

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Srikanth Kothur, President

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

Certegy Check Services, Inc.
11601 Roosevelt Blvd TA95
St Petersburg, FL 33716

Principal business or occupation of entity or person on whose behalf this form is being filed:
payment processing service 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
- Qualifier
- 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
Fox Rothschild	\$2,755	7/2013 – present	Assistance in filing the Ancillary Casino Service Provider application and
Add Row	Delete Row		guidance with the licensing process with the NJ Division of Gaming Enforcement.

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
none			

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

12/18/13
Date

Print Form

Save Form