

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Brian Haveson

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

Lightning Poker, Inc
d/b/a Lightning Slot Machines, LLC
23 Creek Circle, Suite 400
Boothwyn, Pennsylvania 19061

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

23 Creek Circle, suite 400
Boothwyn, Pennsylvania 19061

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. A 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 |
|--|---|--|--|
| None for 4th Quarter | | | |

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 for 4th Quarter | | | |

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.



Signature of person completing this form

1-6-2014

Date

Print Form

Save Form