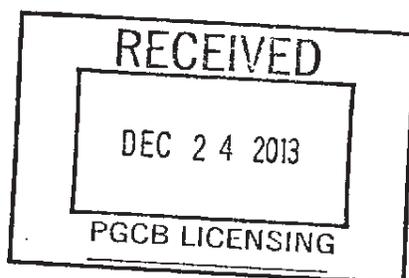


**ESTATE OF WALTER P. LOMAX, JR.
MD**

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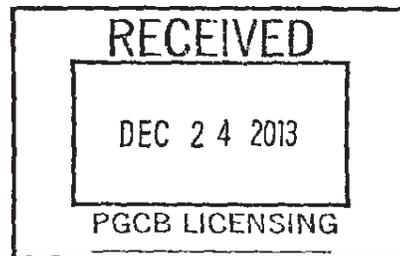




Pennsylvania
Gaming
Control
Board

PRINCIPAL ENTITY FORM

COPY



INSTRUCTIONS

PENNSYLVANIA GAMING IS GOVERNED BY THE LAWS SET FORTH IN 4 PA.C.S. PART II, ENACTED BY THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71) THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT (ACT) AS AMENDED AND 58 PA. CODE PART VII, GAMING CONTROL BOARD (REGULATIONS).

AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") SHALL BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE APPLICANT.

UNLESS OTHERWISE PROVIDED FOR IN THE GAMING ACT AND REGULATIONS, PRINCIPAL ENTITY - INCLUDES THE FOLLOWING:

AS DEFINED IN 58 PA C.S. §433A.1, AN ENTITY THAT MEETS THE DEFINITION OF "PRINCIPAL" IN SECTION 1103 OF THE ACT (RELATING TO DEFINITIONS) OR IS OTHERWISE REQUIRED TO BE LICENSED AS A PRINCIPAL AND IS NOT AN INTERMEDIARY OR HOLDING COMPANY OF AN APPLICANT OR LICENSEE MUST COMPLETE THE PRINCIPAL ENTITY FORM.

THE ORIGINAL FORM, ONE PAPER COPY, AND ONE (1) COMPACT DISC (CD) CONTAINING ALL FORMS MUST BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, FIFTH FLOOR, VERIZON TOWER, HARRISBURG, PENNSYLVANIA 17101 WITH THE APPROPRIATE FEE. PLEASE REFER TO THE LICENSING SECTION OF THE BOARD'S WEBSITE FOR CD FORMATTING REQUIREMENTS.

1. APPLICATION FEES

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION PACKAGE AND WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE PRINCIPAL ENTITY.

THE FEES INDICATED ARE NON-REFUNDABLE DEPOSITS REQUIRED TO COVER THE REASONABLE AND NECESSARY COSTS OF THE BACKGROUND INVESTIGATION. NO ADDITIONAL COSTS OR EXPENSES RELATED TO THE BACKGROUND INVESTIGATION WILL BE BILLED, UNLESS AN INVESTIGATOR IS REQUIRED TO TRAVEL IN OVERNIGHT STATUS OR STENOGRAPHIC SERVICES ARE REQUIRED. IN EITHER CASE, ACTUAL COSTS INCURRED BY THE BOARD SHALL BE REIMBURSED BY THE APPLICANT.

FEES SHALL BE PAID BY MONEY ORDER OR CHECK MADE PAYABLE TO THE "PENNSYLVANIA GAMING CONTROL BOARD." CASH WILL NOT BE ACCEPTED BY THE BOARD.

PRINCIPAL ENTITY..... \$2,500.00

2. APPLICATION FORM INSTRUCTIONS

A. GENERALLY

AS USED IN THE PRINCIPAL ENTITY FORM, THE WORDS "APPLICANT" AND "YOU" SHALL MEAN THE PRINCIPAL ENTITY COMPLETING THIS PRINCIPAL ENTITY FORM.

