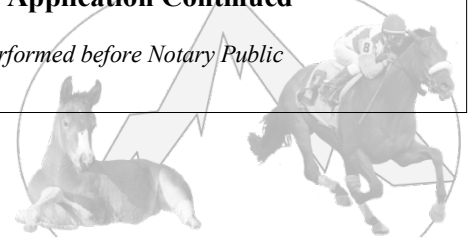


State of Montana

Montana Board of Horse Racing
P.O. Box 551
Corvallis, MT 59828
(406) 961-5422
www.commerce.mt.gov/horseracing

Authorized Agent Application Continued

Signatures must be performed before Notary Public



This Side Of Application To Be Filled Out By Appointer Only

13. I hereby appoint (please print) _____
Name of Person

14. Address: _____
Street Address City State Zip Code

15. Mailing Address: _____
(Only if different) Street Address City State Zip Code

16. Telephone: _____

to act as my authorized agent for the time of starting date: _____ and ending on the date of _____ in all matters pertaining to the racing of my horses under the rules, regulations and conditions of the Montana Board of Horse Racing and the laws of the state of Montana, and I do hereby authorize my said agent to act for me, subject to the following limitations:

It is hereby understood that I assume full responsibility for the acts of my said authorized agent in connection with the authority.

Signature of Appointer

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public for the State of Montana

Residing at

My commission expires

(Seal or Stamp)

This Side Of Application To Be Filled Out By Appointer Only