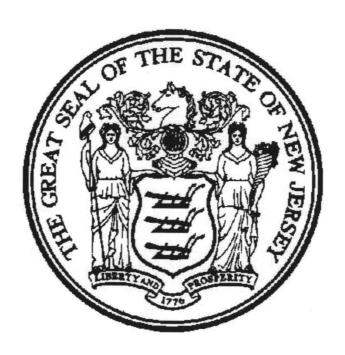
STATE OF NEW JERSEY

Division of Gaming Enforcement



Internet Gaming Disclosure Statement

INSTRUCTIONS FOR COMPLETING THE INTERNET GAMING DISCLOSURE STATEMENT

- Pursuant to N.J.S.A. 5:12-85h and N.J.A.C. 13:69A-7.17, each entity or person who is an applicant for or holder of any license, registration, permit or qualification must provide an Internet Gaming Disclosure Statement to the Division of Gaming Enforcement (Division) no later than December 31, 2013. The filing shall disclose information regarding payment for professional services, the identity of the person making or receiving payment and the nature of the services provided in connection with the authorization or conduct of Internet gaming.
- 2. The initial Internet Gaming Disclosure Statement must disclose the required information from July 1, 2009 through the date of the initial statement.
- 3. After December 31, 2013, each new applicant for any license, registration, permit or qualification must file an initial Internet Gaming Disclosure Statement with the application and quarterly thereafter.
- 4. After December 31, 2013, quarterly Internet Gaming Disclosure Statements are due to be filed with the Division in accordance with the following schedule:

First Quarter April 15
Second Quarter July 15
Third Quarter October 15
Fourth Quarter January 15

- 5. One (1) copy of the initial or quarterly Internet Gaming Disclosure Statement must be filed electronically at igdisclosure@njdge.org. Clicking on the "Submit" button after completing the form will enable its electronic filing.
- 6. Please disclose on Schedule A the required information concerning the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made. For the purposes of this form, "professional services" include, but are not limited to, legal, consulting, lobbying, auditing, accounting, recruitment and referral services provided with regard to Internet gaming. Please disclose on Schedule B the required information concerning the person, entity or firm that offers such professional services with regard to Internet gaming from whom any payment, remuneration, benefit or thing of value was received.
- 7. Please be advised that pursuant to N.J.S.A. 5:12-74.1d(8), the information recorded on the Internet Gaming Disclosure Statement shall be made public by the Division.

INTERNET GAMING DISCLOSURE STATEMENT	
Filing Period:	
Name of person completing this form: Martin Carrig	
Name and address of entity or person on whose behalf this form is being filed:	
10S Almaden Blvd, 16th Floor, San Jose California CA95113	
Principal business or occupation of entity or person on whose behalf this form is being filed: API Management Platform	
Status of entity or person on whose behalf this form is being filed: License Holder X 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 <u>initial</u> 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	remuneration, benefit or thing of value	remuneration, benefit or thing of value was made	Reason or purpose for the procurement of professional services
N/A	N/A	N/A	N/A

SCHEDULE B

For an <u>initial</u> 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.

remuneration, benefit Reaso enefit or thing of value was remune	n or purpose such payment(s), eration, benefit or thing of value was received
nt(s), on, be	on, benefit or thing of value was remune



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.

Name of person certifying this form

Martin Carrig

Title Finance Director

Date 05th October 2016

SUBMIT FORM

Save Form

Print Form