AS USED IN THE PRINCIPAL ENTITY FORM, THE WORDS "BUSINESS ENTITY" SHALL MEAN THE MANUFACTURER, MANUFACTURER DESIGNEE, SUPPLIER, MANAGEMENT COMPANY, JUNKET ENTERPRISE OR SLOT MACHINE APPLICANT OR LICENSEE OR ANY OF ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES OR HOLDING COMPANIES FOR WHICH YOU ARE A PRINCIPAL ENTITY.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION, SCHEDULE OR APPENDIX DOES NOT APPLY TO THE APPLICANT, WRITE "DOES NOT APPLY" IN RESPONSE TO THAT QUESTION, SCHEDULE OR APPENDIX.

ALL PAGES OF THE FORM MUST BE INITIALED BY AN AUTHORIZED SIGNATORY. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE. SOME SCHEDULES MAY REQUIRE DISCLOSURE OF INFORMATION FOR MORE THAN ONE NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION. IF THERE ARE MULTIPLE DISCLOSURES, MAKE ENOUGH ADDITIONAL COPIES OF THE BLANK SCHEDULE AND COMPLETE IT FOR EACH NATURAL PERSON OR ENTITY OR TYPE OF INFORMATION.

ALL REQUIRED DOCUMENTATION, SUCH AS BUSINESS FORMATION PAPERS, TAX RETURNS AND APPENDICES, MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM.

THE APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW MUST BE SIGNED BY AN AUTHORIZED SIGNATORY.

ALL AFFIDAVITS, RELEASE AUTHORIZATIONS, AFFIRMATIONS, CERTIFICATIONS AND WAIVERS OF LIABILITY MUST BE SIGNED BY AN AUTHORIZED SIGNATORY AND NOTARIZED.

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION. IF YOU SUBMIT A DOCUMENT TO THE BOARD THAT IS IN A LANGUAGE OTHER THAN ENGLISH, YOU MUST ALSO SUBMIT AN ENGLISH TRANSLATION COMPLIANT WITH BOARD REGULATIONS.

ALL NOTICES REGARDING YOUR APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE BOARD IF YOU CHANGE YOUR ADDRESS.

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR REVOCATION OF YOUR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C. S. A. §4903.

ANY PERSON WHO APPLIES FOR AND OBTAINS A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT FROM THE BOARD MAY BE REQUIRED TO SUBMIT TO WARRANTLESS SEARCHES WHEN PRESENT IN A LICENSED GAMING FACILITY PURSUANT TO THE ACT.

CONFIDENTIAL INFORMATION (AS DEFINED IN 58 PA. CODE §401A.3) SUPPLIED TO THE BOARD OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE ACT, OR UPON THE LAWFUL ORDER OF A COURT OF COMPETENT JURISDICTION OR, WITH THE APPROVAL OF THE ATTORNEY GENERAL, TO A DULY AUTHORIZED LAW ENFORCEMENT AGENCY. AN APPLICANT OR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT HOLDER WAIVES ANY LIABILITY OF THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION.

PURSUANT TO BOARD REGULATIONS, ONCE THE APPLICATION HAS BEEN FILED, APPLICANT MAY NOT WITHDRAW ITS APPLICATION WITHOUT THE PERMISSION OF THE BOARD. AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE BOARD BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE APPLICANT.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO BOARD REGULATIONS, THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION ISSUANCE, RENEWAL OR OTHER APPROVAL ISSUED BY THE BOARD IS A REVOCABLE PRIVILEGE. NO PERSON HOLDING A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION, RENEWAL, OR OTHER APPROVAL IS DEEMED TO HAVE ANY PROPERTY RIGHTS RELATED TO THE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION.

B. PRINCIPAL ENTITY FORM

APPLICANT IS SUBMITTING THIS PRINCIPAL ENTITY FORM BECAUSE IT IS A PRINCIPAL OF
ESTATE OF WALTER P. LOMAX, JR..

DESCRIBE THE RELATIONSHIP BETWEEN APPLICANT AND BUSINESS ENTITY NAMED ABOVE, INCLUDING AMOUNTS AND TERMS OF OWNERSHIP AND CONTROL.

