

PASO FINO HORSE ASSOCIATION, INC.

Certificate of Registration

Registered Name: Catalina Sin Par

Registration Number: 21,591

Sex: MARE

Foaling Date: JULY 14, 1993

Microchip Number:

State Foaled: FLORIDA

Color: PINTO

Description: Bay tobiano pinto. Star, strip. Four Stockings, striped hooves. Black and white mane and tail. This horse has been homozygous tested. Genetic tested.



Sire: Corazon de Pastor MDF
14,259
PINTO

Piropo Sin Par
1,092
BAY

El Pastor
127
BAY
Malvaloca Sin Par
122
BAY

Pinata Sin Par
6,019
PINTO

El Pastor
127
BAY
Marisol Sin Par
129
PINTO

Dam: Preciosa Elegante
7,939
PINTO

Precipitado Sin Par
1,663
PINTO

El Pastor
127
BAY
Marisol Sin Par
129
PINTO

Triquena
4,505
BAY

Recorded Owner: DY'S SPOTTED STABLES

MIAMI LAKES, FL

Robin D. Ratliff
President

APRIL 18, 2008

Date Issued:

Mary L. Emmons
Registrar



TRANSFER OF OWNERSHIP

NOTE: The effective date of transfer is the date of the POSTMARK DATE unless the transfer is the result of a situation as defined in Chapter 8 - Registration Rules of the current rule book of the Paso Fino Horse Association, Inc.

Transfer to: PRINT name(s) exactly as to be recorded by the Registry Membership # (s)

ADDRESS

CITY STATE ZIP

SIGNATURES(S) REQUIRED TO PROCESS TRANSFER

Complete this above section, enclose your check, money order or credit card information Sign Below, and mail this document to the Association Office at the above address.

X _____
SIGNATURE OF RECORDED OWNER(S) Membership # (s)

Report of Death _____
MONTH DAY YEAR

Cause of Death _____

Report of Castration _____
MONTH DAY YEAR

Report of Color Change - At Least Two (2) Current Photographs Are Required

Change color to: _____

Report of Scars or Change in Markings - Current Photographs Are Required

Describe Scars or Changes: _____

Report for Name Change

Change Name to: _____

Signature for the Above Items: _____

CHECK ONE: MASTERCARD VISA AMEX

Name of Card Holder: _____

Address/City/Zip: _____

Card Number _____ Expiration Date: _____

Amount Enclosed/Charged _____ for Transfer of Ownership
 Name Change

Signature: _____

ANY ERASURES OR ALTERATIONS ON THIS FORM WILL REQUIRE VERIFICATION