

# Pennsylvania Gaming Control Board

## **CONDITIONAL/CATEGORY 1- APPLICATION AND DISCLOSURE INFORMATION FORM**

Centaur Gaming,  
LLC

### APPLICANT INFORMATION

APPLICANT'S BUSINESS NAME			
BUSINESS NAME AS IT APPEARS ON APPLICANT'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)			
Centaur Gaming, LLC			
TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES			
Does not apply.			
IS THE APPLICANT A MINORITY OR WOMEN'S BUSINESS ENTERPRISE THAT IS CERTIFIED BY THE BUREAU OF MINORITY AND WOMEN'S BUSINESS ENTERPRISE OF THE DEPARTMENT OF GENERAL SERVICES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
IF YES, PROVIDE ENTERPRISE CERTIFICATION NUMBER. _____			
APPLICANT'S PRINCIPAL ADDRESS			
ADDRESS LINE 1 10 West Market Street			
ADDRESS LINE 2 Suite 200			
ADDRESS LINE 3			
CITY Indianapolis	STATE/PROVINCE IN	POSTAL CODE 46204	
COUNTRY USA		EMAIL ADDRESS	
COUNTY Marion	TOWNSHIP Center	WEB URL	
PHONE NUMBER (    ) 317-656-8787		FAX NUMBER (    ) 317-656-8780	
APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS	
COUNTY	TOWNSHIP	WEB URL	
PHONE NUMBER (    )		FAX NUMBER (    )	
CONTACT NAME FOR THIS APPLICATION			
FIRST NAME Adrian	MIDDLE NAME R.	LAST NAME King	SUFFIX (JR., SR., ETC.) Jr.
TITLE Attorney		INDIVIDUAL EMAIL ADDRESS	
PHONE NUMBER (    )		FAX NUMBER (    )	
APPLICANT'S FORM OF ORGANIZATION			
CHECK ONE			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> C-CORPORATION
<input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> S-CORPORATION	<input type="checkbox"/> TRUST	
<input type="checkbox"/> OTHER (DESCRIBE) _____			

APPLICANT'S ORGANIZATION DOCUMENTS	
STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION Delaware	DATE OF FORMATION 9/28/2007
APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS Centaur Gaming, LLC	
LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS Delaware, Indiana, Colorado	
COMPLETE <b>SCHEDULE 1</b> CONCERNING APPLICANT'S INCORPORATORS/FOUNDERS	
IS APPLICANT REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICANT'S IDENTIFICATION NUMBERS	
FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER	PA LIQUOR CONTROL BOARD LICENSE NUMBER
PA WORKERS COMPENSATION POLICY NUMBER	PA DEPARTMENT OF STATE - ENTITY NUMBER
DOES THE APPLICANT HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER STATE, LOCALITY OR THE FEDERAL GOVERNMENT? IF YOU ANSWER YES, PROVIDE DETAILS CONCERNING ALL OUTSTANDING TAX LIABILITIES.	
CRIMINAL HISTORY	
THE NEXT SECTION ASKS ABOUT ANY OFFENSES OR CHARGES APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES MAY HAVE COMMITTED OR HAD FILED AGAINST THEM. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.	
DEFINITIONS	<p>FOR PURPOSES OF THIS SECTION:</p> <p>A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR BEFORE A LAW ENFORCEMENT AGENCY, STATE OR FEDERAL GRAND JURY, JUSTICE COURT, MUNICIPAL COURT, CITY COURT, TRAFFIC COURT, MILITARY COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT. INCLUDE ALL DUI/DWI OFFENSES.</p> <p>B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER AND ADVISED THAT YOU WERE UNDER ARREST, DETAINED, HELD FOR QUESTIONING, REQUESTED BY A POLICE OFFICER OR LAW ENFORCEMENT OFFICER TO COME TO A POLICE STATION AND ANSWER QUESTIONS, TAKEN INTO CUSTODY BY ANY POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, FINGERPRINTED, HELD IN JAIL, OR INSTRUCTED TO APPEAR IN COURT OR SUBPOENAED TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A."</p> <p>C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, CITATION OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."</p>
INSTRUCTIONS	<p>1. ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF:</p> <p>A. YOU DID NOT COMMIT THE OFFENSE CHARGED;</p> <p>B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;</p> <p>C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;</p> <p>D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR</p>