THE ESTATE OF WALTER P. LOMAX, JR. IS PROVIDING
A \$10 MILLION LOAN TO PLEASANT HILL PARTNERS LLC

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE FORMS OR THE INFORMATION REQUIRED TO COMPLETE ANY APPLICATION, PLEASE CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD - BUREAU OF LICENSING AT (717) 346-8300.

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)			
ESTATE OF WALTER P. LOMAX, JR.			
TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES			
HAS THE APPLICANT BEEN VERIFIED AS A MINORITY OR WOMEN'S BUSINESS ENTERPRISE BY THE PENNSYLVANIA DEPARTMENT OF GENERAL SERVICES' (DGS) BUREAU OF SMALL BUSINESS OPPORTUNITIES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
IF YES, PROVIDE THE NAME OF THE ENTITY THAT CERTIFIED THE APPLICANT AS A MINORITY OR WOMEN'S BUSINESS ENTERPRISE AND UPON WHICH THE DGS VERIFICATION WAS MADE.			
IF YES, ATTACH THE VERIFICATION LETTER FROM THE BUREAU OF SMALL BUSINESS OPPORTUNITIES AND/OR THE SMALL BUSINESS PROCUREMENT INITIATIVE CERTIFICATE THAT IDENTIFIES THE COMPANY AS A SMALL DIVERSE BUSINESS (NOT ONLY AS A SMALL BUSINESS) AND PROVIDE THE CERTIFICATION NUMBER _____			
APPLICANT'S PRINCIPAL ADDRESS			
ADDRESS LINE 1 200 HIGHPOINT DRIVE			
ADDRESS LINE 2 SUITE 215			
ADDRESS LINE 3			
CITY CHALFONT		STATE/PROVINCE PA	POSTAL CODE 18927
COUNTRY USA		EMAIL ADDRESS bpl@lomagco.com / wtl@lomagco.com	
COUNTY BUCKS	TOWNSHIP NEW BRITAIN		WEB URL
PHONE NUMBER () 215 822-1550		FAX NUMBER () 215 997-9582	
APPLICANT'S ADDRESS IN PENNSYLVANIA (IF APPLICABLE)			
ADDRESS LINE 1 SAME AS ABOVE			
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 BENNETT	MIDDLE NAME PERRY	LAST NAME LOMAX	SUFFIX (JR., SR., ETC.)
TITLE Co-EXECUTOR		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 type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> S-CORPORATION	<input type="checkbox"/> TRUST	
<input checked="" type="checkbox"/> OTHER (DESCRIBE) <u>ESTATE</u>			

APPLICANT'S ORGANIZATION DOCUMENTS	
STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION <u>DOES NOT APPLY</u>	DATE OF FORMATION
APPLICANT'S BUSINESS NAME AS IT APPEARS ON THE FORMATION DOCUMENTS	
LIST ALL STATES IN WHICH THE APPLICANT IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS	
IS APPLICANT REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S IDENTIFICATION NUMBERS	
FEDERAL EMPLOYER IDENTIFICATION NUMBER	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 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 OWNERS, 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	FOR PURPOSES OF THIS SECTION:
	<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 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>
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<p>1. HAS APPLICANT OR ANY OF ITS OWNERS, 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>IF YOU ANSWER YES, YOU MUST COMPLETE <u>SCHEDULE 6</u> CONCERNING CRIMINAL HISTORY.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	
<p>2. HAS APPLICANT OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS/PARTNERS OR TRUSTEES 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 <u>SCHEDULE 7</u> 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>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<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>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>IF YOU ANSWER YES TO EITHER QUESTION, YOU MUST COMPLETE SCHEDULE 9 CONCERNING ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS.</p>	

<p>BANKRUPTCY OR INSOLVENCY PROCEEDINGS</p>	
<p>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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MUST COMPLETE SCHEDULE 10 CONCERNING BANKRUPTCY OR INSOLVENCY PROCEEDINGS.</p>	

