

# INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:  Initial  Quarterly

Name of person completing this form:

Jill Fox

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

FourCubed LLC  
509 1st Avenue NE, Suite 1  
Minneapolis, MN 55413

VRN: 0089024

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

Internet Marketing

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)

Applicant For: Ancillary Casino Service Industry Enterprise License

## 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 LLP	5,000.00	12/13/2013	Retainer for Legal Services
404 LLC	29,789	10/31/2013, 11/30/2013	Consulting Services

12/31/2013

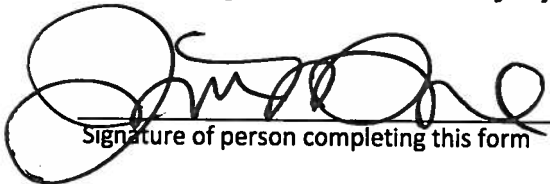
## SCHEDULE B

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
NA	NA	NA	NA

***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

2/11/2014  
Date

Print Form

Save Form