

SECTION II The undersigned (**TRANSFEROR - SELLER**) hereby makes application to transfer interest.

1. Name of TRANSFEROR (Seller)::

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

_____ City _____ State _____ ZIP Code

Phone _____ Email _____

Percentage to be transferred _____ Number of Shares/Units _____

2. Upon consummation of proposed transfer of interest, state your position and responsibilities:

3. Reason for the transfer:

SECTION III The undersigned (**TRANSFEROR**) hereby makes application to transfer interest.

1. List below the ownership of the licensed business as it is BEFORE and will be AFTER the proposed transfer of interest is effected:

SCHEDULE OF OWNERSHIP

Prior to Transfer:

Name	Percentage Held	No. of Shares/Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subsequent to Transfer:

Name	Percentage Held	No. of Shares/Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Total number of Shares Authorized _____ Number of Shares Issued _____

Attach copies of all documents involved in the proposed transfer of interest, i.e., notes, agreements, corporate minutes, etc.

THE PROPOSED TRANSFER MAY NOT BE EFFECTED UNTIL APPROVED BY THE NEVADA GAMING COMMISSION, AND UPON APPROVAL, THE PARTIES HERETO SHALL IMMEDIATELY NOTIFY THE NEVADA GAMING COMMISSION OF THE DATE SAID TRANSFER IS ACTUALLY EFFECTED.

NO MONEY OR OTHER THING OF VALUE CONSTITUTING ANY PART OF THE CONSIDERATION FOR THE TRANSFER OR ACQUISITION OF ANY INTEREST IN A LICENSED GAMING OPERATION CAN BE RECEIVED OR USED UNTIL APPROVED BY THE NGC. THESE FUNDS MAY BE PLACED IN ESCROW PENDING COMPLETION OF THE TRANSACTION.

_____ being first duly sworn, depose and say:
(Print Name of TRANSFEREE)
I have read the foregoing document entitled APPLICATION TO TRANSFER INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information.

Signature of TRANSFEREE _____ Date _____

STATE OF _____
COUNTY OF _____ (SS)
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON
THIS _____ DAY OF _____ , _____

SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES _____ (SEAL)

_____ being first duly sworn, depose and say:
(Print Name of TRANSFEROR)
I have read the foregoing document entitled APPLICATION TO TRANSFER INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information.

Signature of TRANSFEROR _____ Date _____

STATE OF _____
COUNTY OF _____ (SS)
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON
THIS _____ DAY OF _____ , _____

SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES _____ (SEAL)

NOTICE
THIS APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE PERMISSION OF THE LICENSING AGENCY