<p>APPLICANT'S LICENSES AND PERMITS</p>	
<p>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 AGENCY OR ENTITY OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 11 CONCERNING NON-GAMING LICENSES AND PERMITS.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>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 AGENCY OR ENTITY OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES.</p> <p>IF YOU ANSWER YES, YOU MUST COMPLETE SCHEDULE 12 CONCERNING GAMING LICENSES AND PERMITS.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<p>APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS</p>	
<p>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?</p>	

<p>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?</p>	
<p>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 ACTING 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?</p>	
<p>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>	
<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 <u>SCHEDULE 13</u> CONCERNING CONTRIBUTIONS AND DISBURSEMENTS.</p>	

APPLICATION CHECKLIST

EACH ITEM MUST BE COMPLETED AND SUBMITTED AS PART OF THIS APPLICATION FORM. IF ANY ITEM IS MISSING, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IF A QUESTION, SCHEDULE OR ADDENDUM DOES NOT APPLY TO THE APPLICANT YOU MUST WRITE "DOES NOT APPLY" ON THE PAGE.

<input checked="" type="checkbox"/>	SCHEDULE 1: OTHER NAMES USED BY APPLICANT	
<input checked="" type="checkbox"/>	SCHEDULE 2: ADDRESSES USED BY APPLICANT	
<input checked="" type="checkbox"/>	SCHEDULE 3: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS	
<input checked="" type="checkbox"/>	SCHEDULE 4: APPLICANT'S OWNERS	
<input checked="" type="checkbox"/>	SCHEDULE 5: HISTORY OF INSURANCE CLAIMS	
<input checked="" type="checkbox"/>	SCHEDULE 6: CRIMINAL HISTORY	
<input checked="" type="checkbox"/>	SCHEDULE 7: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS	
<input checked="" type="checkbox"/>	SCHEDULE 8: EXISTING LITIGATION	
<input checked="" type="checkbox"/>	SCHEDULE 9: ANTITRUST, TRADE REGULATION AND SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS	
<input checked="" type="checkbox"/>	SCHEDULE 10: BANKRUPTCY OR INSOLVENCY PROCEEDINGS	
<input checked="" type="checkbox"/>	SCHEDULE 11: NON-GAMING LICENSES AND PERMITS	
<input checked="" type="checkbox"/>	SCHEDULE 12: GAMING LICENSES AND PERMITS	
<input checked="" type="checkbox"/>	SCHEDULE 13: APPLICANT'S CONTRIBUTIONS AND DISBURSEMENTS	
<input checked="" type="checkbox"/>	SCHEDULE 14: APPLICANT BACKGROUND PART 1	
<input checked="" type="checkbox"/>	SCHEDULE 15: APPLICANT BACKGROUND PART 2	
<input checked="" type="checkbox"/>	APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW	
<input checked="" type="checkbox"/>	AFFIDAVIT	
<input checked="" type="checkbox"/>	RELEASE AUTHORIZATION	
<input checked="" type="checkbox"/>	WAIVER OF LIABILITY	
<input checked="" type="checkbox"/>	LICENSEE'S AFFIRMATION	
<input checked="" type="checkbox"/>	PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM	
<input checked="" type="checkbox"/>	FINANCIAL STATEMENT CERTIFICATION	

APPENDICES: THE APPENDICES ARE DOCUMENTS THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDICES ARE NOT REPRESENTED IN THE APPLICATION QUESTIONS OR ITS SCHEDULES. EACH APPENDIX SHALL BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX DOES NOT APPLY TO AN APPLICANT, WRITE "DOES NOT APPLY" ON THE APPENDIX PAGE.

