

NEVADA GAMING COMMISSION
 ANNUAL LICENSE FEE REPORT
 for the issuance or renewal of a
**MANUFACTURER OF INTERACTIVE
 GAMING SYSTEMS LICENSE**

Period Covered: _____

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 MANUFACTURERS of INTERACTIVE GAMING SYSTEMS only (NRS 463.760).
- B. All licenses shall be issued for a 1-year period that begins on the date the license is issued. The fees charged and collected under the provisions of NRS 463.760 shall be those fees fixed as an annual license fee for a manufacturer of interactive gaming systems.
- C. For the issuance or renewal of a manufacturer of interactive gaming systems the Nevada Gaming Commission shall charge and collect from each applicant the following:
 - Initial license -- \$125,000
 - Renewal license -- \$25,000

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 a Manufacturer of Interactive Gaming License: Initial license for a 1-year period (\$125,000) Renewal license for a 1-year period (\$25,000) | \$ _____ |
| Line 2. | Penalty for late payment NRS 463.270 (5): Enter number of day(s) late: _____ | |
| | A. Less than 10 days late: \$1,000 | _____ |
| | B. Ten or more days late: \$5,000 | _____ |
| Line 3. | TOTAL AMOUNT DUE [Total of lines 1 and 2A or 2B] | \$ _____ |

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