

**STATE GAMING CONTROL BOARD
INDEPENDENT AGENT
QUARTERLY REPORT**
(Due one month after each calendar quarter)

YEAR _____ QUARTER _____

Name of Licensee/Property: _____

A. COMPENSATION IN EXCESS OF \$20,000:

	<u>Independent Agent</u>	<u>Social Security Number</u>	<u>Amount of Compensation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

B. TOP 10% OF REGISTERED INDEPENDENT AGENTS RANKED BY COMPENSATION: (Include only representatives earning \$1,000 or more. Those in excess of \$20,000 listed above should be included when computing the top 10%)

	<u>Independent Agent</u>	<u>Social Security Number</u>	<u>Amount of Compensation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

C. TERMINATED INDEPENDENT AGENTS:

	<u>Independent Agent</u>	<u>Social Security Number</u>	<u>Date of Termination</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

I, _____, being duly sworn, deposes and says that the above
Print Name of Preparer
 statements are true and correct to the best of my knowledge and belief and this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a State Gaming License. Further, that I am voluntarily submitting this filing under oath with the full knowledge that the Gaming Control Act (NRS 463.140(5)) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."

 Signature of Preparer

 Title

STATE OF _____ }
 COUNTY OF _____ } ss.

NOTARIZATION OF SIGNATURE HEREON

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

 Notary Public