

Kenneth and Roberta Falk
HIGHFIELDS FARM LLC
1282 Poplar Hill Road
Lexington, VA 24450-7332 USA

MARE IDENTIFICATION BREEDING PASSPORT

PLEASE READ ALL INSTRUCTIONS
BEFORE PROCEEDING

- For use with mares bred by shipped semen.
- To be completed by the Mare Owner.
- The return of this signed Mare Passport is required at the conclusion of the breeding season in which it is issued.
- Please note that the return of the Mare Passport is required whether the mare is pregnant or not.
- This Mare Passport is for a single mare only. In the event of switching to a new mare a new Mare Passport is required.

**HIGHFIELDS FARM LLC
MARE BREEDING PASSPORT AND VETERINARIAN CERTIFICATE**

I, the undersigned veterinarian, duly licensed by the State of _____, do hereby attest that the following occurred: That at the following times and the following days, I artificially inseminated the mare _____ with semen of the stallion **RAPTURE R**, and said inseminations were carried out in accordance with standard veterinary practices.

FURTHER, I hereby certify that after careful inspection, the mare inseminated is the mare described in the description to which this certification is attached. Said inspection consisted of my comparing the drawings and complete verbal description on said description with the mare I inseminated and I found that the mare inseminated corresponds in every detail to said description.

FURTHER, I hereby certify that no other mare was inseminated with the stallion semen designated for this mare and that any excess thereto was promptly and properly destroyed.

FURTHER, I certify that I am not an agent for HIGHFIELDS Farm LLC and that I will indemnify and hold harmless HIGHFIELDS Farm LLC, its owners, agents and assigns, from any claims arising from the negligent, improper or ineffective insemination by me.

WITNESS my hand and seal executed this _____ day of _____, 2007, under the pains and penalties of perjury.

Veterinarian

WITNESS my hand and seal executed this _____ day of _____, 2007, under the pains and penalties of perjury.

Veterinarian

**MARE INSEMINATION RECORD
IMPORTANT!**

- 1) This record must be signed by the veterinarian on every occasion that the mare is inseminated.
- 2) This record must be signed and stamped by the attending licensed veterinarian after examining the mare 55-65 days after the last day bred.
- 3) This record must be returned to stallion owner when the mare is examined 55-65 days after the last day bred.

INSEMINATION DATE—VETERINARIAN SIGNATURE

| | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

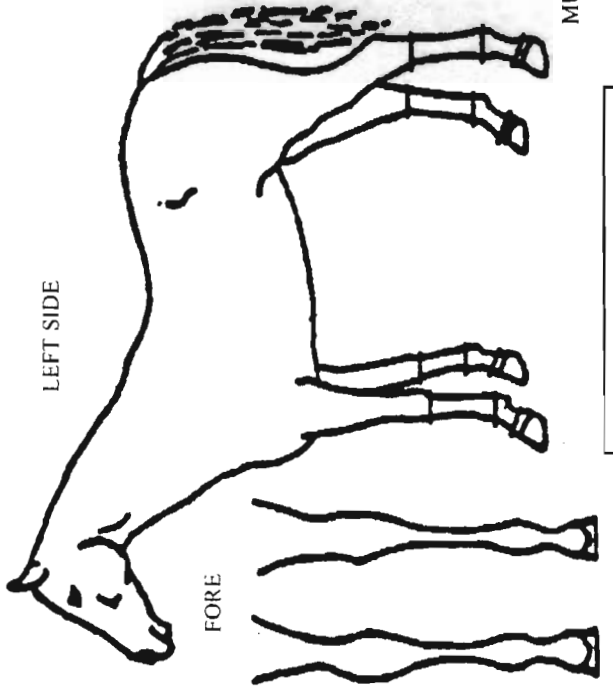
I hereby examined the mare to whom this Mare Passport pertains throughout her pregnancy and finally at 55-65 days after the last day bred and found her to be:

| | | | |
|----------|--------------|-------|---------------|
| In Foal: | Not in Foal: | Date: | Veterinarian: |
| In Foal: | Not in Foal: | Date: | Veterinarian: |
| In Foal: | Not in Foal: | Date: | Veterinarian: |
| In Foal: | Not in Foal: | Date: | Veterinarian: |
| In Foal: | Not in Foal: | Date: | Veterinarian: |

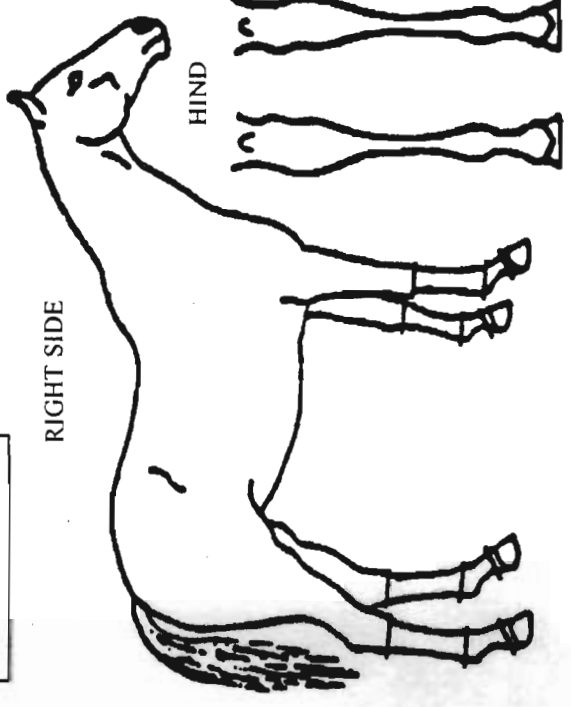
IDENTIFICATION CERTIFICATE

WHORLS MUST BE SHOWN
THUS "X"
AND DESCRIBED
BELOW IN DETAIL

NAME OF ANIMAL

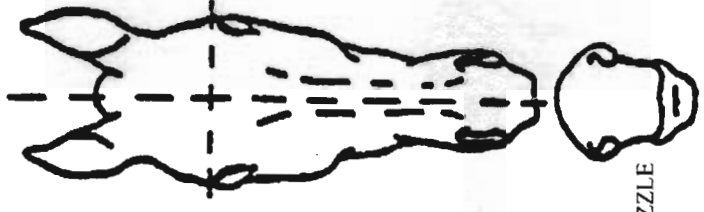


LEFT SIDE



RIGHT SIDE

HIND



MUZZLE

PLEASE ENSURE THAT DIAGRAM
AND WRITTEN DESCRIPTION AGREE
ALSO TYPE OR USE BLOCK CAPITALS

WHITE MARKINGS
TO BE SHOWN IN RED

| | | | | |
|-------|----------|---------------|------|-----|
| Color | Sex | Date of Birth | Sire | Dam |
| HEAD | | | | |
| LIMBS | LF | RF | LH | RH |
| BODY | ACQUIRED | | | |

SIGNATURE of Veterinary Surgeon _____
NAME AND ADDRESS _____
(in block capitals)

DATE OF EXAMINATION _____

Please note that your container deposit will be returned when the stallion owner receives this document certifying that your mare is either in foal or not in foal. This document will let us know that you do not need further shipments this season and will keep us informed of the status of your mare.

Thank You!

RETURN TO:
HIGHFIELDS FARM LLC
1282 POPLAR HILL ROAD
LEXINGTON, VA 24450-7332
USA
PHONE: 540-464-3405
FAX: 540-464-4200
E-mail: Rapture@RaptureR.com
Website: www.RaptureR.com