

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:

Initial

Quarterly

Name of person completing this form:

Andrew Berne

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:

Geolocation + Fraud detection

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
N/A	N/A	N/A	N/A

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements are untrue or false, I am subject to penalties.

[Signature]
Name of person certifying the facts:
Partner
Operations Associate
1/15/2019

SUBMIT FORM

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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
N/A	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

Andrew Borne

Title

Operations Associate

Date

1/15/2019

SUBMIT FORM

Save Form

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