

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Thomas A. Stahl

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

Locaid LLC
475 Sansome Street, Ste 710
San Francisco, CA 94111

Principal business or occupation of entity or person on whose behalf this form is being filed:
Geolocation 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
- 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 |
|--|---|--|---|
| Jim Smolen | \$111,049 | Oct 2010 - May 2012 | Sales advisory services, including sales into Internet Gaming sector. |
| Brownstein Hyatt Farber Schreck | \$43,765 | Mar 2013 - Dec 2013 | Legal services re: Internet Gaming licensing. |
| iGaming Capital | \$30,000 | Sep 2013 - Dec 2013 | Advisory Services re: Internet Gaming |
| LaasTech, LLC | \$3,000 | Jul 2013 | Technical consulting re: Internet Gaming |

SCHEDULE B

~~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 (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 |
|--|---|--|---|
| N/A | | | |

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

12/19/2013

Date

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