



BRIAN SANDOVAL
Governor

NEVADA GAMING CONTROL BOARD

1919 College Parkway, P.O. Box 8003, Carson City, Nevada 89702
555 E. Washington Avenue, Suite 2600, Las Vegas, Nevada 89101
3650 S. Pointe Circle, P.O. Box 31109, Laughlin, Nevada 89028
557 W. Silver Street, Suite 207, Elko, Nevada 89801
9790 Gateway Drive, Suite 100, Reno, Nevada 89521
750 Pilot Road, Suite I, Las Vegas, Nevada 89119

BECKY HARRIS, *Chairwoman*
SHAWN R. REID, *Member*
TERRY JOHNSON, *Member*

RECORD OF DESTRUCTION OF CHIPS OR TOKENS AS DEFINED AND REQUIRED BY NGC REGULATION 12.070 AND REGULATION 12.080

LICENSEE INFORMATION

| | |
|-------------------|--|
| Licensee Name: | |
| Licensee Address: | |

WITNESSES TO DESTRUCTION

(The Licensee must list two individuals from at least two casino departments, i.e., security, cage, slots, compliance, and/or management, who will be present and witness the destruction.)

| | |
|-------------|--|
| Name/Title: | |
| Department: | |
| Signature: | |

| | |
|-------------|--|
| Name/Title: | |
| Department: | |
| Signature: | |

DESTRUCTION COMPANY INFORMATION

| | |
|-------------------------|--|
| Company Name: | |
| Company Address: | |
| Date of Destruction: | |
| Destruction Location: | |
| Company Representative: | |
| Signature: | |

As the Licensee representative, I attest that the facts represented in this report are true and accurate. An itemized list of the chips and tokens destroyed on this date is submitted as an attachment to this ENF-61. This ENF-61 must be submitted within 20 days after destruction.

| | |
|------------------------|--|
| Licensee Printed Name: | |
| Title/Department: | |
| Signature and Date: | |