	<p>EQUIVALENT DIVERSIONARY PROGRAM;</p> <p>E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;</p> <p>F. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY";</p> <p>G. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;</p> <p>H. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;</p> <p>I. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);</p> <p>J. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.</p> <p>2. ANSWER "NO" IF:</p> <p>A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;</p> <p>B. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.</p> <p><b>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</b></p>
<p>1. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES EVER BEEN INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION?</p>	
<p>1. A. HAS APPLICANT OR ANY OF ITS DIRECTORS, OWNERS OR KEY EMPLOYEES EVER BEEN CONVICTED OF A FELONY OR GAMBLING OFFENSE WITHIN THE PAST FIFTEEN (15) YEARS?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE <b>SCHEDULE 23</b> CONCERNING CRIMINAL HISTORY.</p>	
<b>TESTIMONY, INVESTIGATIONS OR POLYGRAPHS</b>	
<p>2. HAS APPLICANT OR ANY OF ITS OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, PRINCIPALS OR KEY EMPLOYEES EVER BEEN CALLED TO TESTIFY BEFORE, BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY, OR REQUESTED TO TAKE A POLYGRAPH EXAM BY ANY GOVERNMENTAL AGENCY, COURT, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (MUNICIPAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO MINOR TRAFFIC RELATED OFFENSES?</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 24</b> CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.</p>	
<b>ANTITRUST, TRADE REGULATION &amp; SECURITIES JUDGMENTS, STATUTORY AND REGULATORY VIOLATIONS</b>	
<p>3. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES EVER HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO A VIOLATION OR ALLEGED VIOLATION OF THE FEDERAL ANTITRUST, TRADE REGULATION OR SECURITIES LAWS, OR SIMILAR LAWS OF ANY STATE, PROVINCE OR COUNTRY ENTERED AGAINST IT?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>4. IN THE PAST TEN (10) YEARS, HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD A JUDGMENT, ORDER, CONSENT DECREE OR CONSENT ORDER PERTAINING TO ANY STATE OR FEDERAL STATUTE, REGULATION OR CODE THAT RESULTED IN A FINE OR PENALTY OF \$50,000 OR MORE ENTERED AGAINST IT?</p> <p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE <b>SCHEDULE 26</b> CONCERNING ANTITRUST, TRADE REGULATION &amp; SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>



<b>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</b>	
5. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES HAD ANY PETITION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW FILED BY OR AGAINST IT IN THE LAST TEN (10) YEAR PERIOD?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES SOUGHT RELIEF UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY CODE OR UNDER ANY STATE INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES IN THE LAST TEN (10) YEARS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 27</b> CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.	
<b>APPLICANT'S LICENSES AND PERMITS</b>	
8. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY FOR THE COLLECTION OF SALES AND USE TAX, SELLING AND SERVING LIQUOR AND MALT BEVERAGES, PROVIDING OVERNIGHT LODGING SERVICES OR ANY OTHER ACTIVITY REQUIRING A LICENSE OR PERMIT? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.  IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 28</b> CONCERNING NON-GAMING LICENSES AND PERMITS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
9. HAS APPLICANT, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES APPLIED FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY CHARGED WITH REGULATING GAMES OF CHANCE, INCLUDING BUT NOT LIMITED TO SLOT MACHINES, VIDEO LOTTERY TERMINALS, TABLE GAMES, HORSE RACING, JAI ALAI, ETC.? A GOVERNMENT AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.  IF YOU ANSWER YES, YOU MUST COMPLETE <b>SCHEDULE 29</b> CONCERNING GAMING LICENSES AND PERMITS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS</b>	
10. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY EMPLOYEE, PERSON, COMPANY OR ORGANIZATION TO OBTAIN FAVORABLE TREATMENT?	
11. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF THE APPLICANT MADE ANY BRIBES OR KICKBACKS OR MADE ANY PAYMENTS ALLEGED TO HAVE BEEN BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN TO OBTAIN FAVORABLE TREATMENT?	
12. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR OR ON BEHALF OF APPLICANT LOANED FUNDS FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?	
13. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES ACTING FOR OR ON BEHALF OF APPLICANT DONATED OR LOANED PROPERTY OR ANY OTHER THING OF VALUE FOR THE PURPOSE OF OPPOSING OR SUPPORTING ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE, EITHER DOMESTIC OR FOREIGN?	

<p>14. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO DIRECTORS, OFFICERS, EMPLOYEES OR ANY THIRD PARTIES FOR THE PURPOSE OF REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS EITHER FOREIGN OR DOMESTIC?</p>	
<p>15. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY BANK ACCOUNT, DOMESTIC OR FOREIGN, NOT REFLECTED ON THE APPLICANT'S BOOKS OR RECORDS?</p>	
<p>16. DURING THE LAST TEN (10) YEAR PERIOD, HAS APPLICANT, ITS PARENT COMPANY, OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES MAINTAINED ANY NUMBERED ACCOUNT OR ANY ACCOUNT IN THE NAME OF A NOMINEE FOR APPLICANT?</p>	
<p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE <b>SCHEDULE 30</b>, CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>	

W

**SCHEDULE 1: INCORPORATORS/FOUNDERS**

NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
Centaur, Inc.									
OCCUPATION	TITLE								
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE			POSTAL CODE		
COUNTRY		PHONE NUMBER ( )		FAX NUMBER ( )					
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?									
NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
OCCUPATION	TITLE								
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE			POSTAL CODE		
ADDRESS LINE 3		CITY		PHONE NUMBER ( )			FAX NUMBER ( )		
COUNTRY		EMAIL ADDRESS							
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO									
NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
OCCUPATION	TITLE								
ADDRESS LINE 1		ADDRESS LINE 2		STATE/PROVINCE			POSTAL CODE		
ADDRESS LINE 3		CITY		PHONE NUMBER ( )			FAX NUMBER ( )		
COUNTRY		EMAIL ADDRESS							
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO									

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

*JS*



**SCHEDULE 3: ADDRESSES CURRENTLY USED BY APPLICANT**

PROVIDE ALL ADDRESSES CURRENTLY USED BY APPLICANT.

