

# INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:  Initial  Quarterly

Name of person completing this form:

Eva D. Turner

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

IDology, Inc.  
280 Interstate North Circle SE, Suite 610  
Atlanta, GA 30339

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

Software as a service provider for identity and age verification

Status of entity or person on whose behalf this form is being

License Holder  Applicant

The entity or person on whose behalf this form is being filed is a holder of or

- Casino License
- Casino Service Industry Enterprise License
- Vendor Registration
- Permit
- Casino Key Employee License
- Casino Employee Registration
- Qualifer
- Other (Please specify) Ancillary 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.*

<b>Name of the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made</b>	<b>Amount of value of such payment(s), remuneration, benefit or thing of value</b>	<b>Date such payment (s), remuneration, benefit or thing of value was made</b>	<b>Reason or purpose for the procurement of professional services</b>
None			

## 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.*

 VP Finance + Admin

Signature of person completing this form

  
Date

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