

# STATE OF NEW JERSEY

## Division of Gaming Enforcement

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ENFORCEMENT



Q1 - DUE 04/15/2016  
(Q1: 01/01/2016 - 03/31/2016)

Internet Gaming Disclosure Statement

## INTERNET GAMING DISCLOSURE STATEMENT

Filing Period:  Initial  Quarterly

Name of person completing this form:

Diane Eisele

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

Packet General Networks  
865 Merrick Road, Suite 204  
Baldwin, New York 11510

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

SOFTWARE

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 Vendor Registration # 86795

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	0.00	N/A	N/A

## 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	0.00	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.*

Diane Eisele  
Signature of person completing this form

4-13-2016  
Date

DIANE EISELE, Assistant

Print Form

Save Form