ADDRESSES					
ADDRESS PURPOSE					
Principal business address					
ADDRESS LINE 1		ADDRESS LINE 2		POSTAL CODE	
10 West Market Street		Suite 200		46204	
ADDRESS LINE 3		CITY	STATE/PROVINCE	PHONE NUMBER	FAX NUMBER
		Indianapolis	IN	( 317 ) 656-8787	( 317 ) 656-8780
COUNTRY		EMAIL ADDRESS			
ADDRESS PURPOSE					
ADDRESS LINE 1					
ADDRESS LINE 2					
ADDRESS LINE 3		CITY	STATE/PROVINCE	PHONE NUMBER	FAX NUMBER
				( )	( )
COUNTRY		EMAIL ADDRESS			
ADDRESS PURPOSE					
ADDRESS LINE 1					
ADDRESS LINE 2					
ADDRESS LINE 3		CITY	STATE/PROVINCE	PHONE NUMBER	FAX NUMBER
				( )	( )
COUNTRY		EMAIL ADDRESS			
ADDRESS PURPOSE					
ADDRESS LINE 1					
ADDRESS LINE 2					
ADDRESS LINE 3		CITY	STATE/PROVINCE	PHONE NUMBER	FAX NUMBER
				( )	( )
COUNTRY		EMAIL ADDRESS			

**SCHEDULE 4: ADDRESSES USED BY APPLICANT**

PROVIDE ALL ADDRESSES, OTHER THAN THOSE LISTED ON SCHEDULE 3, WHICH APPLICANT HAS USED OR FROM WHICH IT WAS CONDUCTING BUSINESS DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS PURPOSE Does not apply.		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ( ) ( )	
COUNTRY		FAX NUMBER ( ) ( )			
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ( ) ( )	
COUNTRY		FAX NUMBER ( ) ( )			
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ( ) ( )	
COUNTRY		FAX NUMBER ( ) ( )			
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY		STATE/PROVINCE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ( ) ( )	
COUNTRY		FAX NUMBER ( ) ( )			

**SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

NAME AND HOME ADDRESS			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
Rodetick	J.	Ratcliff	
ADDRESS LINE 1	ADDRESS LINE 2		
ADDRESS LINE 3	CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
		( )	( )
APPLICANT ADDRESS			
APPLICANT NAME: Centaur Gaming, LLC			
CURRENT TITLE OR POSITION CEO and Manager			
ADDRESS LINE 1 10 West Market Street	ADDRESS LINE 2 Suite 200		
ADDRESS LINE 3	CITY Indianapolis	STATE/PROVINCE IN	POSTAL CODE 46204
COUNTRY USA	EMAIL ADDRESS	PHONE NUMBER ( 317 ) 656-8787	FAX NUMBER ( 317 ) 656-8780
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)			
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION \$ VALUE
9/28/07	present	CEO & Manager	
COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?			
PRINCIPAL /KEY EMPLOYEE WAIVER FORM ATTACHED?*			
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.			

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 

**SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
Kurt		E.		Wilson					
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE		POSTAL CODE	
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		( )	
COUNTRY									
APPLICANT ADDRESS									
APPLICANT NAME		CURRENT TITLE OR POSITION		ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
Centaur Gaming, LLC		EVP, CFO, Secretary and Treasurer		10 West Market Street		Suite 200		City Indianapolis	
ADDRESS LINE 3		CITY		STATE/PROVINCE		PHONE NUMBER		POSTAL CODE	
USA		Indianapolis		IN		(317) 656-8787		46204	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		( )	
USA				(317) 656-8787		(317) 656-8780			
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE			
9/28/07		present		CFO		FEES, BONUS OR OTHER			
9/28/07		present		EVP					
9/28/07		present		Secretary					
9/28/07		present		Treasurer					
MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?									
PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?*									
*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.									

