8) SERVICE CERTIFICATE:

SIRE OF FOAL _____ _____
NAME REG. NUMBER

SIRE SIRE'S _____ _____
NAME REG. NUMBER

SIRE'S DAM _____ _____
NAME REG. NUMBER

I HEREBY CERTIFY THAT I OWNED THE STALLION IDENTIFIED ABOVE AND SERVICED HIM BY NATURAL SERVICE TO THE MARE ABOVE AS THE DAM OF THE FOAL.

SERVICE DATES:

_____ _____ _____
MONTH DAYS YEAR

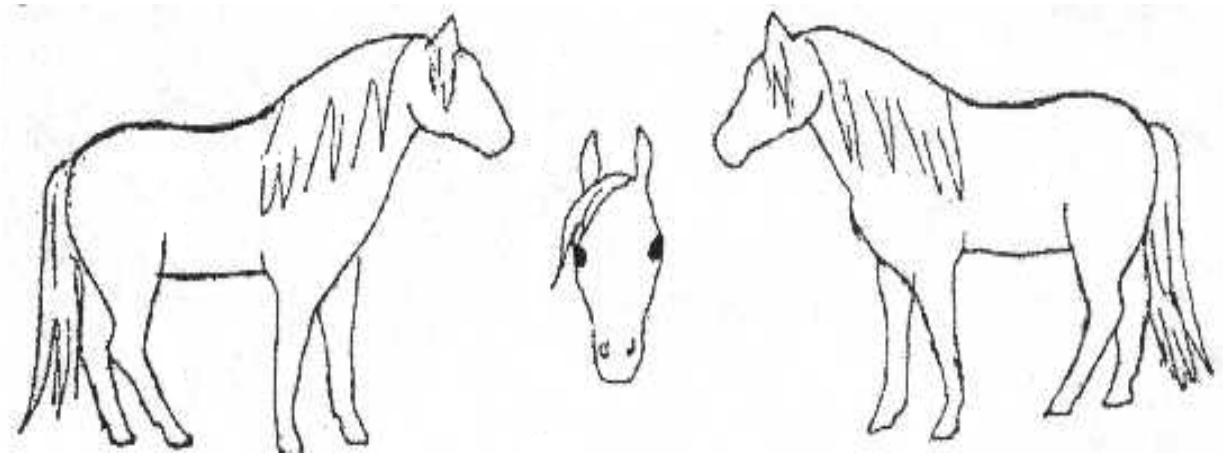
_____ _____
SIGNATURE OF OWNER OF SIRE AT TIME OF SERVICE SIGNATURE OF CO - OWNER (IF ANY)

_____ _____
PRINTED NAME OF OWNER OF SIRE AT TIME OF SERVICE PRINTED NAME OF CO - OWNER (IF ANY)

_____
ADDRESS

_____
CITY , STATE , ZIP CODE

9) MARKS OF FOAL -- GIVE COMPLETE DESCRIPTION OF ALL WHITE OR COLORED MARKINGS , BRANDS ETC , AND OUTLINE MARKINGS ON SILHOUETTE. IF NO MARKINGS , PLEASE STATE " NO MARKINGS".



DO NOT WRITE IN THESE COLUMNS (FOR OFFICE USE ONLY)

_____ _____ _____ _____ _____
NUMBER DATE OF RECEIPT CHECK CERTIFICATE DATE AMOUNT PAID