PERSONAL FINANCIAL QUESTIONNAIRE

Name       Date

Address

Submitted in connection with application for Registration for:

Name of Gaming Licensee

1. Do you anticipate active participation in the management and operation of the gaming licensee?

Yes  No  If yes, attach detailed description of activity anticipated.

2. Amount to be invested in the business $

Percentage of ownership this will represent

3. Investment will be derived from the following sources:

(Submit executed agreements for all financial transactions and documentation of investment.)

4. Has your interest in this gaming licensee or holding company been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole?

Yes  No ; if yes provide additional information on page 5.

5. Have any individual, city, county, state, or Federal liens been filed against you as an individual, sole proprietor, member of a partnership, owner of a corporation, or similar capacity? Yes  No

If yes, provide details on separate sheet.

6. Has your Federal Income Tax Return ever been audited or adjusted? Yes  No

If yes, provide details on separate sheet.

7. Last Federal Income Tax Return was filed       for year       at

     

City State

8. Do you own or control any assets or liabilities located outside the United States? Yes  No

If yes, provide details on appropriate schedule or on a separate sheet.

9. Do you hold any assets in a Trust? Yes  No

If yes, list Trusts and generally describe the Asset held therein.

10. Do you control, manage, or hold in trust any assets or liabilities for another person or entity? Yes  No

Provide details under remarks on page 5.

11. Annual Income $

Salary $

Interest $

Dividends $

Other (Describe)       $

Other (Describe)       $

Other (Describe)       $

**STATEMENT OF ASSETS**

as of

Date

List all assets, both tangible and intangible, on the appropriate line below. Enter the amount as of the date of this statement.

Original Cost/

ASSETS: Investment Market Value

Cash on Hand $       $

Cash in Financial Institutions

Accounts and Notes Receivable

Marketable Securities

Business Investments

Fixed Assets

OTHER ASSETS:

TOTAL ASSETS $       $

# STATEMENT OF LIABILITIES

as of

Date

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement.

LIABILITIES: Original Amount Present Balance

Accounts Payable (credit cards, etc.) $       $

Taxes Payable

Notes Payable

Mortgages Payable

Other Liabilities

TOTAL LIABILITIES $       $

NET WORTH $

CONTINGENT LIABILITIES $

STATE OF

ss.

COUNTY OF

I,       , being duly sworn, depose and say that the above

Registrant’s Name

statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming approval by a municipality, or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a registration and require the registrant to apply for full licensure. Further, that I am voluntarily submitting this application under oath with full knowledge that the Gaming Control Act (NRS 463.140(5)) provides that “Any person making false oath in any matter before either the board or commission is guilty of perjury.” I am voluntarily submitting this application under oath with full knowledge that I may be required to submit this application to appropriate municipal and county authorities charged by law with granting gaming licenses.

REGISTRANT

Signature

Subscribed and Sworn to Before Me

This Day of ,

Notary Public

**REMARKS**