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 

**SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
Steven		R.		Schreckengast			
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER	
COUNTRY						( )	
APPLICANT ADDRESS							
APPLICANT NAME: Centaur Gaming, LLC				CURRENT TITLE OR POSITION Manager			
ADDRESS LINE 1 See Schedule 3		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER	
COUNTRY						( )	
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION \$ VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
9/28/07	present	Manager					

MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?  
 PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?  
 PRINCIPAL/KEY EMPLOYEE WAIVER FORM ATTACHED?\*

\*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

  
 Initials

**SCHEDULE 5: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST THAT IS REQUIRED TO BE LICENSED AS A PRINCIPAL UNDER THIS CHAPTER.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
Michael	Vernon	Raisor		ADDRESS LINE 1			
ADDRESS LINE 3		CITY		STATE/PROVINCE	POSTAL CODE	PHONE NUMBER	FAX NUMBER
COUNTRY		EMAIL ADDRESS		ADDRESS LINE 2		( )	( )
APPLICANT ADDRESS							
APPLICANT NAME: Centaur Gaming, LLC				CURRENT TITLE OR POSITION Manager			
ADDRESS LINE 1 See Schedule 3		ADDRESS LINE 2		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER	FAX NUMBER	( )	( )
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)	
9/28/07	present	Manager					

MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?  
 PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?  
 PRINCIPAL /KEY EMPLOYEE WAIVER FORM ATTACHED?\*

\*AN OFFICER OR DIRECTOR OF A PUBLICLY TRADED INTERMEDIARY OR HOLDING COMPANY OF A SLOT MACHINE LICENSEE, WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE, MAY REQUEST THAT THE BOARD WAIVE HIS REQUIREMENT TO BE LICENSED AS A PRINCIPAL IF HE IS NOT ACTIVELY INVOLVED IN THE AFFAIRS OF THE SLOT MACHINE APPLICANT OR LICENSEE.

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials MR

**SCHEDULE 6: FORMER (NO LONGER ACTIVE) OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES**

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS AND TRUSTEES WHO ARE NO LONGER ACTIVELY INVOLVED WITH APPLICANT BUT WHO HELD A POSITION DURING THE LAST TEN (10) YEAR PERIOD.

NAME AND HOME ADDRESS									
FIRST NAME Does not apply.	MIDDLE NAME	LAST NAME			SUFFIX (JR., SR., ETC.)	DATE OF BIRTH			
ADDRESS LINE 1		ADDRESS LINE 2			STATE/PROVINCE	POSTAL CODE			
ADDRESS LINE 3		CITY			PHONE NUMBER ( ) ( )	FAX NUMBER ( ) ( )			
COUNTRY		EMAIL ADDRESS							
APPLICANT ADDRESS MOST RECENT TITLES OR POSITIONS									
APPLICANT NAME:									
ADDRESS LINE 1		ADDRESS LINE 2			CITY		STATE/PROVINCE	POSTAL CODE	
ADDRESS LINE 3		CITY			PHONE NUMBER ( ) ( )	FAX NUMBER ( ) ( )			
COUNTRY		EMAIL ADDRESS							
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE		REASON FOR LEAVING				

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 

**SCHEDULE 18: OTHER PRINCIPALS**

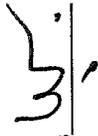
PROVIDE THE FOLLOWING INFORMATION FOR ALL PRINCIPALS NOT OTHERWISE DISCLOSED ON SCHEDULES 1, 5, 10, 10A, 11, 13 AND 15. INCLUDE INDIVIDUALS AND ENTITIES THAT HAVE A 1% OR GREATER INDIRECT OWNERSHIP INTEREST IN AN APPLICANT OR LICENSEE; HOWEVER, INDIVIDUALS OR ENTITIES WHO HOLD LESS THAN 5% OF THE VOTING SECURITIES OF AN APPLICANT OR LICENSEE OR AN INTERMEDIARY OR HOLDING COMPANY OF AN APPLICANT OR LICENSEE THAT IS A PUBLICLY TRADED COMPANY SHALL NOT BE REQUIRED TO BE LICENSED AS A PRINCIPAL.

NAME AND ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
ENTITY NAME					
ADDRESS LINE 1					
ADDRESS LINE 2					
CITY		STATE/PROVINCE		POSTAL CODE	
COUNTRY			PHONE NUMBER ( ) ( )		FAX NUMBER ( ) ( )
E-MAIL ADDRESS					
DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF INTEREST IN OR CONTROL OVER APPLICANT					

YES  NO  
 YES  NO  
 YES  NO  
 YES  NO  
 YES  NO  
 YES  NO

MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?  
 PRINCIPAL/KEY EMPLOYEE FORM - PENNSYLVANIA SUPPLEMENT TO THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM ATTACHED?  
 PRINCIPAL KEY EMPLOYEE WAIVER FORM ATTACHED?  
 PRINCIPAL ENTITY FORM ATTACHED?  
 PRINCIPAL ENTITY WAIVER FORM ATTACHED?

