

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Henry Wasserman

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

Kantara Group LLC
1810 E. Sahara Avenue #100
Las Vegas, NV 89104

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

Casino marketing 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 (Ancillary)
- Vendor Registration
- Permit
- Casino Key Employee License
- Casino Employee Registration
- Qualifier
- 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
Ifrah PLLC	Not Applicable. (Engaged services but no payments made.)	N/A	Legal 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
Not Applicable	N/A	N/A	N/A



Signature of person completing this form

1/27/2014

Date

Print Form

Save Form