

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:

Initial

Quarterly

RECEIVED

2014 FEB -4 P 2: 39

GAMING ENFORCEMENT

Name of person completing this form:

Laney Gutstein, Office Manager

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

GeoComply USA, Inc.
2520 Saint Rose Parkway, Suite 316
Henderson, NV 89074

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

Geolocation services

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
Salvatore A. Basile	36,000.00	2012/13	Legal services
Elizabeth Cronan	14,000.00	10/31/13-12/31/13	Consulting services
Leon Jaferian	3,650.00	2012/2013	Accounting Services
Lindsay Kininmonth	117,967.00	2012/2013	Consulting 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.

Larry Gutstein
Signature of person completing this form

01/31/14
Date

Print Form

Save Form