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

Initials 

**SCHEDULE 22: INSIDER TRANSACTIONS**

PROVIDE THE FOLLOWING INFORMATION FOR EACH CHANGE IN THE BENEFICIAL OWNERSHIP OF THE EQUITY SECURITIES OF APPLICANT ON THE PART OF ANY PERSON WHO IS INDIRECTLY OR DIRECTLY A BENEFICIAL OWNER OF MORE THAN TEN PERCENT (10%) OF ANY CLASS OF AN EQUITY SECURITY OF APPLICANT OR WHO IS OR WAS WITHIN THAT PERIOD A DIRECTOR OR OFFICER OF APPLICANT THAT OCCURRED WITHIN THE FIVE (5) YEARS PRECEDING THIS APPLICATION. [INCLUDE CHANGES RESULTING FROM (A) GIFT, (B) PURCHASE, (C) SALE, (D) EXERCISE OF AN OPTION TO PURCHASE, (E) EXERCISE OF AN OPTION TO SELL, (F) GRANT OR RECEIPT OF A PUT OR (G) GRANT OR RECEIPT OF A CALL.]

NAME AND HOME ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH	
Does not apply.					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ( )	FAX NUMBER ( )		
POSITION					
INSIDER TRANSACTION DESCRIPTION					
DATE OF TRANSACTION	NATURE OF TRANSACTION	NUMBER OF SHARES INVOLVED	DOLLAR VALUE OF TRANSACTION	OTHER PARTIES (NAMES & POSITIONS)	

\* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

**SCHEDULE 25: EXISTING LITIGATION**

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 7 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH APPLICANT, ITS PARENT, AFFILIATE, OR SUBSIDIARY IS PRESENTLY A PARTY, WHETHER IN THIS COMMONWEALTH OR IN ANOTHER JURISDICTION. DO NOT INCLUDE ANY LITIGATION IN WHICH THE DAMAGES MAY NOT REASONABLY BE EXPECTED TO EXCEED \$100,000, OR LITIGATION IN WHICH DAMAGES MAY BE EXPECTED TO EXCEED \$100,000, BUT WHICH INVOLVES CLAIMS AGAINST APPLICANT WHICH ARE FULLY AND COMPLETELY COVERED UNDER AN INSURANCE POLICY HELD BY THE APPLICANT WITH A LICENSED INSURANCE CARRIER. THIS DESCRIPTION MUST INCLUDE THE TITLE AND DOCKET NUMBER OF THE LITIGATION, THE NAME AND LOCATION OF THE COURT BEFORE WHICH IT IS PENDING, THE IDENTITY OF ALL PARTIES TO THE LITIGATION AND THE GENERAL NATURE OF ALL CLAIMS BEING MADE.

EXISTING LITIGATION	
NAME OF CASE AND DOCKET NUMBER	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
Does not apply.	
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	
EXISTING LITIGATION	
NAME OF CASE AND DOCKET NUMBER	LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
NAMES OF ALL PARTIES TO LITIGATION	
NATURE OF THE CLAIMS	

**SCHEDULE 26: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS**

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 4, PROVIDE THE FOLLOWING INFORMATION:

VIOLATION		NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NAME OF CASE & DOCKET NUMBER Please see attached descriptions.	DATE OF JUDGMENT, ORDER OR DECREE	
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

**Schedule 26: Description of Disciplinary Actions.**

**Indiana Gaming Commission**

1. ***Nature of governmental action:***

Imposition of a stipulated and agreed fine in the amount of \$500,000.00 against Centaur, holder of a 13.5% limited partnership interest in a license issued to Indiana Gaming Company, LP ("Indiana Gaming").

2. ***Name and address of regulatory agency:***

Indiana Gaming Commission (the "Gaming Commission")  
115 West Washington Street, Suite 950, South Tower  
Indianapolis, Indiana 46204  
Contact Ernie Yelton, Executive Director, (317) 233-0046

3. ***Date of agency action:***

On February 28, 2001 the Gaming Commission approved a Settlement Agreement which disposed of this matter.

**Indiana Horse Racing Commission**

1. ***Nature of governmental action:***  
Imposition of a four (4) year moratorium (later eliminated) preventing Centaur or Centaur Racing, LLC from increasing its ownership interest in Hoosier Park, L.P.
2. ***Name and address of regulatory agency:***  
Indiana Horse Racing Commission  
150 West Market Street, Suite 530  
Indianapolis, Indiana 46204  
Contact Joe Gorajec, Executive Director, (317) 233-3119
3. ***Date of agency action:***  
November 10, 2000, and November 27, 2001.

