



# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing written statement of revocation of signature authority submitted to the American Saddlebred Registry, Inc, was served by the United States First Class Mail, postage prepaid, on \_\_\_\_\_, 20 \_\_\_\_ upon:

**[NAME OF PERSON BEING REMOVED]**

**[ADDRESS OF PERSON BEING REMOVED]**

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**Grantor(s) for:** \_\_\_\_\_

**(Insert name of individual, corporation, LLC, partnership, trust or other entity)**

Please return form to:  
American Saddlebred Registry | 4083 Iron Works Parkway | Lexington, KY 40511  
or fax to: (859) 259-1628.