



STALLION AFFIDAVIT

No Fee Required

Name of Stallion _____

Please identify names, resident address(es), and the percentage of ownership of all owners. If ownership is in total or part a corporation, provide names and resident address(es) of all directors, officers and shareholders and the percentage of ownership by the corporation. If stallion has been syndicated, indicate all syndicate members, their addresses, percentage of ownership (number of shares held by each), and the date Iowa residency was established. Additional sheets may be attached as necessary.

<u>OWNER(S) NAME AND ADDRESS</u>	<u>PERCENTAGE OF OWNERSHIP</u>	<u>DATE IOWA OWNER RESIDENCY ESTABLISHED</u>

I hereby certify that this information is true and correct, and that the above stallion meets all the requirements for Iowa registration. I further certify that I have been a resident of the State of Iowa for at least six (6) months prior to this registration. I understand that any false information shall be grounds for disciplinary action.

(Signature of Stallion Owner)

(Notary Seal)

Subscribed and sworn to before me this _____ day _____, _____

009-0507