Rev. 05/11

LIMITED LIABILTY COMPANY REGISTRATION

TYPE OR PRINT							
LOUISIANA STATE RACING COMMISSION R.S. 14:118.2 provides "Whoever commits the crime of falsifying racing license applications shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both."	(For Office USID# Date: Sold By:	j	XPIRES une 30	□New □ Renewal	TRACK		
All parties to an LLC It is stipulated and agreed that any notice, correspondence or papers of any na							
address. Any change of address must be reported to the Commission.			TAXPAYER ID#				
NAME OF LLC:			PHONE #				
ADDRESS							
CITY / STATE / ZIP							
MEMBER NAME	-		SOC. S	EC. #:			
SHARE (%)			DATE	OF BIRTH:			
ADDRESS		HOME PHONE #					
CTTY/STATE/ZIP		EMAIL ADD	RESS	****			
MEMBER NAME			SOC. SEC. #:				
SHARE (%)	SHARE (%)		DATE OF BIRTH:				
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CITY / STATE / ZIP		EMAIL ADD	EMAIL ADDRESS				
MEMBER NAME	MEMBER NAME		SOC. SEC. #:				
SHARE (%)			DATE	OF BIRTH:			
ADDRESS		OME PHONE ELL #	#				
CITY / STATE / ZIP	Ε	MAIL ADDRE	ADDRESS				
PLEASE ATTA	ACH PAGE 2	FOR ADD	DITION	AL NAMES!			
All entries and declarations of forfeits to be made by:							
All winnings to be credited to:							
Horses to run in the name of:							
Manager(s):							
Terms of any contingency, lease or other arrangement:							
LIST OF HORSES REGISTERED							
NAME			NAME				
	MEMBER TE	AT OWNE P	Z OD W	nde misee abee ar a	IN OWNER'S LICENSE		
APPLICATION EXECUTED FOR L.L.C. BY MANAGIN		71 OH133			S RECOMMENDATION		

APPLICATION EXECUTED FOR L.L.C. BY MANAGING MEMBER:	BOARD OF STEWARDS RECOMMENDATION
	Approved:
Signature	Not Recommended:
Printed name	Denied:

Additional Names for LLCs, Partnerships or Stables

It is stipulated and agreed that any notice, correspondence or papers of any nature addressed to me from the Louisiana Stale Racing Commission or the racing stewards are to be sent to the below address. Any change of address must be reported to the Commission.

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	MEMBER NAME		SOC. SEC. #:		
	SHARE (%)		DATE OF BIRTH:		
	ADDRESS	HOME PHONE	H		
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	SHARE (%)		DATE OF BIRTH:		
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	Y/STATE/ZIP EMAIL ADDR		SS		
	MEMBER NAME		SOC. SEC. #:		
ŀ	SHARE (%)		DATE OF BIRTH:		
	DRESS HOME PI- CELL #		NE#		
	CITY / STATE / ZIP	MAIL ADDRESS			
F	MEMBER NAME		SOC. SEC. #:		
	SHARE (%)		DATE OF BIRTH:		
	ADDRESS I		HOME PHONE #		
l	CITY / STATE / ZIP	EMAIL ADDRESS	S		
┢	MEMBER NAME		SOC. SEC. #:		
	SHARE (%)		DATE OF BIRTH:		
		HOME PHONE # CELL #	NE#		
	CITY / STATE / ZIP	EMAIL ADDRES	38		
r	MEMBER NAME		SOC. SEC. #:		
	SHARE (%)		DATE OF BIRTH:		
	ADDRESS	HOME PHONE # CELL #			
	CITY/STATE/ZIP EMAIL		ADDRESS		
-	MEMBER NAME		SOC. SEC. #:		
	SHARE (%)		DATE OF BIRTH:		
	ESS HOME PHON CELL #		1		
		EMAIL ADDRES	s		
r	BER NAME		SOC. SEC. #:		
	SHARE (%)		DATE OF BIRTH:		
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	CITY / STATE / ZIP	EMAIL ADDRES	S		