<input checked="" type="checkbox"/>	APPENDIX 1: EXISTING LITIGATION	
<input checked="" type="checkbox"/>	APPENDIX 2: AUDITED FINANCIAL STATEMENT FOR THE LAST FISCAL YEAR. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.	
<input checked="" type="checkbox"/>	APPENDIX 3: AUDITED FINANCIAL STATEMENTS FOR THE LAST FIVE (5) YEARS. IF THE APPLICANT DOES NOT NORMALLY HAVE ITS FINANCIAL STATEMENTS AUDITED, ATTACH UNAUDITED FINANCIAL STATEMENTS.	
<input checked="" type="checkbox"/>	APPENDIX 4: ANNUAL REPORTS FOR THE LAST FIVE (5) YEARS.	
<input checked="" type="checkbox"/>	APPENDIX 5: ANNUAL REPORTS PREPARED ON THE SEC'S 10K FOR THE LAST FIVE (5) YEARS.	
<input checked="" type="checkbox"/>	APPENDIX 6: A COPY OF THE LAST QUARTERLY UNAUDITED FINANCIAL STATEMENT.	
<input checked="" type="checkbox"/>	APPENDIX 7: A COPY OR COPIES OF ANY INTERIM REPORTS.	
<input checked="" type="checkbox"/>	APPENDIX 8: A COPY OF THE LAST DEFINITIVE PROXY OR INFORMATION STATEMENT (SEC).	
<input checked="" type="checkbox"/>	APPENDIX 9: A COPY OF ALL REGISTRATION STATEMENTS FOR THE LAST FIVE (5) YEARS FILED IN ACCORDANCE WITH THE SECURITIES ACT OF 1933.	
<input checked="" type="checkbox"/>	APPENDIX 10: COPIES OF ALL OTHER REPORTS PREPARED IN THE LAST FIVE (5) YEARS BY INDEPENDENT AUDITORS OF THE APPLICANT.	
<input checked="" type="checkbox"/>	APPENDIX 11: CERTIFIED COPIES OF THE ARTICLES OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS AND ALL AMENDMENTS AND PROPOSED AMENDMENTS.	
<input checked="" type="checkbox"/>	APPENDIX 12: CURRENT OWNERSHIP TABLE OF ORGANIZATION.	
<input checked="" type="checkbox"/>	APPENDIX 13: COPIES OF 1120 FORMS, 941 FORMS AND ALL OTHER BUSINESS RELATED TAX FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.	
<input checked="" type="checkbox"/>	APPENDIX 14: COPIES OF 5500 FORMS FILED WITH THE IRS IN THE LAST FIVE (5) YEARS.	
<input checked="" type="checkbox"/>	APPENDIX 15: DESCRIBE CRIMINAL HISTORY OF APPLICANT. THIS INFORMATION MUST BE PROVIDED IN ADDITION TO THE INFORMATION PROVIDED IN <u>SCHEDULE 6</u> . NARRATIVE INFORMATION ABOUT THE NATURE OF CHARGE OR COMPLAINT AND THE DISPOSITION MUST BE PROVIDED.	

SCHEDULE 2: ADDRESSES USED BY APPLICANT

PROVIDE ALL ADDRESSES, 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	ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1	OCTOBER 19, 2013	PRESENT
ADDRESS LINE 2	SUNITE 215	
ADDRESS LINE 3	CHALFONT	
COUNTRY	PA	18914
EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
	(215) 822-1550	(215) 997-9582
ADDRESS PURPOSE	ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
COUNTRY	PHONE NUMBER	POSTAL CODE
	()	()
ADDRESS PURPOSE	ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
COUNTRY	PHONE NUMBER	POSTAL CODE
	()	()
ADDRESS PURPOSE	ADDRESS USED FROM	ADDRESS USED TO
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
COUNTRY	PHONE NUMBER	POSTAL CODE
	()	()

SCHEDULE 3: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST.

