

STATE OF NEW JERSEY

Division of Gaming Enforcement



Internet Gaming Disclosure Statement

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Fernanda Medina

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

Integrated Payment Systems Inc.
5565 Glenridge Connector NE, Suite 2000
Atlanta, GA 30342

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

Integrated Payment Systems Inc.
5565 Glenridge Connector NE, Suite 2000
Atlanta, GA 30342

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 Vendor Registration # 86774

Permit

Casino Key Employee License

Casino Employee Registration

Qualifer

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
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.

Francisco Lazard

Name of person certifying this form

Secretary

Title

10/10/2017

Date

SUBMIT FORM

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