



MEDDLETON EQUINE

PERFORMANCE HORSE MEDICINE & SURGERY

Promissory Note

I, _____ whose social security number
is _____ and whose date of birth is _____
promise to pay to Meddleton Equine, Inc. the total sum of \$ _____, together with interest at the rate of
eighteen percent (18%) per annum on or before _____.

Payment shall be made in accordance with the following schedule:

This Note is governed by the laws of the State of New Mexico and the undersigned consents to the personal and subject matter jurisdiction of the Court of the State of New Mexico to enforce it.

Signature

Date

Printed Name _____ **Address** _____

City _____ **State** _____ **Zip** _____