Agent	
Print Name <i>Paul Tew</i>	License # <i>V-2517</i>	Address		
Address <i>640 N 20th E Peoria ID 83445</i>		Phone <i>2083564271</i>		