

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

SARA CRAVEN

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

CENTRALAMS, LLC DBA CAMS, LLC
8391 BEVERLY BLVD # 320
LOS ANGELES, CA 90048

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

CENTRALAMS, LLC DBA CAMS, LLC
8391 BEVERLY BLVD # 320
LOS ANGELES, CA 90048

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. 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 |
|--|---|--|--|
| - SEE BELOW RESPONSE - | VARIES | (*) | |
| DJS CORP | \$ 11,700.00 | MONTHLY | iGAMING CONSULTATION |
| MARK LIPPARELLI | \$ 9,000.00 | MONTHLY | GAMING CONSULTATION |
| SCIGLIANO GROUP LLC | \$ 15,000.00 | MONTHLY | GAMING MARKETING CONSULTATION |
| FRANK FAHRENKOPF | \$ 10,000.00 | MONTHLY | ADVISORY/GAMING CONSULTATION |

* EACH OF THE ABOVE REFERENCED PERSON(S), ENTITY OR FIRM IS PAID ON A MONTHLY BASIS AND ALL FEES ABOVE REFERENCE PAYMENTS MADE FOR Q3 2014.

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 | — | — | — |

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
SARA CRAVEN

Title COO

Date 10/10/14

SUBMIT FORM

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