**SCHEDULE 27: BANKRUPTCY OR INSOLVENCY PROCEEDINGS**

IF APPLICANT ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 5, PROVIDE THE FOLLOWING:

BANKRUPTCY OR INSOLVENCY PROCEEDINGS			
NAME OF CASE & DOCKET NUMBER	DATE PETITION FILED OR RELIEF SOUGHT	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
	DATE JUDGMENT OR RELIEF ENTERED	NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED
Does not apply.			
NATURE OF JUDGMENT OR RELIEF			

  
 Initials

**SCHEDULE 28: NON-GAMING LICENSES AND PERMITS**

IF APPLICANT ANSWERED YES TO QUESTION 8 ON PAGE 5, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED – NON-GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
Liquor	Colorado	Licensee is Centaur Colorado, LLC	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 2003	
Liquor	Indiana	Licensee is Hooster Park, L.P.	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	1994	
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

**SCHEDULE 29: GAMING LICENSES AND PERMITS**

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 5 PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED -GAMING)						
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.	
Limited Gaming License	Colorado Gaming Commission	Centaur, Inc. is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 22, 2003	Renewed annually.	
Limited Gaming License	Colorado Gaming Commission	Centaur, LLC is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 22, 2003	Renewed annually.	
Limited Gaming License	Colorado Gaming Commission	Centaur Colorado, LLC is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	May 22, 2003	Renewed annually. License #14-46448-0001	
License to conduct horse racing with pari-mutuel wagering	Indiana Horse Racing Commission	Centaur, Inc. is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	July 1994		

SCHEDULE 29: GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 5 PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD:

APPLICANT LICENSING (GOVERNMENT ISSUED GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
License to conduct horse racing with pari-mutuel wagering	Indiana Horse Racing Commission	Hoosier Park, LP is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	July 1994	
Indiana Gambling Game License Application	Indiana Gaming Commission	Hoosier Park, LP and Centaur, Inc. are applicants	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	March 31, 2008	Initial licensure period of five years (through March 30, 2013)
License to conduct harness horse race meeting with pari-mutuel wagering	Pennsylvania State Harness Racing Commission	Valley View Downs, LP is licensee	<input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	September 5, 2007	
Harness Racing License	Maryland Racing Commission	Centaur Rosecroft, LLC was applicant	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input checked="" type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED	January 17, 2003	Please see attached description.

Schedule 29

*Withdrawal of Application with Maryland Racing Commission*

Address: 500 North Calvert Street, Room 201  
Baltimore, Maryland 21202

Phone: (410) 230-6330

Subsidiary: Centaur Rosecroft, LLC

License Type: Harness Racing License

Status: Application Withdrawn, Effective August 19, 2005

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 1**

**DESCRIPTION OF THE BUSINESS**

Please see attached.

### The Valley View Downs Facility

Valley View Downs is a proposed state-of-the-art \$428 million racing, gaming and entertainment facility. The 250,000-square foot development will feature harness racing on a one-mile oval, as well as a three level building featuring a 75,000 square foot gaming floor for 3,000 slot machines, fine restaurants, concession stands, a race book "tele-theater" to view races simulcast from other venues, lounges and an outdoor terrace. The facility will be located on a 250 acre site located in Lawrence County approximately 49 miles northwest of downtown Pittsburgh. The site provides an excellent location to enhance tourist, entertainment and recreational activities. Geographically, the site is easily reachable from all major population areas in Western Pennsylvania, Eastern Ohio and West Virginia. The project will provide an innovative, first class gaming and entertainment environment while showcasing live harness racing in a manner designed to spawn new horse racing fans.

The property is to be organized in a manner that provides for convenient patron access to the Clubhouse/Grandstand/Casino as well as for employees and horses going to the backstretch area. The site is composed of three main areas. Area One is the Grandstand/Clubhouse/Casino and Harness Paddock and Related Parking. Area Two is comprised of Backstretch Facilities and Related Parking. Area Three is the Racetrack.

The construction and operation of the facility will generate (1) an estimated 1,600 construction jobs (primarily union labor) and (2) more than 1,500 permanent, full time jobs with a combined payroll of approximately \$42 million per year.

The applicant will create new jobs not only at its own facility and on breeding farms throughout the state, but also additional jobs in the associated hospitality, restaurant and tourism industries. Additional employment at the Applicant's facility and the significant enhancement to the creation of permanent jobs of high quality, with commensurate wages and benefits, will create much needed economic development opportunities in an economically depressed region. The new facility will position Lawrence County as a major entertainment destination, generate economic activity and create a positive future for the local area. The Applicant is committed to providing employment opportunities to the residents of Lawrence County and the surrounding areas, including Beaver County. The Applicant is committed to union labor.

The Applicant expects the facility to draw a majority of its patrons from the Pittsburgh, Cleveland, Youngstown and Columbus areas, retaining Pennsylvania entertainment dollars and attracting revenue from other states as well. Please see the attached excerpt from the Cummings Associates Report for a discussion of the Applicant's performance projections that take into consideration facilities in Pennsylvania and West Virginia.

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 10**

ANNUAL REPORTS FOR THE LAST 5 YEARS

Does not apply.

**CENTAUR, LLC**  
**CONDITIONAL/CATEGORY 1- APPLICATION**  
**AND DISCLOSURE INFORMATION FORM**

**APPENDIX 11**

ANNUAL REPORTS PREPARED ON SEC FORM 10-K

Does not apply.

