

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:

Initial

Quarterly

RECEIVED

2014 FEB 20 P 1: 25

GAMING ENFORCEMENT

Name of person completing this form:

Dickson Jay

Name and address of entity or person on whose behalf this form is being filed:

8676127 Canada Inc (Vendor ID 87015)

dba CrossPay Services

4250 Sere

Saint-Laurent, Quebec H4T1A6

Canada

Principal business or occupation of entity or person on whose behalf this form is being filed:

Payment Solutions Provider

Status of entity or person on whose behalf this form is being filed:

License Holder

Applicant

The entity or person on whose behalf this form is being filed is a holder of or applicant for:

Casino License

Casino Service Industry Enterprise License

Vendor Registration

Permit

Casino Key Employee License

Casino Employee Registration

Qualifer

Other (Please specify)

SCHEDULE A

For an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All subsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made	Amount of value of such payment(s), remuneration, benefit or thing of value	Date such payment(s), remuneration, benefit or thing of value was made	Reason or purpose for the procurement of professional services
John K. Maloney	\$900.00	12/17/2013	Professional Services
Fox Rothschild LLP	Est. \$5,000.00	Pending	Professional Services
Oliner Law	1,750.00	01/14/2014	Professional Services

SCHEDULE B

For an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All subsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm (offering professional services with regard to internet gaming) from whom any payment, remuneration, benefit or thing of value was received	Amount of value of such payment(s), remuneration, benefit or thing of value	Date such payment(s), remuneration, benefit or thing of value was made	Reason or purpose such payment(s), remuneration, benefit or thing of value was received

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are wilfully false, I am subject to punishment.

Signature of person completing this form

Date

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