

NEVADA GAMING COMMISSION
 ANNUAL LICENSE FEE REPORT
 for the issuance or renewal of an

OPERATOR OF AN INTER-CASINO LINKED SYSTEM LICENSE

This report, with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the commencement of operations; and ON or BEFORE December 31 for the ensuing calendar year.

For Calendar Year: _____

Filing Deadline: _____

For Office Use Only

| | | | |
|----------------------------|-------|--------------|-------|
| Account Number: | _____ | Check Number | _____ |
| Legal Name: | _____ | Batch Number | _____ |
| Trade Name: | _____ | Entry Date | _____ |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Please correct if in error | | | |

Instructions

- A. This form is for the use of an OPERATOR of an INTER-CASINO LINKED SYSTEM only (NRS 463.3855).
- B. All licenses shall be issued for the calendar year beginning January 1 (and expiring December 31), and regardless of the date of application or date of issuance of the license, the fees to be charged and collected under the provisions of NRS 463.3855 shall be those fees fixed as an annual license fee for an operator of an inter-casino linked system.
- C. For the issuance or renewal of an operator of an inter-casino linked system license the Nevada Gaming Commission shall charge and collect from each applicant -- \$500.

If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

| | | |
|---------|---------------------------------------------------------------------------------------------------------|-----------------|
| Line 1. | Application for the issuance or renewal of an Operator of an Inter-Casino Linked System License (\$500) | \$ _____ |
| Line 2. | Penalty for late payment (\$125) NRS 463.270 (5) | _____ |
| Line 3. | TOTAL AMOUNT DUE [Total of lines 1 and 2] | \$ _____ |

Please make remittance payable to: NEVADA GAMING COMMISSION
 Return to the Nevada Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.
 Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the _____ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS