

**APPLICATION FOR CATEGORY 1, 2, & 3
SPORTS WAGERING OPERATOR LICENSE**



APPLICANT NAME: WSI US, LLC

Applicant: WSI US, LLC

INSTRUCTIONS

Applicant: WSI US, LLC

General Information

This *Application For Category 1, 2, & 3 Sports Wagering Operator License* form (the form itself “Application Form”, and along with all attachments “application”) was designed by the Massachusetts Gaming Commission (“Commission”) as a vehicle for each applicant to demonstrate that it has thought broadly and creatively about creating a sports wagering operation in Massachusetts that will provide a significant and lasting benefit to the Commonwealth of Massachusetts and will deliver an overall experience that both offers an exceptional sports wagering experience and includes significant responsible gaming and consumer protection measures.

The application must be completed in accordance with these instructions. In accordance, any discrepancies may be taken into consideration by the Commission when evaluating the application.

To the extent that an applicant is a newly formed entity or to date has been a largely non-operational entity, any information required to be provided relative to past performance or general practice shall, at a minimum, be provided in relation to the primary controlling and/or operating entity of the proposed sports wagering operator and/or its significant business units.

If an applicant is unable to comply with or respond to any part of the application, it may apply for a waiver or variance from the Commission in accordance with 205 CMR 102.03(4) {update reg info when available} in advance of the filing deadline.

All communications, including general questions and application inquiries, should be directed to the Executive Director or Commission staff.

How to submit a general question and/or application inquiry:

1. Please go to: <https://massgaming.com/about/sports-wagering-in-massachusetts/applications-for-sports-wagering-licenses/>
2. Select “Inquiry Regarding Sports Wagering Application” from the Reason for Submitting Form drop down menu
3. Complete all of the required fields
4. Click “Submit.”

A Commission representative will respond to each inquiry in a timely manner. *At no time during the application process should any applicant, agent of the applicant, qualifier, or another associated individual contact or attempt to contact a Commissioner directly.*

This Application Form does not constitute an offer of any nature or kind to any applicant or its agents. The Commission is under no obligation to issue a license to any of the applicants. By submitting an Application, the applicant is deemed to agree to all of the terms of this process.

To the extent that anything contained in this application is inconsistent with any other guidance or policy-related document issued by the Commission in the past, this application shall control. To the extent that anything contained in this application is inconsistent with any provision of 205 CMR or G.L. c.23N, the governing law shall control.

Terms used in the application shall be given their most logical, plain meaning in the context of the application. The Commission reserves the right to amend or clarify this application at any time prior to the deadline for the submission of applications.

For each Application, all of the Commission’s costs and expenses of the administrative proceedings pursuant shall be borne by the applicant. All such costs and expenses shall be assessed to the applicant and collected by the Commission.

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The Commission will utilize its website, www.massgaming.com, to provide notices of hearings, a notice of amendment or clarification of the Application Form, general updates, and general information relative to the application process.

Please be advised that any portion of this Application Form and any associated requests for information or documents may be changed at any time.

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Non-Refundable Processing Fee

Pursuant to G.L. c. 23N, § 7(a), an applicant for an operator license shall pay to the commission a nonrefundable processing fee of \$200,000 for the costs associated with the processing of the application and investigation of the applicant; provided, however, if the costs of the investigation exceed the initial application fee, the applicant shall pay the additional amount to the commission not more than 30 days after notification of insufficient fees or the application shall be rejected.

Applicants may pay the \$200,000.00 processing fee via wire transfer, certified check, or cashier's check. Wiring information may be obtained by contacting:

**Douglas O'Donnell
Revenue Manager
(617) 979-8425**

Checks must be made out to the Massachusetts Gaming Commission and mailed to:

**Massachusetts Gaming Commission
c/o Revenue Division
101 Federal Street, 12th Floor
Boston, MA 02110**

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Completing the Application

The application is divided into seven primary sections, each section containing questions relating to that section. The applicant should answer each question fully. While a cross-reference to other sections within the application may be included as part of an answer to a particular question, a cross-reference may not serve as the entire answer to any particular question. Please make sure to include the name of the applicant in the provided space at the top of the page for each question. If the answering of any question requires an attachment, please see below.

Format: Answers to questions should be formatted in the “Times New Roman” font, with a font size of 12.

Attachments: Where an applicant may wish to attach a document in response or to supplement its written response, or another exhibit of any nature, it may attach such documents and/or exhibits as set forth in the instructions for “[Electronic Application Format](#).” All attachments must be named and listed for the corresponding question. If the same attachment is responsive to multiple questions within the application, a copy of the attachment should be attached to each question, not just cross-referenced.

Every question must be answered completely. If a question or portion thereof is not applicable, enter “N/A” into the appropriate space on the application.

Applicants for Category 1 Sports Wagering Licenses and Category 2 Sports Wagering Licenses may refer the Bureau and Commission to prior application forms submitted to the Commission by the Applicant or previous information otherwise obtained by the Bureau or Commission regarding the Applicant.

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Submission of Materials

The Application must be submitted by the application deadline. The deadline for **all applications (Category 1, 2 & 3) is Monday, November 21, 2022, at 2 p.m.** The Commission shall have no obligation to accept or review an application submitted after the established deadline.

How to Submit an MGC Sports Wagering Operator License Application

Entities interested in applying for a Sports Wagering Operators License must request a link to the MGC Secure File Transfer Site prior to submitting their application form and any additional documents. This link will allow for the secure and confidential upload and storage of all application materials.

How to Request a Link to the MGC Secure File Transfer Site:

Please Note: All link requests must be received no later than one week before the application deadline (November 14, 2022).

1. Please go to: <https://massgaming.com/about/sports-wagering-in-massachusetts/applications-for-sports-wagering-licenses/>
2. Select "Request Secure Link to Submit Completed Sports Wagering Application" from the Reason for Submitting Form drop down menu
3. Complete all of the required fields
4. Click "Submit."

A Commission representative will provide the requested link and additional instructions on uploading the application materials securely via email. The information will be sent in two emails, with the link being in the first email and the password sent separately in the second email, for security purposes.

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Electronic Application Format

When the electronic version of the application materials is submitted via the MGC Secure File Transfer Site and uploaded to the Commission's server, the applicant must abide by the following:

- (a) The applicant must submit this original completed Application Form that has not been printed, signed, and scanned, but with all answers electronically filled in, all attachments identified, and all necessary boxes checked. This version is being required so that it may be searched electronically by the Commission during the evaluation process. This document must be in PDF format.
- (b) The applicant must also submit this completed Application Form with all answers electronically filled in, all attachments identified, all necessary boxes checked, and all required signatures affixed. This version is identical to the document described in (a) above, but it should also be printed, signed, and scanned. This scanned document must be in PDF format.
- (c) The applicant must submit each attachment as its own electronic file. No electronic file should contain more than one document. Each attachment should be in PDF format unless otherwise required. The file names of all of the attachments must be named strictly in accordance with the following rules:
 - The first portion of the filename must contain the section number and subsection of the question followed by a hyphen, then and the attachment number for that particular question with a leading zero for numbers under 10 (e.g. "B1-b-##").
 - The file name should then contain the descriptive name of the attachment, in at most 20 characters.
 - The name of the attachment must not contain the name of the applicant.
 - The final portion of the filename should be the extension, such as ".pdf" or ".xls".
 - The file name should correspond to the list of attachments on the Application Form.
 - If the Applicant believes the attachment to be confidential, in whole or in part (i.e.- exempt from disclosure under the Public Records Law), then the filename must have the word "CONFIDENTIAL" in all capital letters placed directly before the file extension. Failure to include this label may result in the public release of the document.

Although a PDF version of each attachment is required, in certain cases providing an alternative file format may be helpful to the Commission in reaching its decision. For example, where the applicant is required to submit tables of calculations, such as a revenue projection, it should be submitted in spreadsheet format so that the Commission may numerically analyze this information. The applicant may also, although not required, provide other documents such as videos, interactive documents, or physical models. These types of documents do not readily lend themselves to conversion into PDF format. For these documents, the applicant should provide both the document in original format, and a PDF file describing the existence of such a document within the applicant's application materials. The file name of the alternate format, if it is in fact a computer-readable file, and the filename of the PDF format of the attachment should be identical, excluding the file extension.

No electronically submitted document to the Commission may be password protected. The individual documents should not be encrypted separately.

Any attachments containing a table of calculations, such as a revenue projection, should be included in the electronic submission in a spreadsheet format, preferably Microsoft Excel ".xls" files.

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The following is an example of select files of a properly organized application:

B2-a-01 Additional Sports Wagering Licensure Information.pdf

B2-a-02 Additional Sports Wagering Jurisdiction Information.pdf

C2-a-01 Revenue Projections CONFIDENTIAL.pdf

C2-b-01 Revenue Projections CONFIDENTIAL.xls

Application.pdf

Signed Application.pdf

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Public Records

Pursuant to G.L. c. 23N, §6(i), “[a]pplications for operator licenses shall be public records . . .” Applicants should be mindful of this prior to submission of an Application. However, the law also provides “that trade secrets, competitively-sensitive or other proprietary information provided in the course of an application for an operator license under [chapter 23N], the disclosure of which would place the applicant at a competitive disadvantage, may be withheld from disclosure under [the Massachusetts public records law].”

To help inform applicants of the Commission’s intentions, a guide has been attached at the end of the Application advising which answers and attachments submitted with this form will be considered to presumptively meet the exception to the public records law and withheld from public disclosure. There is also space for an applicant to request exempt treatment of a specific document identified in the Application. FAILURE TO FOLLOW THE INSTRUCTIONS PROVIDED IN THE GUIDE MAY RESULT IN PUBLIC RELEASE OF THE DOCUMENTS.

Please note, though the Commission will use its best efforts to protect any information it deems subject to an exemption, final appeals are adjudicated by the [Secretary of the Commonwealth](#) in accordance with G.L. c.66, §10.

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Checklist

Complete this checklist prior to submitting any materials to the Commission.

The applicant has answered all of the questions in this Application Form that it was required to respond to

Any question requiring an attachment has the attachment noted on the Application Form

The applicant properly named all the files

The applicant has properly organized all of the attachments

No files have been password protected

The applicant has signed all required pages of this application

The applicant has paid the \$200,000.00 non-refundable processing fee

The applicant will update the Commission if there are any changes to the information presented in the Application or any of the attachments.

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SECTION A: GENERAL INFORMATION

A.1 APPLICANT NAME

WSI US, LLC

Name

A.2 CATEGORY OF LICENSE APPLYING FOR (check one)

- Category 1** (In-Person Wagering at a Gaming Establishment)
 Category 2 (In-Person Wagering at a Live Horse Racing or Simulcasting Facility)
 Category 3 (Mobile Sports Wagering)

A.3 IF APPLYING FOR CATEGORY 3 (MOBILE SPORTS WAGERING) LICENSE, IS THIS APPLICATION TETHERED TO A CATEGORY 1 OR CATEGORY 2 APPLICATION (check one)

- No** (*Independent Application*)
 Yes, Tethered to Category 1 or Category 2 Applicant (*applicant name*):
Wynn MA, LLC

A.4 STATE/COUNTRY IN WHICH THE BUSINESS ENTITY IS INCORPORATED, ORGANIZED, FORMED, OR REGISTERED

Nevada

State/Province

United States of America

Country

A.5 IDENTIFY THE APPLICANT'S TYPE OF BUSINESS (check one)

- Limited Liability Company** **Partnership** **Other** (*please describe*):
 C-Corporation **Limited Partnership**
 S-Corporation **Trust**
 Sole Proprietorship

A.7 FEDERAL TAX ID NUMBER

[REDACTED]

Federal Tax ID Number

A.6 APPLICANT LOCATION INFORMATION

6600 Bermuda Road

Number and Street Address

Las Vegas, Nevada 89119

City, State, & Zip Code

(702) 770-7000

Phone Number

[REDACTED]

Email Address

www.wynnbet.com

Website

A.7 APPLICANT PRINCIPAL PLACE OF BUSINESS INFORMATION

6600 Bermuda Road

Number and Street Address

Las Vegas, Nevada 89119

City, State, & Zip Code

[REDACTED]

Email Address

Applicant: WSI US, LLC

(702) 770-7000

Phone Number

A.7 PRIMARY CONTACT FOR THIS APPLICATION

[REDACTED]

Name

[REDACTED]

Email Address

[REDACTED]

Title

[REDACTED]

Phone Number

SECTION B: SPORTS WAGERING EXPERIENCE & EXPERTISE

B.1 APPLICANT'S ABILITY TO OFFER SPORTS WAGERING IN THE COMMONWEALTH

Provide a thorough description of the applicant's ability to offer sports wagering in the Commonwealth. This should include the following:

- a. Background in sports wagering
- b. Experience and licensure in other jurisdictions with sports wagering
- c. Plans to offer the platform in coordination with other applicants or person
- d. Intention to limit participation in any allowable sports events

B.2 SPORTS WAGERING EXPERIENCE - DESCRIPTION OF SPORTS WAGERING OPERATION
(Category 1 & 2 Applicants Only)

Provide a thorough description of the sports wagering operation proposed for the Commonwealth. This should include the following:

- a. Description of the customer experience, including options, promotions, and offers
- b. Overview of wagering activity
- c. Estimated volume of wagering activity (*annually*)
- d. Estimated market share within each jurisdiction

B.3 SPORTS WAGERING EXPERIENCE - DESCRIPTION OF SPORTS WAGERING PLATFORM
(Category 3 Applicants Only)

Provide a thorough description of the sports wagering platform to be operated in the Commonwealth. This should include the following:

- a. Description of the customer experience, including options, promotions, and offers
- b. Overview of wagering activity
- c. Estimated volume of wagering activity (*annually*)
- d. Jurisdictions where the platform is currently licensed and operating
- e. Current integration in use with other wagering operators
- f. The number of user accounts maintained
- g. Estimated market share within each jurisdiction

B.4 SPORTS WAGERING EXPERTISE - TECHNICAL FEATURES & OPERATION OF PLATFORM
(Category 3 Applicants Only)

Provide a thorough description of the applicant's expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

- a. Overview of technical standards, features, and operation of the platform
- b. List of all current certifications or approvals from certified independent test labs and jurisdictions
- c. Plan for continuous support, maintenance, and change management of the platform
- d. Outline the features of the platform designed to support the customers
- e. Sample wagering menu the Applicant intends to offer, *pending approval from the Commission*
- f. Description of Applicant's proposed ability to commence mobile sports wagering on the platform
- g. How the Applicant intends to prevent wagering by prohibited persons, including underage persons, problem gamblers, employees, etc.
- h. Outline any technology to be used or features offered that the applicant believes sets their platform apart from those of (potential) other applicants

SECTION C: ECONOMIC IMPACT ON THE COMMONWEALTH

C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

- a. The number of current full-time and part-time employees within the Commonwealth
- b. The number of current work locations within the Commonwealth
- c. The number of proposed full-time and part-time positions that will be created within the Commonwealth
- d. The title, job description, salary, and benefits information for each of the proposed positions
- e. The training that will be required and made available for all proposed positions
- f. The number of proposed work locations that will be created within the Commonwealth
- g. Description of plans for workforce development opportunities for Applicant's staff within the Commonwealth
- h. Outline the strategy for focusing on job opportunities and training in areas and demographics with high unemployment and/or underemployment

C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

- a. Projected figures for sports wagering revenue and methodology used to arrive at these projections
- b. Projected figures for any non-sports wagering revenue and methodology used to arrive at these projections
- c. Projected figures for all tax revenue to the Commonwealth and methodology used to arrive at these projections
- d. Profitability of sports wagering operation (in-person & mobile) in other jurisdictions where the applicant is licensed
- e. History of operating performance versus revenue projections for the last five years for other jurisdictions where the platform is licensed – *includes documentation outlining the applicant's record of success or failure in meeting the performance objectives*
- f. Description of methods to ensure that revenues are maximized within the Commonwealth
- g. Description of plans to compete with other nearby jurisdictions and to market to Massachusetts patrons

C.3 CONSTRUCTION – GAMING ESTABLISHMENTS (for Category 1 Applicants Only)

Provide a thorough description of the location of the proposed sports wagering operation. This should include the following:

- a. A detailed timeline of construction
- b. Proposed location within the gaming establishment, including plans for the construction of a new section within the gaming floor and/or any potential additions to the facility
- c. Approximate square footage of the sports wagering area
- d. Secure location for storing funds issued by a cage, to be used in the operation, including all security measures and procedures

- e. Proposed security and surveillance of the sports wagering area and operation and how the applicant intends to prevent wagering by prohibited persons, including underage persons, problem gamblers, employees, etc.
- f. Reasonable measures the applicant will take to ensure the safety and security of all employees and patrons of any sports wagering related events
- g. Accessibility of patrons to the proposed sports wagering area, including all means of entry and exit, including handicapped access, and the volume of traffic that can be sustained
- h. Number and location(s) of ticket window(s)
- i. Number and location(s) of wagering kiosk(s)
- j. Location and display format for all wagers, available to the public
- k. Location of posting of house rules
- l. *If applicable* – description regarding any proposal of providing food, beverages, and other concessions to patrons

C.4 CONSTRUCTION – LIVE HORSE RACING/SIMULCASTING FACILITY (Category 2 Applicants Only)

Provide a thorough description of the location of the proposed sports wagering operation. This should include the following:

- a. Location of proposed sports wagering operation (*address*)
- b. A detailed timeline of construction
- c. Proposed location of sports wagering area within the facility, including plans for the construction of a new section and/or any potential additions to the facility
- d. Approximate square footage of the sports wagering area
- e. Secure location for storing funds issued by a cage, to be used in the operation, including all security measures and procedures
- f. Proposed security and surveillance of the sports wagering area and operation and how the applicant intends to prevent wagering by prohibited persons, including underage persons, problem gamblers, employees, etc.
- g. Reasonable measures the applicant will take to ensure the safety and security of all employees and patrons of any sports wagering-related events
- h. Accessibility of patrons to the proposed sports wagering area, including all means of entry and exit, including handicapped access, and the volume of traffic that can be sustained
- i. Number and location(s) of ticket window(s)
- j. Number and location(s) of wagering kiosk(s)
- k. Location and display format for all wagers, available to the public
- l. Location of posting of house rules
- m. *If applicable* – description regarding any proposal of providing food, beverages, and other concessions to patrons

Capital Investment

In accordance with G.L. c.23N, §3, Category 2 licensees shall make a capital investment of not less than \$7,500,000.00 within 3 years after receiving a sports wagering license, which the applicant must agree to expend.

Please provide a thorough description, including the following:

- n. How the applicant proposes to realize the required capital investment
- o. The financial commitments and guarantees the applicant is prepared to provide the Commission
- p. How the applicant will ensure that the project is completed, the license conditions are fulfilled, and sufficient working capital is available to allow operation in the promised fashion
- q. Any mitigation measures the applicant will take to reduce any impact on the local community

C.5 COMMUNITY ENGAGEMENT

Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:

- a. Creating partnerships for any community, economic development, and tourism opportunities with local or regional entities including but not limited to the Massachusetts Office of Business Development, Chambers of Commerce, Regional Tourism Councils, and the Massachusetts Marketing Partnership
- b. Plans, measures, and steps the applicant intends to take to avoid any negative impact on the revenues currently generated by the Massachusetts State Lottery, including cross-marketing strategies and increasing ticket sales
- c. Promoting local businesses, including restaurants, hotels, and retail outlets
- d. Cross-marketing with live entertainment venues and/or attractions
- e. Supporting any community enhancements being incorporated at the local level
- f. Highlighting unique business and marketing strategies to draw new revenues from new customers

SECTION D: DIVERSITY, EQUITY, & INCLUSION

D.1 DIVERSITY, EQUITY, & INCLUSION – WORKFORCE

Provide a thorough description of the applicant's willingness to foster racial, ethnic, and gender diversity, equity, and inclusion, within their workforce, both at the corporate level and the proposed entity within the Commonwealth. The information must include:

- a. Applicant's current diversity, equity, and inclusion team – *please include the name and title of those individuals currently identified as part of the diversity, equity, and inclusion staff/team, as well as a copy of their location on the applicant's organizational chart*
- b. Applicant's workforce diversity, equity, and inclusion policy
- c. Workforce demographics, demonstrating the applicant's current workforce diversity
- d. Efforts to be made to cultivate workforce diversity, equity, and inclusion by identifying, recruiting, and hiring minorities, women, persons with disabilities, and veterans
- e. Memberships and/or intentions for joining any local, regional, state, and/or national organizations committed to the development and promotion of diversity, equity, and inclusion initiatives

D.2 DIVERSITY, EQUITY, & INCLUSION - SUPPLIER SPEND

Provide a thorough description of the Applicant's overall and specific goals, applicable to the total dollar amount of contracts, for the utilization of:

- a. Minority-owned business enterprises
- b. Women-owned business enterprises
- c. Veteran-owned business enterprises

Please include how each of these enterprise groups will participate as:

- Contractors in the design and/or building of the sports wagering platform
- Vendors in the execution, maintenance, and/or support of the sports wagering platform
- Vendors in the provision of goods and services

D.3 DIVERSITY, EQUITY, & INCLUSION – CORPORATE STRUCTURE

Provide a thorough description of the Applicant's commitment to diversity, equity, and inclusion initiatives in the Commonwealth. This should include:

- a. The makeup of the Applicant's ownership, leadership, and governance structure, – *including minorities, women, and veterans in positions of leadership throughout the corporate structure*
- a. How the Applicant intends to create joint ventures with corporate partners and/or partnerships with local or regional entities, including but not limited to programs, non-profit organizations, and agencies, dedicated to establishing a welcoming and inclusive experience for all patrons, users, and employees in the Commonwealth

SECTION E: RESPONSIBLE GAMING**E.1 RESPONSIBLE GAMING POLICIES**

Referencing the following documents:

- [MGC Responsible Gaming Framework](#)
- [Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice](#)
- [GameSense Logic Model](#)
- [Responsible Gaming Considerations for Gambling Advertising](#)

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

- a. Commitment to corporate social responsibility
- b. Support positive play
- c. Promote public health and safety
- d. Ensure responsible advertising and marketing
- e. Manage high-risk financial transactions
- f. Engage the community
- g. Commitment to improvement and reporting

E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant's ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

- a. Estimated marketing budget in the Commonwealth
- b. Promotion and player loyalty programs
- c. Advertising plans – *must include information for any third-party marketing firm applicant plans to partner with for advertising in the Commonwealth*
- d. Measures to ensure that marketing reaches the target audience and not underage or vulnerable populations
- e. Player acquisition models – *specify minimum age to participate*
- f. Plans to incorporate responsible gaming and problem gambling information
- g. Strategies for converting those customers wagering via unlicensed or illegal means to wagering legally in the Commonwealth
- h. Examples of marketing, advertising, and promotional materials/activities recently used in other jurisdictions

E.3 HISTORY OF DEMONSTRATED COMMITMENT

Provide a thorough description of the policies and procedures that the applicant has adopted to:

- a. Promote responsible gaming within the gaming establishment or mobile application and in the community
- b. Assist patrons and users that are experiencing gambling-related harm
- c. Cooperate and support any government or regulatory agencies to promote responsible gaming and/or mitigate gambling-related harm
- d. List any membership or partnership with an agency or organization whose mission is in whole, or part, dedicated to responsible gaming or problem gambling
- e. List any awards or recognition the applicant has received, related to efforts to promote responsible gaming, or mitigating gambling-related harms
- f. List any fines, violations, citations, and/or corrective action required by the applicant in response to insufficient or improper policies, procedures, operations, advertising/marketing, and/or any other business related to sports wagering or other gambling enterprises

SECTION F: TECHNOLOGY**F.1 GEOFENCING**

Provide a thorough description of how the applicant will ensure that authorized users placing online sports wagers on their platform are geographically located in the Commonwealth of Massachusetts. This information must include:

- a. Which geolocation system(s) will be utilized to reasonably detect the physical location of an authorized user attempting to place a wager on the platform
- b. How the system will:
 1. Accurately detect the physical location of an authorized user attempting to access or place a wager on the platform through accurate location data sources (Wi-Fi, GSM, GPS)
 2. Block or deny unauthorized attempts to access the platform, or place a wager, from outside of the Commonwealth
 3. Update the IP address and physical location if they change while the user is active on the platform
 4. Identify attempts to circumvent the requirement to be physically located in the Commonwealth
- c. How the applicant will log information received from the system
- d. How the applicant will report the information received from the system to the Commission

F.2 KNOW YOUR CUSTOMER

Provide a thorough description of how the Applicant will ensure the verification of information provided by users opening a new account on the platform.

1. Ensure the integrity of the user's account information
2. Ensure the integrity of a user's device if it indicates tampering or suspicious activity
3. Notify the applicant of potential risks or fraudulent activity

F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

- a. Wager acceptance
- b. Systems for monitoring structured wagers, real-time data feed, and any unusual or suspicious wagering activity
- c. Description, location, and periodic testing of servers
- d. Security of servers, applications, and communications networks
- e. Security of patron personal and wagering information
- f. Integrity monitoring and reporting, including any current affiliations related to integrity monitoring

SECTION G: SUITABILITY

G.1 SUITABILITY – CORPORATE INTEGRITY

Applicants must also complete and submit the following documents, before any suitability investigations or background checks will commence:

- [Massachusetts Gaming Commission Business Entity Disclosure Form](#)
- a. Joint Venture Agreements for the implementation of a sports wagering operation:
 1. Other Applicants
 2. Businesses
 3. Contractors
 4. Vendors

G.2 SUITABILITY - INDIVIDUAL QUALIFIER INTEGRITY

Any Key Persons or Employees associated with an applicant must also complete and submit the following documents, before any suitability investigations or background checks will commence:

- [Massachusetts Gaming Commission Multi-Jurisdictional Personal History Disclosure Form](#)

- [Massachusetts Gaming Commission Supplemental Form](#)

G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

- Documentation demonstrating the financing structure and plan for the proposal, including all sources of capital. *Please include current capital commitments, as well as plan and timing for meeting future capital needs*
- A detailed budget of the proposal cost, including any construction, design, legal and professional, consulting, and all other developmental fees. *Also identify all other pre-launch costs, including training, marketing, and initial startup capital*
- An analysis, including best, worst, and average case scenarios, that demonstrates the applicant's plan and capacity for accommodating steep downturns in revenues, and provides examples of those plans and strategies that have been successful in other jurisdictions
- What are the Applicant's annual liquidity, leverage, and profitability ratios, including current ratio, debt-to-equity ratio, and gross/net margin ratios?
- Information pertaining to contracts, loan agreements, and/or commitments that the applicant has breached or defaulted on during the last ten years. *Provide information for any lawsuit, administrative proceeding, or another proceeding that occurred as a result of the breach or default*
- A description of any administrative or judicial proceeding, during the last ten years, in which the applicant or any entity that owns 5%, or greater share, was found to have violated a statute or regulation governing its operation
- Any bankruptcy filings made, or proceedings commenced, for any entities owned or controlled by the applicant and any entity owning a 5% or greater share of the applicant
- Any financing amounts or ownership interests that are anticipated to come from minorities, women, and/or disadvantaged businesses. *If the applicant, or any portion of the applicant, is a public company, it is not necessary to list shareholders*
- Examples and/or narratives that substantiate the applicant's understanding of and experience with Internal Controls.

G.4 COMPLIANCE

Provide the following information on whether the applicant or its Key Persons has ever:

- Been employed by the Massachusetts Gaming Commission
- Possessed a gaming license (casino, video gaming, charitable games, lottery, pari-mutuel, sports wagering, etc.) issued by any jurisdiction – *if so, please provide a copy of each license*
- Held or holds a direct, indirect, or attributed interest in any business that intends to apply for a license with the Commonwealth
- Withdrawn a gaming license application, in any jurisdiction – *if so, please submit a detailed description of each withdrawal*
- Been denied a gaming-related license or finding of suitability, in any jurisdiction – *if so, submit a detailed statement describing the denial and/or related findings*
- Had a gaming license suspended, in any jurisdiction – *if so, include a detailed statement regarding each suspension*
- Had a gaming license revoked, in any jurisdiction, or has had disciplinary action initiated to revoke a license – *if so, submit a detailed description of each revocation or action initiated*
- Had a gaming license non-renewed or considered for non-renewal, in any jurisdiction – *if so, provide a detailed description of the circumstances*
- Been found unsuitable gaming license non-renewed or considered for non-renewal, in any jurisdiction – *if so, provide a detailed description of the circumstances*

Applicant: WSI US, LLC

SIGNATURE FORMS

Applicant: WSI US, LLC

VERIFICATION AND AUTHENTICATION

The applicant, WSI US, LLC, hereby authorizes the Commission, the Executive Director of the Commission, the Investigations and Enforcement Bureau, and/or their respective designees to take all necessary and reasonable steps to verify and authenticate any information or materials submitted in conjunction with this application and agrees to fully cooperate in such an inquiry. Further, the applicant is aware that if any of the responses to any question in this application are determined to be false, or if they are misleading, the application may be denied. The applicant acknowledges its continuing duty to provide updated information and/or promptly notify the Commission of any changes to the information or materials, of which it becomes aware or should be aware, that were provided in response to any question in this application.




Position with Applicant

Date

Applicant: WSI US, LLC

ATTESTATION

I, , on behalf of WSI US, LLC hereby swear or affirm under the pains and penalties of perjury that the information contained in this Application form and all materials accompanying said form are true and accurate to the best of my knowledge and understanding; that I have reviewed the information contained in the Application form for accuracy; that I read and understand the questions and responses on the Application form; that any document accompanying this Application that is not an original document is a true copy of the original document; that I have read and understood all applicable provisions of 205 CMR and G.L. c.23N; that the applicant agrees to all terms, conditions, and obligations made applicable to all applicants for a sports wagering operator license; that in the event that the applicant is awarded an operator license it agrees to all obligations, terms, and conditions imposed upon a successful applicant; and that I am authorized to submit this application on behalf of the applicant.



Individual

Position with Applicant

Date

Applicant: WSI US, LLC

WAIVER OF LIABILITY

WSI US, LLC

_____ hereby holds the Commonwealth of Massachusetts and its instrumentalities and agents, including but not limited to the Massachusetts Gaming Commission and its agents, representatives and employees harmless, both individually and collectively, from any and all claims of liability for damages of whatever kind, resulting at any time from any disclosure or publication of information acquired during the application process or the use of any information provided in furtherance of this application.



Position with Applicant

Date

B.1 APPLICANT'S ABILITY TO OFFER SPORTS WAGERING IN THE COMMONWEALTH

Provide a thorough description of the applicant's ability to offer sports wagering in the Commonwealth. This should include the following:

a. Background in sports wagering

WSI US, LLC, which operates under the brand WynnBET ("WynnBET"), appreciates the opportunity to present itself as an Applicant to the Massachusetts Gaming Commission for mobile and Internet sports betting operations. WynnBET is the US-facing operating subsidiary of Wynn Interactive Ltd, the majority-owned and controlled digital gaming division of Wynn Resorts, Limited (NASDAQ: WYNN) ("Wynn Resorts").

Wynn Resorts, Limited is the publicly traded owner and preeminent developer of internationally acclaimed, 5-star integrated gaming resorts: Wynn and Encore Las Vegas, Encore Boston Harbor, Wynn Macau, and Wynn Palace (in Macau), with additional properties in the pipeline. Wynn Resorts is widely respected in the global resort industry for its operating excellence, its innovation with respect to guest experience, and its commitment to its employees and the communities in which it operates.

Wynn Resorts also has an extensive history of operating regulated sports betting, including online sports betting in Nevada. Wynn Resorts has operated one of the Las Vegas Strip's most successful retail sports books since it opened in 2005. Following a major renovation in 2017, the Wynn Las Vegas sports book is widely considered best-in-class, [REDACTED]

[REDACTED] Wynn Las Vegas is a leading event wagering destination, [REDACTED]

WynnBET will be responsible for all aspects of online and mobile sportsbook operations for Wynn Resorts, including Massachusetts, as well as regulatory compliance under the laws and regulations authorizing mobile and Internet sports betting. WynnBET brings a wealth of experience and expertise in regulated online sports betting. WynnBET and Wynn Resorts have well established U.S. casino, sports betting, and online gaming operations in Arizona, Nevada, Massachusetts, Colorado, Indiana, Michigan, New Jersey, Tennessee, Virginia, and Louisiana, with more states launching in the future.

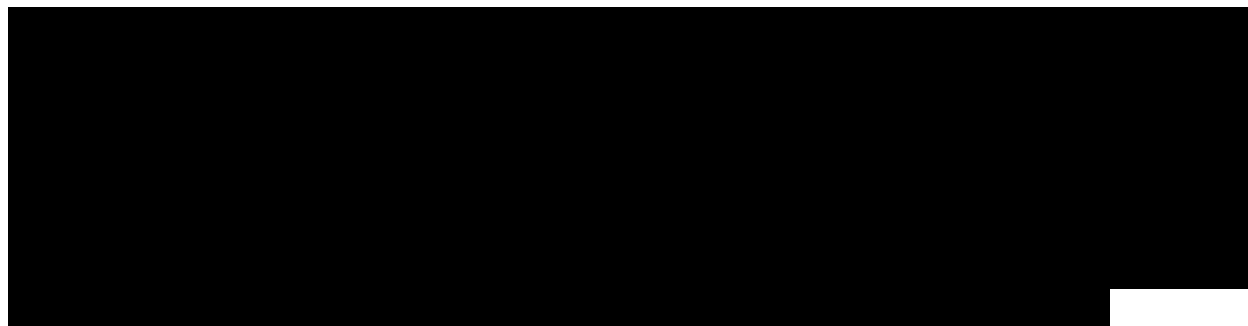
[REDACTED]
WynnBET will also advise on the operations of the retail sportsbook at Encore Boston Harbor.
[REDACTED]

The experience and track record of WynnBET's online and mobile sports betting leadership team is built around the extensive background of its leading executives. Collectively, they have decades of combined digital gaming experience, building and running some of the industry's leading companies.

Ian Williams, President of WynnBET, is a 20-year gaming industry veteran. He joined as Chief Operating Officer in 2021 and later became President. His experience includes serving as President of Online Gaming for Churchill Downs, where he launched their real money digital platforms and grew their online handle every year of his tenure. He also held various leadership roles at other online gaming companies including William Hill, as well as founding successful online businesses, including Thistle Gaming.

Sadok Kohen, Wynn Interactive Ltd. board member and Chief Product Officer, has two decades experience in digital sports betting, previously serving as Head of Innovation at Bwin.Party Digital Entertainment prior to founding BetBull.

Craig Billings, CEO of Wynn Resorts, Wynn Interactive, and WynnBET, previously built a multi-billion-dollar digital gaming business from a small foundation. Mr. Billings is a digital games marketing and retention expert who sits on the board of Applovin and was formerly Chairman of NYX Gaming Group, owner of OpenBet.



Our premium brand positioning is built upon delivering best-in-class customer service and providing guests with world class amenities – this includes real life rewards for online play. Wynn Resorts is proud to have achieved numerous accolades and awards that recognize our efforts in these areas. Wynn Las Vegas and Encore Las Vegas regularly earn Forbes Five-Star status on the Forbes Travel Guide (“FTG”) Star Rating list and are now the largest and second largest FTG Five-Star resorts in the world. With 22 FTG Five-Star hotels, spas, and restaurants collectively across its global portfolio, Wynn Resorts holds the most FTG Five-Star awards of any independent hotel company in the world. Wynn Macau remains the only resort worldwide with eight individual FTG Five-Star awards, achieving the honor yearly. Wynn was also named among the Best Employers for Diversity by Forbes, one of only 13 hotel companies to be recognized. This award recognizes our diverse board and executive ranks, as well as its proactive employee diversity and inclusion initiatives.

We believe that the Wynn Resorts premium brand positioning will be central to WynnBET’s success in Massachusetts, not solely for the name recognition and trusted reputation it conveys, but for what it signifies about our team members. It takes the dedication of [REDACTED] team members globally to provide our guests with unforgettable experiences and exceptional service every moment of every day. Our reputation is earned by the talented and committed people who constitute our organization. It is with this same commitment that the WynnBET team aims to

exemplify Wynn Resorts' tradition of excellence by offering a best-in-class digital sports betting experience to the residents of Massachusetts.

As with everything Wynn Resorts does, we are very protective of our brand reputation and that defines how we approach our WynnBET product.

[REDACTED]

[REDACTED]

We were pleased to see our product recognized by the industry, with Eilers & Krejcie naming it the top scoring new app in their March 2021 performance testing.

[REDACTED]

[REDACTED]

[REDACTED]

Marketing

Our marketing team is highly skilled in acquiring patrons for real money gaming propositions and will deploy years of industry experience in capturing new sports betting customers as well as converting existing consumers.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The Wynn Rewards loyalty program is a retention-focused feature embedded in our product. Our patrons earn benefits within WynnBET, which can generate rewards at Wynn Resorts properties.

[REDACTED]

Product Management/Development

Designers and developers at WynnBET have worked diligently to bring highly differentiated customer-facing features to our U.S. online sports betting product. We are growing our investment in our leading-edge product design and development team to ensure continuity, innovation, and quality.

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Trading and Risk Management

WynnBET employs a skilled team of traders to provide, manage, and administer the betting markets and odds offered in its online sports wagering product.

[REDACTED]

[REDACTED]

[REDACTED]

Customer Operations

Superior customer service is central to Wynn Resorts' operating philosophy given our internal standards for 5-star excellence. To achieve this same level of service, WynnBET employs a highly trained organization of customer service agents and other specialized personnel who manage other important customer operations functions including KYC, AML, and payments. [REDACTED]

[REDACTED] Our customer operations representatives will offer customer service support to Massachusetts patrons twenty-four (24) hours a day, seven (7) days a week. We will scale our operation as volume ramps to comfortably meet the demand. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Wynn Resorts and WynnBET understand the significance placed on compliance with established regulations and the effectiveness of operating controls and procedures in upholding and ensuring the integrity of the gaming industry. [REDACTED]

[REDACTED]

WynnBET is an experienced operator with extensive, proven expertise operating online gaming and sports betting in the U.S. The functional expertise across our operation in the areas of marketing, product development, trading and risk management, and customer operations is fully mature and capable of managing a large state like Massachusetts to the highest level. The

customer-facing features of our product are differentiated and capable of providing WynnBET with sustained competitive advantage. We are fully confident in our ability to deliver tremendous results for the state and people of Massachusetts.

Digital gaming is a marketing intensive business with the expenditure front-end loaded in the customer life cycle.

Wynn Resorts

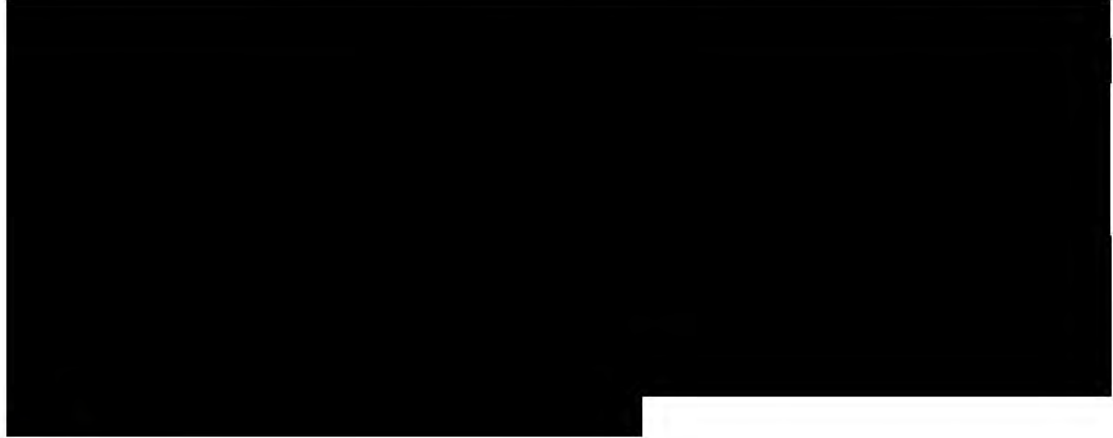
Wynn Interactive's parent company, Wynn Resorts, Limited, has an extensive background and significant experience in gaming and/or wagering activities in other jurisdiction for non-sports betting related activity. Incorporated in 2002, Wynn Resorts, Limited is a Nevada corporation that focuses on designing, developing, and operating luxury integrated resorts.

Wynn Resorts also prides itself in the diversity of its workforce, starting from the top. Five of the ten directors of Wynn Resorts are diverse (women or minorities) and the majority (76%) of Wynn Resorts' active workforce in North America are minorities. According to the Massachusetts Building Trades, during the construction of its newest property in the greater Boston area, Encore Boston Harbor employed more than 450 women, the largest number of women on any construction project in the United States, and set the United States record for gender equity in a construction project.

- (i) Wynn Resorts, Limited operates resorts in North America and Macau. In North America, the company operates Wynn | Encore Las Vegas in Las Vegas, Nevada, and Encore Boston Harbor in Everett, Massachusetts. Internationally, Wynn Resorts, Limited operates two integrated resorts in Macau, SAR, China -- Wynn | Encore Macau and Wynn Palace Cotai.
- (ii) Wynn Resorts, Limited has fostered a strong working relationship with the different regulatory bodies in the jurisdictions it operates. As such, the resorts operated by Wynn Resorts have been authorized and maintain a good standing regarding the necessary licenses to conduct both gaming and non-gaming operations. Wynn Resorts ensures it complies with, and adheres to, regulations set forth by regulatory authorities with frequent external reporting produced and provided by the company's back-of-house operations.
- (iii) Non-sports betting operations conducted at the resorts listed above include traditional gaming (non-sports betting gaming/wagering) activities and non-gaming activities.

Traditional gaming activities include games of chances in the form of slot machines (all denominations) and pit games (table games). Pit games include Baccarat, Pai Gow, Blackjack, Craps, Roulette, and various specialty tables games such as 3 Card Poker, Ultimate Texas Holdem, Let It Ride, and Casino War. Non-gaming operations include hotel, food and beverage, meetings, conventions, entertainment, nightlife, golf, spa, and salon.

(iv)



Wynn Properties



Wynn Las Vegas features two luxury hotel towers with a total of 4,748 guest rooms, suites, and villas, approximately 192,000 square feet of casino space, 33 food and beverage outlets, approximately 507,000 square feet of meeting and convention space (including the 217,000 square foot meeting and convention expansion that opened in February 2020), 160,000 square feet of retail space (the majority of which is owned and operated under a joint venture of which the Company owns 50.1%), as well as two theaters, three nightclubs, a beach club, and recreation and leisure facilities.



Wynn Macau (opened 2006) and its expansion Encore at Wynn Macau (opened 2010) both are located on the Macau peninsula. Wynn Macau features two luxury hotels with a total of 1,010 guest rooms and suites, approximately 252,000 square feet of casino space, 12 food and beverage outlets, approximately 31,000 square feet of meeting and convention space, approximately 66,000 square feet of retail space, a rotunda show, and recreation and leisure facilities.



Wynn Palace, located on Macau's Cotai Strip, opened in August 2016. It features a luxury hotel tower with 1,706 guest rooms, suites, and villas, roughly 424,000 square feet of casino space, 14 food and beverage outlets, approximately 37,000 square feet of meeting and convention space, and 106,000 square feet of retail space and public attractions, including a performance lake, a gondola ride offering convenient street-level access, and an exceptional display of Western and Asian art.



Encore Boston Harbor opened on June 23, 2019, as an integrated resort in Everett, Massachusetts, adjacent to Boston along the Mystic River. The property features a luxury hotel tower with a total of 671 guest rooms and suites, approximately 210,000 square feet of casino space, 13 food and beverage outlets, approximately 71,000 square feet of meeting and convention space, and approximately 8,000 square feet of retail space. Public attractions include a waterfront park, floral displays, and water shuttle service to downtown Boston.



Wynn Interactive is responsible for executing the Wynn Resorts digital interactive strategy for online sports betting and casino. WSI US, LLC, its indirect subsidiary, operates under the WynnBET brand in the United States.

[REDACTED] Wynn Interactive, through WSI US, LLC, first launched its sports betting product in New Jersey in August 2020. [REDACTED]

[REDACTED] WynnBET is the customer facing mobile, desktop and web brand with a unique, innovative best-in-class mobile sports betting platform, featuring an easy-to-use interface and state of the art technology.

Following the launch of WynnBET in late 2020, WynnBET has rapidly expanded its interactive business and sought strategic partners for local market entry. WynnBET is currently operating its platform in nine U.S. states: Arizona, Colorado, Indiana, Michigan, New Jersey, Tennessee, and Virginia, [REDACTED]

[REDACTED] All licenses are in good standing with the local regulatory authority, and WynnBET prides itself on maintaining outstanding relationships with our regulatory agency partners.

B.1 APPLICANT'S ABILITY TO OFFER SPORTS WAGERING IN THE COMMONWEALTH

Provide a thorough description of the applicant's ability to offer sports wagering in the Commonwealth. This should include the following:

b. Experience and licensure in other jurisdictions with sports wagering

A summary of our WynnBET gaming and sports wagering licenses, along with affiliates of our indirect parent company, Wynn Resorts, Limited:

- Arizona: WynnBET went live in September 2021 with mobile and Internet sports betting. [REDACTED]
- New Jersey: WynnBET went live in New Jersey in August 2020 after receiving licensing and platform certification from the New Jersey Division of Gaming Enforcement for online casino and sports betting. [REDACTED]
- Colorado: WynnBET went live in Colorado in late December 2020 upon receiving licensure from the Colorado Division of Gaming [REDACTED]
- Virginia: WynnBET went live in Virginia in early March 2021 after being awarded licensure in a competitive selection process by the Virginia Lottery [REDACTED]
- Indiana: WynnBET went live in Indiana in early April 2021 upon receiving licensure from the Indiana Gaming Commission. [REDACTED]
- Tennessee: WynnBET went live in Tennessee in late April 2021 after a licensing application and review process with the Tennessee Education Lottery. [REDACTED]
- Michigan: WynnBET went live in January 2021. [REDACTED]

- New York: WynnBET launched in February 2022, after receiving a highly coveted license in New York state, through a competitive bid process. [REDACTED]
- Louisiana: WynnBET launched in February 2022 and maintains a steady position in Louisiana. [REDACTED]

[REDACTED]

Wynn Resorts, Limited (subsidiaries/affiliates)

- Nevada: Wynn Las Vegas maintains its nonrestricted gaming license in the state of Nevada, which includes retail sports betting. [REDACTED]
- Massachusetts: Encore Boston Harbor currently operates in Massachusetts under a state-sanctioned casino license and awaits approval for retail sports wagering. WynnBET will assume operations of mobile sports wagering upon launch and provide trading and support services to Encore Boston Harbor.
- Macau Special Administrative Region (SAR): Wynn Resorts owns multiple resorts in Macau on the Macau Peninsula and the Cotai Strip with a license from the Gaming Inspection and Coordination Bureau (DICJ).
- UAE: In January 2022, Wynn Resorts announced a partnership with Marjan to develop a multibillion-dollar resort in Ras Al Khaimah. The resort is scheduled to open in 2026 and will be the first gaming resort in the Middle East/North Africa (MENA) region.

