



Pennsylvania Gaming Control Board

CONDITIONAL/CATEGORY 1- APPLICATION AND DISCLOSURE INFORMATION FORM

Centaur, 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, 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 Indiana	DATE OF FORMATION 12/16/2002
APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS Centaur, LLC	
LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS Indiana, Colorado	
COMPLETE <u>SCHEDULE 1</u> 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 Does not apply
PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER Does not apply	PA LIQUOR CONTROL BOARD LICENSE NUMBER Does not apply
PA WORKERS COMPENSATION POLICY NUMBER Does not apply	PA DEPARTMENT OF STATE - ENTITY NUMBER Does not apply
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>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</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 SCHEDULE 23 CONCERNING CRIMINAL HISTORY.</p>	
TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	
<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 SCHEDULE 24 CONCERNING TESTIMONY, INVESTIGATIONS OR POLYGRAPHS.</p>	
ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS, STATUTORY AND REGULATORY VIOLATIONS	
<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 SCHEDULE 26 CONCERNING ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS, STATUTORY AND REGULATORY VIOLATIONS.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>

BANKRUPTCY OR INSOLVENCY PROCEEDINGS	
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 SCHEDULE 27 CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.	
APPLICANT'S LICENSES AND PERMITS	
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 SCHEDULE 28 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 SCHEDULE 29 CONCERNING GAMING LICENSES AND PERMITS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS	
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 SCHEDULE 30, CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>	

SCHEDULE 1: INCORPORATORS/FOUNDERS

NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
Kurt		Wilson							
OCCUPATION									
ADDRESS LINE 1									
ADDRESS LINE 2									
ADDRESS LINE 3									
COUNTRY									
EMAIL ADDRESS									
PHONE NUMBER ()									
STATE/PROVINCE									
POSTAL CODE									
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?									
YES NO									
YES NO									
YES NO									
NAME AND ADDRESS									
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)					
OCCUPATION									
ADDRESS LINE 1									
ADDRESS LINE 2									
ADDRESS LINE 3									
COUNTRY									
EMAIL ADDRESS									
PHONE NUMBER ()									
STATE/PROVINCE									
POSTAL CODE									
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?									
YES NO									
YES NO									
YES NO									

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

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

Initials 

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	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	STATE/PROVINCE	POSTAL CODE	FAX NUMBER ()
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	STATE/PROVINCE	POSTAL CODE	FAX NUMBER ()
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	STATE/PROVINCE	POSTAL CODE	FAX NUMBER ()
ADDRESS PURPOSE		ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()	STATE/PROVINCE	POSTAL CODE	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.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
Kurt		Wilson		ADDRESS LINE 1 City		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		EMAIL ADDRESS		ADDRESS LINE 2 City		PHONE NUMBER	FAX NUMBER
COUNTRY				INDIANAPOLIS		() 317-656-8780	()
APPLICANT ADDRESS							
APPLICANT NAME: Centaur, LLC				CURRENT TITLE OR POSITION EVP, CFO, Secretary and Treasurer			
ADDRESS LINE 1 10 West Market Street				ADDRESS LINE 2 Suite 200			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY				INDIANAPOLIS		IN	46204
USA				EMAIL ADDRESS		PHONE NUMBER	FAX NUMBER
				() 317-656-8780		() 317-656-8780	()
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE	
12/16/2002		Present		Chief Financial Officer			
12/16/2002		Present		EVP			
12/16/2002		Present		Secretary			
12/16/2002		Present		Treasurer			
12/16/02		12/18/06		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
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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	
Roderick		J.		Ratcliff					
ADDRESS LINE 1		ADDRESS LINE 2		ADDRESS LINE 3		STATE/PROVINCE		POSTAL CODE	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER			
APPLICANT ADDRESS									
APPLICANT NAME		CURRENT TITLE OR POSITION							
Centaur, LLC		CEO & Manager							
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE		POSTAL CODE	
10 West Market Street		Suite 200		Indianapolis		IN		46204	
ADDRESS LINE 3		CITY		STATE/PROVINCE		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)		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
12/16/02		Present		CEO & 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
John		Joseph		McLaughlin			
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		CITY		STATE/PROVINCE		PHONE NUMBER	FAX NUMBER
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		() ()	
APPLICANT ADDRESS							
APPLICANT NAME		CURRENT TITLE OR POSITION					
Centaur, LLC		President					
ADDRESS LINE 1		ADDRESS LINE 2		CITY		STATE/PROVINCE	POSTAL CODE
ADDRESS LINE 3		CITY		STATE/PROVINCE		PHONE NUMBER	FAX NUMBER
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		() () 317-656-8780	
FROM DATE		TO DATE		DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH CURRENT POSITION AND WORKING BACKWARDS)		ANNUAL COMPENSATION \$ VALUE	
12/16/2002		Present		President		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.

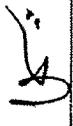
Initials JK

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		DATE OF BIRTH	
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
Jeffrey	M.	Smith	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
		()	()
APPLICANT ADDRESS			
MOST RECENT TITLES OR POSITIONS			
Manager			
ADDRESS LINE 1		ADDRESS LINE 2	
10 W. Market, #200			
ADDRESS LINE 3		CITY	STATE/PROVINCE
		Indianapolis	IN
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	POSTAL CODE
USA		(317) 656-8787	46204
			FAX NUMBER
			()
DATES, TITLES AND/OR POSITIONS HELD (STARTING WITH MOST RECENT AND WORKING BACKWARDS)		REASON FOR LEAVING	
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE
12/16/2002	12/18/2006	Manager	

* 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.)
Does not apply.		DATE OF BIRTH	
ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 3		CITY	STATE/PROVINCE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	POSTAL CODE
POSITION		()	FAX NUMBER
		()	()
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.

