

NOTIFICATION OF EXCLUSION

To the Paymaster of Purses	s at:Tı	rack		 <u> </u>
The undersigned hereby account and deposit into which I have an interest.				
Horse Owner:				
or Stable Name				
Mailing Address:				
Street Number				
City	State	Zip	Code	
Telephone No.:		FAX No.:		
List All Racing Partnerships	in which you ha	ve an interest		
Horseman's Account Nos.:_				
			_	

The undersigned understands that this notification is effective only at the racing facility indicated above, and applies to all horses in which the person or entity indicated above has an interest, until revoked in writing. The undersigned also declares that he/she is authorized to act on behalf of all entities listed above.

Signature of authorized licensed horse owner

Date