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 13**

A COPY OF AY INTERIM REPORTS

Does not apply.

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 14**

**A COPY OF LAST DEFINITIVE PROXY STATEMENT OR INFORMATION STATEMENT  
(SEC)**

Does not apply.

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 15**

**REGISTRATION STATEMENTS**

Does not apply.

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 17**

**LIMITED LIABILITY COMPANY DOCUMENTS**

Please see attached.

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "CENTAUR GAMING, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2007, AT 11:15 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "CENTAUR GAMING, LLC".

4431284 8100H

071109655



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6068314

DATE: 10-12-07

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:29 AM 09/28/2007  
FILED 11:15 AM 09/28/2007  
SRV 071064101 - 4431284 FILE

**CERTIFICATE OF FORMATION  
OF  
CENTAUR GAMING, LLC**

This Certificate of Formation of Centaur Gaming, LLC (the "Company"), dated as of September 27, 2007, is being duly executed and filed by the undersigned, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. §18-101, et seq.).

FIRST. The name of the limited liability company formed hereby is Centaur Gaming, LLC.

SECOND. The address of the registered office of the Company in the State of Delaware is c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, County of New Castle, Delaware 19801.

THIRD. The name and address of the registered agent for service of process on the Company in the State of Delaware is The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, County of New Castle, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.

/s/ Roderick J. Ratcliff

Roderick J. Ratcliff, Authorized Person



**CT**

a Wolters Kluwer business

CT  
1675 Broadway  
Suite 1200  
Denver, CO 80202

303 629 2500 tel  
303 629 2525 fax  
[www.ctlegalsolutions.com](http://www.ctlegalsolutions.com)

## **NOTICE!**

**Please note that Colorado only dates their Good Standing(s)/Certified Document(s) with whatever their computer update is. This is the most current date we can obtain at this time.**

**Also, if you have ordered plain or certified copies along with this Good Standing(s)/Certified Document(s) order they will be sent as soon as received from the Colorado Secretary of State.**

**Thank you,**

**Denver Fulfillment**

Document processing fee

If document is filed on paper

\$125.00

If document is filed electronically

Currently Not Available

Fees & forms/cover sheets are subject to change.

20071459588 C

\$ 275.00

SECRETARY OF STATE

10-05-2007 11:07:32

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Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Foreign Entity Authority

filed pursuant to §7-90-301, et seq. and §7-90-803 of the Colorado Revised Statutes (C.R.S)

ID number (if applicable):

\_\_\_\_\_

1. True name:

Centaur Gaming, LLC

2. Assumed entity name (if different from True name)

\_\_\_\_\_

3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

- "bank" or "trust" or any derivative thereof
- "credit union"       "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

4. Principal office street address:

10 West Market Street, Suite 200

(Street name and number)

Indianapolis

(City)

IN

(State)

46204

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

4. Principal office mailing address: (if different from above)

(Street name and number or Post Office Box information)

\_\_\_\_\_

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

5. Registered agent: (if an individual):

Boyer

(Last)

Lisa

(First)

(Middle)

(Suffix)

OR (if a business organization):

\_\_\_\_\_

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address: 12364 W. Alameda Parkway  
(Street name and number)

Lakewood CO 80228  
(City) (State) (Postal/Zip Code)

8. Registered agent mailing address:  
 (if different from above) \_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_

\_\_\_\_\_ (City) (State) (Postal/Zip Code)

\_\_\_\_\_ (Province - if applicable) (Country - if not US)

9. Form of entity: Limited Liability Company

10. Jurisdiction of formation: Delaware

11. Date entity commenced (or expects to commence) transacting business or conducting activities in Colorado: 10-3-2007  
(mm/dd/yyyy)

12. (Optional) Delayed effective date: \_\_\_\_\_  
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

13. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Ratcliff Rod  
(Last) (First) (Middle) (Suffix)

10 West Market Street, Suite 200  
(Street name and number or Post Office Box information)

Indianapolis IN 46204  
(City) (State) (Postal/Zip Code)

\_\_\_\_\_ (Province - if applicable) (Country - if not US)

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. \_\_\_\_\_  
constituting \_\_\_\_\_  
Colorado Secretary of State in the records  
of the Secretary of State

*[Signature]*  
Secretary of State

By \_\_\_\_\_  
Date \_\_\_\_\_

AUTHORITY





STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. 20071459588  
consisting of 3 pages filed by the  
Colorado Secretary of State in the records  
of the Secretary of State.