NAME OF CASE AND DOCKET NUMBER	EXISTING LITIGATION LOCATION AND NAME OF COURT BEFORE WHICH LITIGATION IS PENDING
Lindsay Skaggs v. Hoosier Park, LP	EEOC Charge No. 470-2008-02263 Indianapolis, Indiana District Office 101 W. Ohio St., Suite 1900, Indianapolis IN 46204
NAMES OF ALL PARTIES TO LITIGATION Lindsay Skaggs, Complainant Hoosier Park, LP, Respondent (a direct subsidiary of Centaur, LLC)	
NATURE OF THE CLAIMS Employment discrimination; Title VII of Civil Rights Act, Charge of Discrimination filed on March 31, 2008. Sex discrimination claim based on allegations of sexual harassment by a State of Indiana Racing Steward employed by Indiana Horse Racing Commission and assigned to Hoosier Park. The State Racing Steward was a contract employee of the Indiana Horse Racing Commission and the contract was permitted to terminate without renewal. Mediation has been scheduled in an attempt to resolve the discrimination claim.	
NAME OF CASE AND DOCKET NUMBER	EXISTING LITIGATION 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:

NAME OF CASE & DOCKET NUMBER		DATE OF JUDGMENT, ORDER OR DECREE	VIOLATION	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
Please see attached descriptions				
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				
NAME OF CASE & DOCKET NUMBER		DATE OF JUDGMENT, ORDER OR DECREE	VIOLATION	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
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				

Initials WS

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 RECEIVER, AGENT OR TRUSTEE APPOINTED
Does not apply			
NATURE OF JUDGMENT OR RELIEF			

[Handwritten Signature]

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 Hoosier 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		

Initials JS

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, 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 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:

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

APPENDIX 13

A COPY OF AY INTERIM REPORTS

Does not apply.

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

APPENDIX 15

REGISTRATION STATEMENTS

Does not apply.

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

APPENDIX 17

LIMITED LIABILITY COMPANY DOCUMENTS

Please see attached.

State of Indiana
Office of the Secretary of State

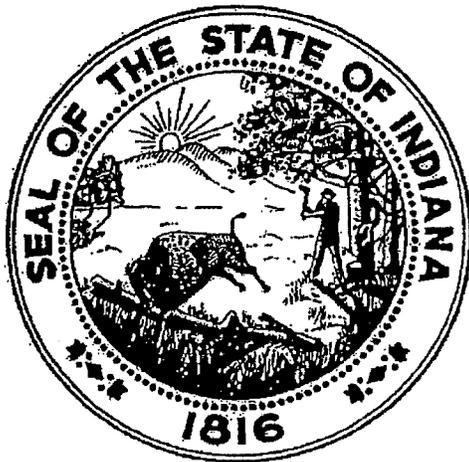
CERTIFICATE OF ORGANIZATION

of

CENTAUR, LLC

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Organization of the above Domestic Limited Liability Company (LLC) have 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 Monday, December 16, 2002.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 16, 2002.

Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE

2002121700198 / 2002121795157

APPROVED
AND
FILED
IND. SECRETARY OF STATE

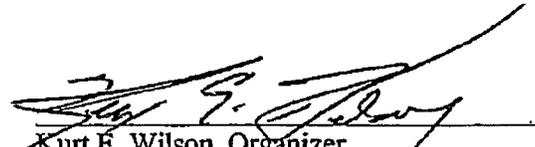
ARTICLES OF ORGANIZATION
OF
CENTAUR, LLC

RECEIVED
SECRETARY OF STATE
DEC 16 PM 2:59
SUE ANNE GILROY

The undersigned, acting pursuant to the provisions of the Indiana Business Flexibility Act, IC 23-18-1-1 *et seq.* (the "Act"), for the purpose of forming a limited liability company (the "Company") under the laws of the State of Indiana, hereby sets forth the following:

1. NAME. The name of the Company formed pursuant to these Articles of Organization shall be Centaur, LLC.
2. REGISTERED OFFICE. The initial registered office of the Company shall be 36 S. Pennsylvania, Suite 700, Indianapolis, Indiana 46204. The initial registered agent for the Company at such office shall be CT Corporation System.
3. DURATION. The Company shall have perpetual duration until dissolution in accordance with the Act or as provided in the Operating Agreement of the Company.
4. MANAGEMENT. The Company shall be managed by its manager or managers in accordance with the provisions of the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of this 16th day of December, 2002.


Kurt E. Wilson, Organizer
10 W. Market Street, Suite 200
Indianapolis, IN 46204

CENTAUR, INC.
10 W. Market Street, Suite 200
Indianapolis, IN 46204

December 16, 2002

Indiana Secretary of State
302 W. Washington Street
Room E018
Indianapolis, IN 46204

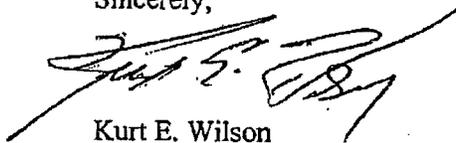
RE: Organization of Centaur, LLC

To Whom It May Concern:

Centaur, Inc., an Indiana corporation (organizational id no. 1993010268), hereby grants consent to the organization of Centaur, LLC in Indiana.

If you have any questions, please call me at 656-8787.

Sincerely,



Kurt E. Wilson
Executive Vice President

CENTAUR, 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, 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, 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, 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, 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, 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