FIRST NAME	MIDDLE NAME	LAST NAME	NAME AND HOME ADDRESS	SUFFIX (JR., SR., ETC.)	DATE OF BIRTH
BENNETT	PERRY	LMAX	[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS LINE 1	[REDACTED]	[REDACTED]	ADDRESS LINE 2	[REDACTED]	[REDACTED]
ADDRESS LINE 3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	STATE/PROVINCE	POSTAL CODE	FAX NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APPLICANT NAME	APPLICANT ADDRESS	CURRENT TITLE OR POSITION	STARTING DATE	POSITIONS HELD	STARTING WITH CURRENT POSITION (AND WORKING BACKWARDS)
ESTATE OF WALTER P. LMAX, JR.	200 HIGHPOINT DRIVE	CO-EXECUTOR	10/19/13	PRESENT	CO-EXECUTOR
ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE/PROVINCE	PHONE NUMBER	POSTAL CODE
200 HIGHPOINT DRIVE	SUITE 215	CHALFONT	PA	(215) 822-1550	18914
ADDRESS LINE 3	CITY	STATE/PROVINCE	PHONE NUMBER	(215) 822-1550	(215) 997-9582
COUNTRY	EMAIL ADDRESS	PHONE NUMBER	STATE/PROVINCE	POSTAL CODE	FAX NUMBER
[REDACTED]	bp@lmax.com	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)	
10/19/13	PRESENT	CO-EXECUTOR	[REDACTED]	[REDACTED]	

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 3: CURRENT OFFICERS, DIRECTORS/PARTNERS AND TRUSTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS/PARTNERS, TRUSTEES, GRANTORS OR BENEFICIARIES OF A TRUST.

FIRST NAME		MIDDLE NAME		NAME AND HOME ADDRESS		SUFFIX (JR., SR., ETC.)		DATE OF BIRTH	
WALTER		THOMAS		LOMAX					
ADDRESS LINE 1		[REDACTED]		CITY		STATE/PROVINCE		POSTAL CODE	
ADDRESS LINE 2		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
COUNTRY		EMAIL ADDRESS		PHONE NUMBER		FAX NUMBER		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
APPLICANT NAME		CURRENT ADDRESS		CURRENT TITLE OR POSITION		STATE/PROVINCE		POSTAL CODE	
ESTATE OF WALTER P. LOMAX, JR.		CO - EXECUTOR		SUITE 215		PA		18914	
ADDRESS LINE 1		200 HIGHLAND DRIVE		CITY		PHONE NUMBER		FAX NUMBER	
ADDRESS LINE 2		[REDACTED]		CHALFONT		057822-1550		(257) 997-9582	
COUNTRY		EMAIL ADDRESS		ANNUAL COMPENSATION & VALUE		COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)			
USA		[REDACTED]		[REDACTED]		[REDACTED]			
FROM DATE	TO DATE	TITLE OR POSITION	ANNUAL COMPENSATION & VALUE	COMPOSITION OF COMPENSATION (SPECIFY SALARY, WAGES, COMMISSIONS, FEES, BONUS OR OTHER)					
10/10/2013	PRESENT	CO - EXECUTOR	[REDACTED]	[REDACTED]					

* MAKE ADDITIONAL COPIES AND ATTACH ADDITIONAL PAGES AS NECESSARY.

SCHEDULE 6: CRIMINAL HISTORY

IF APPLICANT ANSWERED YES TO QUESTION 1 ON PAGE 3, PROVIDE THE FOLLOWING INFORMATION:

NAME OF CASE & DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE	NAME OF OFFICER, DIRECTOR/PARTNER OR TRUSTEE

SCHEDULE 7: TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

IF APPLICANT ANSWERED YES TO QUESTION 2 ON PAGE 3, PROVIDE THE FOLLOWING INFORMATION:

NAME AND ADDRESS OF COURT OR AGENCY	WAS TESTIMONY GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED.			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED.			
NAME AND ADDRESS OF COURT OR OTHER AGENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
NATURE OF PROCEEDINGS OR INVESTIGATION AND NAME THE OFFICER, DIRECTOR/PARTNER OR TRUSTEE INVOLVED.			

