

# INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:

Initial

Quarterly

Name of person completing this form:

Jason Ketola

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

Max Mind, Inc.  
14 Spring St.  
3rd Floor  
Waltham, MA 02451

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

Provider of IP address geolocation databases  
and fraud detection 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

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 |
|--|---|--|--|
| <i>None</i>  | <i>N/A</i>  | <i>N/A</i>   | <i>N/A</i>   |

## 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   | N/A   | N/A  | 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.**

Name of person certifying this form      Jason      Ketola

Title      V.P., Operations

Date      9-8-14

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