



DATE 1/5/09

821 CORPORATE DRIVE  
LEXINGTON, KY 40503-2794

We have this day registered the name **Fearless Bay** for the

**Bay Filly**, foal of **2006**, by **Pleasant Tap**

out of **Privateers Bay** and this name should now be entered on

Certificate of Registration No. **0613260**

Attach this authorization to upper left corner of the Certificate of Registration.

*Rick L. Barty* Registrar

NYRA: Coggins Test Negative

Name: *Fearless Bay*

Date: *Jan 7 2009*

*#11 EN*

ION

*med Fearless Bay*  
\*\*\*\*\*

rospect

*is duly registered by The Jockey Club,*

**Marks:** Irregular star pointed to left and connected stripe to left, extending to left in center of face, becoming bordered flesh colored on bridge of nose, extending between nostrils, covering and into left nostril, ending to left on upper lip.---  
Median cowlick above eye level.---

Left hind: three-quarters pastern white, lower on outside, extending on ankle in back and on inside in back.---

Right hind: ankle irregularly white, higher on outside and on inside.---

Cowlick high at crest of neck on both sides.\*\*\*

*FF 3/10/09*

*Issued to* Gillian Gordon-Moore & Carlos S.E. Moore

*Bred by* Gillian Gordon-Moore & Carlos S.E. Moore

*Foaled in* Virginia, U. S. A.

J0232764

THIS CERTIFICATE IS ISSUED ON THE BASIS OF INFORMATION SUBMITTED TO THE JOCKEY CLUB BY THE APPLICANT AND IS SUBJECT TO REVOCATION IF FURTHER INFORMATION IS RECEIVED INDICATING IMPROPER ISSUANCE.

2/7/07

*Jerry C. Knapf*  
Secretary  
*Rick L. Barty*  
Registrar

CERTIFICATE TO BE PRESERVED AND TRANSFERRED TO PURCHASER GRATIS IF THIS HORSE IS SOLD. POSSESSION AND PRESENTATION OF THIS CERTIFICATE IS A REQUIREMENT TO RACE OR BREED THE HORSE IT IDENTIFIES. RECORD TRANSFER ON REVERSE SIDE.

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
EQUINE INFECTIOUS ANEMIA LABORATORY TEST  
(VS Memorandum 555.16)

SERIAL NO.

N 0834610

1. ACCESSION NUMBER

333-11-5

2. DATE BLOOD DRAWN

1/3/2011

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market  Change of Ownership  Retest  Export

Show  First Test

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

0301201728

6. TEST TYPE

ELISA  
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
INGLESIDE TRAINING CENTER

11455 BACK DRIVE

MONTPELIER STATION, VA Zip Code 22957

Tel No. 540-672-2600

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)