SCHEDULE 8: EXISTING LITIGATION

PROVIDE THE FOLLOWING INFORMATION AND ATTACH AS APPENDIX 1 A DESCRIPTION OF ALL EXISTING CIVIL LITIGATION TO WHICH APPLICANT 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. **DOES NOT APPLY**

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	
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 9: ANITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 3, PROVIDE THE FOLLOWING INFORMATION: **DOES NOT APPLY**

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			
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			

SCHEDULE 10: BANKRUPTCY OR INSOLVENCY PROCEEDINGS

IF APPLICANT ANSWERED YES TO QUESTIONS 5, 6 AND/OR 7 ON PAGE 4, PROVIDE THE FOLLOWING: **DOES NOT APPLY**

NAME OF CASE & DOCKET NUMBER	DATE PETITION FILED OR RELIEF SOUGHT	BANKRUPTCY OR INSOLVENCY PROCEEDINGS	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
NATURE OF JUDGMENT OR RELIEF			

SCHEDULE 11: NON-GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 8 ON PAGE 4, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD: *DOES NOT APPLY*

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, REVOKED OR WITHDRAWN, PROVIDE DETAILS.
			<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		
			<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 *BPL*

SCHEDULE 12: GAMING LICENSES AND PERMITS

IF APPLICANT ANSWERED YES TO QUESTION 9 ON PAGE 4, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD: **DOES NOT APPLY**

TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	EXPIRATION DATE, IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS.
			<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		
			<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		

PENNSYLVANIA POLITICAL CONTRIBUTIONS FORM

IN THE CHART BELOW, PROVIDE THE REQUIRED INFORMATION FOR ALL POLITICAL CONTRIBUTIONS, MONETARY OR IN-KIND, TO A CANDIDATE FOR NOMINATION OR ELECTION TO ANY PUBLIC OFFICE IN THIS COMMONWEALTH, OR TO ANY POLITICAL COMMITTEE OR STATE PARTY IN THIS COMMONWEALTH OR TO ANY GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF ANY SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY ON OR AFTER THE DATE YOUR ENTITY'S APPLICATION WAS SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD (BOARD). THE APPLICANT OR LICENSEE MUST LIST POLITICAL CONTRIBUTIONS BY ITS AFFILIATES, INTERMEDIARIES, SUBSIDIARIES, HOLDING COMPANIES, PRINCIPALS AND KEY EMPLOYEES WHO HOLD SIMILAR GAMING LICENSES IN OTHER JURISDICTIONS. DO NOT INCLUDE CONTRIBUTIONS TO CANDIDATES FOR FEDERAL OFFICES OR TO COMMITTEES OR GROUPS ORGANIZED SOLELY IN SUPPORT OF FEDERAL CANDIDATES.

IF THERE IS MORE THAN ONE CONTRIBUTION TO THE SAME CANDIDATE, POLITICAL COMMITTEE, STATE PARTY, ETC., SEPARATE ENTRIES MUST BE LISTED FOR EACH CONTRIBUTION.

NOTE: IF YOU NEED SPACE FOR ADDITIONAL ENTRIES, PLEASE MAKE ADDITIONAL COPIES OF THIS FORM.

DATE OF CONTRIBUTION	NAME AND ADDRESS OF THE CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY, OR GROUP, COMMITTEE OR ASSOCIATION ORGANIZED IN SUPPORT OF SUCH CANDIDATE, POLITICAL COMMITTEE OR STATE PARTY	AMOUNT OR VALUE OF CONTRIBUTION
	DOES NOT APPLY	

Bennett P. Lomax
SIGNATURE OF CEO/AUTHORIZED SIGNATORY

12/2/2013
DATE SIGNED

BENNETT P. LOMAX
PRINTED NAME OF CEO/AUTHORIZED SIGNATORY - TITLE

* IF A PERSON OTHER THAN THE CEO OF THIS ENTITY IS DESIGNATED TO EXECUTE THIS DOCUMENT, THE BOARD MUST BE PROVIDED WITH A RESOLUTION OR AN AFFIDAVIT, CERTIFIED AS TRUE AND CORRECT, IDENTIFYING THE INDIVIDUAL SO DESIGNATED, AUTHORIZING THAT INDIVIDUAL TO EXECUTE THE DOCUMENT ON BEHALF OF BOTH THE ENTITY AND THE CEO.

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TAB

5

Does Not Apply

TAB

8

Does Not Apply

TAB

9

Does Not Apply

TAB

11

Does Not Apply

TAB

15

Does Not Apply