OFFICE USE	Date	Expires 12-31-	Track	Clerk	,
ONLY			CC Rec #	Rec#	

MULTIPLE OWNERSHIP REGISTRATION - \$10.00

Oklahoma Horse Racing Commission
One Remington Place – BUILDING B, Oklahoma City, OK 73111
(405) 419-4441 *or* (405) 943-6472 www.ohrc.org

THIS FORM MUST BE COMPLETED BY ALL MANAGING OWNERS WHO:

- (a) conduct race operations involving more than one ownership interest (including husband and wife); or
- (b) conduct race operations under a fictitious name (a name other than the name of an individual real person(s) such as stable name, corporation, business or company name, syndicate, estate name, trust name, etc.)

PRINT in ink or type. Answer all questions. Multiple Ownership forms can NOT be processed until all owners are licensed.

<u>OKLAHOMA-BRED:</u> If this Registration involves racing stock registered in the Oklahoma-Bred Program, any purse settlement could be delayed if ownership and Tax Identification Numbers are not provided accurately below in question 4a.

/			•							
1.		e <u>exactly as it app</u> Certificate of Reg								
2.	Circle the type o	f Ownership to be	registered	l:						
	PARTNERSHIP (Including Husband/Wife)	STABLENAME	CORP.	LLC	ESTATE	TRUST	SYNDICATE	OTHER:	(Specify)	
3.	is limited to spous Incorporation, Syl	form shall be accesses and for which no ndicate Agreements of ownership intere	specific writ	tten agree irtnership	ement exists) i Agreements,	ncluding, but Trust Agreer	not limited to, Art nents, Probate Do	icles of Incorpora	tion, Certif	ficate o
	This Owners	ship entity has no o	organization	al and/or	Court docum	ents.				
		e all updated appro ocuments should be				documents	of this Registration	on required by th	ie OHRC.	
4.	APPLICANT INFO	ORMATION:								
	as horse owners licensed unless of	qualing 100% of or ; provided that if the determined otherwice acceptable to the	ere are mo se by the S	re than to Stewards	wenty (20) su or the Comn	ch persons, nission, how	no more than tw	enty (20) shall b	e require	ed to be
		owner is changed fr t from each individu								ned and
	4a. MANAGING	OWNER:					Perce	ntage of Owners	hip:	%
	Federal Ider	Federal Identification #		AND Enti	AND Entity Name:					
	Managing C	wner's Soc. Sec. #					Date of E	Birth:		
	Managing C	owner's Mailing Add	lress:	Street Addre	ss or Route No.		City	State	Zip	
	Daytime Pho	one: ()	Stroot Addie		vening Pho	•)	4۱۲	

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ADDITIONAL OWNERS: (Attach Additional Sheets If Necessary)

4b. LEGAL NAME:			Percentage of Ownership:	<u></u> %	
Social Security Number:	Date of Birth: Daytime Phone: ()				
City, State:					
4c. LEGAL NAME:		Percentage of Ownership:			
Social Security Number:	Date of Birth:				
City, State:	Percentage of Ownership: % Date of Birth:				
4d. LEGAL NAME:					
Social Security Number:					
City, State:					
4e. LEGAL NAME:	Percentage of Ownership:				
Social Security Number:					
City, State:					
HORSE(S) NAME	AGE	BREED	TRAINER NAME		
YES Is the above listed horse leased? If " NO Name of Lessee: IMPORTANT - THE MANAGING OWNER FROM QU		Lessor	:		
I understand that the Commission may require additional of this entity. I hereby certify that all ownership interests attached hereto; and each ownership interest herein lis ownership interest as evidenced by the corporate minumanaging owner, if the entity is a partnership or husbar authorized Managing Owner for this entity and that all sinformation accurately may result in disciplinary action revocation of the registration of this Ownership Name. I understand that any information surplication of the content of	information regals have been discipled has full known tes wherein I amend and wife; or bestatements herein by a Board of Sand/or any occupubmitted with relations. I understand the	ding the oversed in full vledge of the authorized by the problem are computewards a pation liceration to this at except versed in the open control of the authorized to the open control of the open control o	vnership interest in the multiple ownership register all organization documents regarding this either filing of this document and the stated did to act on behalf of the corporation or synctiate or trust documents. I further certify that lete and true. I understand that failure to dis ind/or the Commission, refusal to approve, one issued in conjunction with the registrations application is subject to the Open Record where State or Federal statute creates a correction.	ntity are vision of icate and the close and	
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