*Mike Coffman*

Secretary of State

*Carolyn Snook*

By

10/23/2007  
Date

State of Indiana  
Office of the Secretary of State

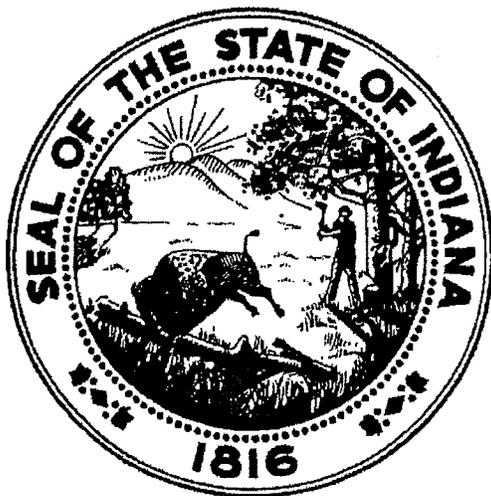
CERTIFICATE OF AUTHORITY

of

CENTAUR GAMING, LLC

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Delaware Foreign Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, October 19, 2007.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 19, 2007.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

2007101900499



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

TODD ROKITA SECRETARY OF STATE CORPORATIONS DIVISION 302 W. Washington St., Rm. E018 Indianapolis, IN 46204 Telephone: (317) 232-6576

2007 OCT 19 AM 10:51

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments. Present original and one (1) copy to the address in upper right corner of this form. Please TYPE or PRINT. Please visit our office or the web at www.sos.in.gov.

Indiana Code 23-18-11-4 et seq. FILING FEE: \$90.00

FILED AND IND. SECRETARY OF STATE

This application cannot be accepted without an original certificate of existence duly authenticated by the proper authority from the LLC's domiciliary state within the last sixty (60) days. This application cannot be accepted unless a registered agent with an Indiana street address is listed in ARTICLE II.

APPLICATION FOR CERTIFICATE OF AUTHORITY OF Centaur Gaming, LLC A FOREIGN LLC TO TRANSACT BUSINESS IN THE STATE OF INDIANA The undersigned manager or member of the above Delaware LLC desiring to effectuate the admittance of the LLC to transact business in the State of Indiana, under the name of Centaur Gaming, LLC certifies the following facts:

ARTICLE I: Name and Principal Office

Name of LLC (Must be identical to name shown in Articles of Organization and Amendments thereto) Centaur Gaming, LLC Address of the principal office of LLC (Number and street, city, state and ZIP code) 10 West Market, Suite 200, Indianapolis, IN 46204

ARTICLE II: Registered Office and Registered Agent

Name of the registered agent of the LLC CT Corporation System Indiana address of the registered office of LLC (Number and street, city, state and Zip code) 251 E. Ohio Street, Suite 1100, Indianapolis, IN, 46204

ARTICLE III: Date of Organization and Duration of Existence

Date of organization in domiciliary state 9-28-2007 Expected period of duration listed in the Articles of Organization perpetual

ARTICLE IV: Management

- The Articles of Organization state that the LLC is to be managed by its members. The Articles of Organization provide for a manager or managers.

In witness whereof, the undersigned being the member of said LLC executes this Application For Certificate Of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this 19th day of October, 2007

Signature [Handwritten Signature]

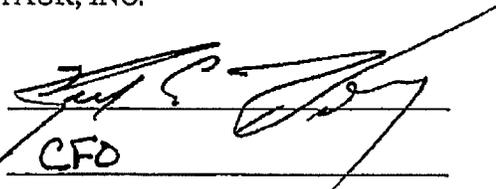
Printed name Kurt E. Wilson, SECRETARY OF MEMBER

CONSENT TO USE OF NAME

Centaur, Inc., an Indiana corporation, hereby consents for Centaur Gaming, LLC, a Delaware limited liability company, to use the name "Centaur Gaming, LLC", under the laws of the State of Indiana.

Dated this 19th day of October, 2007.

CENTAUR, INC.

By: 

Title: CFO



*Paul R. Patton*  
Secretary of State

State of Michigan  
Office of the Secretary of State  
I hereby certify that this is a true  
and complete copy of the 03  
page document filed in this office.

Dated 10/25/2007

By Melina Mercado

This stamp replaces our previous  
certification stamp.

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 23**

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY  
VIEW DOWNS, LP, AND THEREFORE APPENDIX 23 DOES NOT APPLY

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 25**

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY  
VIEW DOWNS, LP, AND THEREFORE APPENDIX 25 DOES NOT APPLY

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 26**

**APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY  
VIEW DOWNS, LP, AND THEREFORE APPENDIX 26 DOES NOT APPLY**

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 29**

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY  
VIEW DOWNS, LP, AND THEREFORE APPENDIX 29 DOES NOT APPLY

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 33**

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY  
VIEW DOWNS, LP, AND THEREFORE APPENDIX 33 DOES NOT APPLY

**CENTAUR GAMING, LLC  
CONDITIONAL/CATEGORY 1- APPLICATION  
AND DISCLOSURE INFORMATION FORM**

**APPENDIX 36**

APPLICANT IS AN AFFILIATED ENTITY OF THE PRIMARY APPLICANT, VALLEY  
VIEW DOWNS, LP, AND THEREFORE APPENDIX 36 DOES NOT APPLY