

# INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:

Initial

Quarterly (*1st Qtr 2014*)

Name of person completing this form:

Allison Trazzera, Director of Finance

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

Golden Nugget Atlantic City, LLC  
Huron & Brigantine Blvd.  
Atlantic City, NJ 08401

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

Casino Licensee and Internet Gaming Permit Holder

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 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
one			

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

  
\_\_\_\_\_  
Signature of person completing this form

4-15-14  
\_\_\_\_\_  
Date