Wynn Resorts has also been a significant investor in the communities in which it operates its properties. Wynn Resorts and WynnBET have been significant charitable partners to the communities in which they operate. In terms of invested capital, Wynn Resorts has invested over [REDACTED] in its core portfolio of properties across the globe. Each of these investments directly benefits the local host community. As a strong local partner, we've also invested heavily in the local communities through our employment and operating activities. Massachusetts will be no exception, as we look to the state as a strong local partner for statewide mobile sports wagering operations.

[REDACTED]



B.1 APPLICANT'S ABILITY TO OFFER SPORTS WAGERING IN THE COMMONWEALTH

Provide a thorough description of the applicant's ability to offer sports wagering in the Commonwealth. This should include the following:

c. Plans to offer the platform in coordination with other applicants or person

WSI US, LLC is providing managed trading services to Wynn MA, LLC for retail sports betting at Encore Boston Harbor. Wynn MA, LLC is providing market access for mobile sports betting operations to WSI US, LLC in Massachusetts.

B.1 APPLICANT'S ABILITY TO OFFER SPORTS WAGERING IN THE COMMONWEALTH

Provide a thorough description of the applicant's ability to offer sports wagering in the Commonwealth. This should include the following:

d. Intention to limit participation in any allowable sports events



B.3 SPORTS WAGERING EXPERIENCE – DESCRIPTION OF SPORTS WAGERING PLATFORM

Provide a thorough description of the sports wagering platform to be operated in the Commonwealth. This should include the following:

a. Description of the customer experience, including options, promotions, and offers

In addition to our marketing and branding advantages, WynnBET also has a significant advantage in product that will allow it to further accelerate its market growth and customer acquisition efforts. The Wynn Resorts’ philosophy of paying attention to every detail has been applied to the development of our mobile sports betting product. WynnBET was developed with an innovative approach to sports betting and a product that is unique compared to all our competitors. WynnBET not only heightens the quality of the core betting experience but also integrates differentiating product features and market types.

Core to Wynn’s company DNA is a relentless focus on product and customer experience. Our digital sports betting strategy is no different. Central to our offering is an ability to differentiate into a competitive market by transforming mobile betting and gaming beyond the solitary transactional activity targeted at “sharp bettors.” Through the strength of our Wynn brand and leveraging the best-in-class assets that drive customer loyalty.

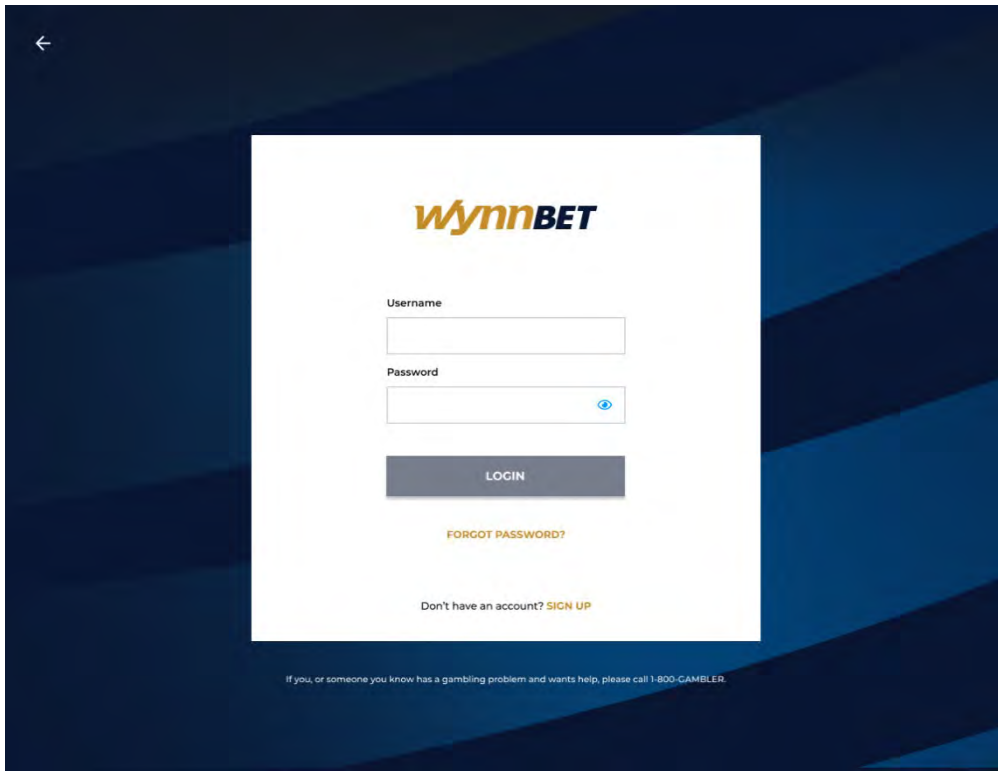
Our WynnBET mantra is “Bet with the Best.” WynnBET strongly believes that putting the customer and a community of like-minded people at the center of the experience where the focus is on the recreational, emotional aspect of the activity adds immense value, making the interaction an unforgettable one. This experience is also rewarded through our integration with Wynn Rewards and access to our best-in-class resort properties, where customer loyalty is incentivized and rewarded. We also bring to market and continue to develop unique features that are focused on making the customer feel connected to one another, part of something special, and extending such connection to Wynn’s 5-star resorts, globally renowned for their excellence in hospitality.

As we overview the customer experience, we have provided selected imagery of the customer journey to highlight a patron’s experience in the app. Initially, our patrons will go to the app store for their selected device type and choose to download the WynnBET app. Essentially, this is the beginning of the experience, unless they have interacted with a field staff member to assist in the process.

From here a customer will either complete the sign-up process or login to their account. Once they establish an account, they’ll be able to place wagers. Otherwise, patrons are only allowed to see posted offers and wagering markets (based upon regulations in each state). [REDACTED]

[REDACTED]

Our initial login and registration forms are reflected below:



The login form features the WynnBET logo at the top. Below it are two input fields: 'Username' and 'Password'. The password field includes a toggle icon for visibility. A 'LOGIN' button is positioned below the fields, followed by a 'FORGOT PASSWORD?' link. At the bottom, there is a 'SIGN UP' link for users who do not have an account. A responsible gambling notice is located at the very bottom of the page.

wynnBET

Username

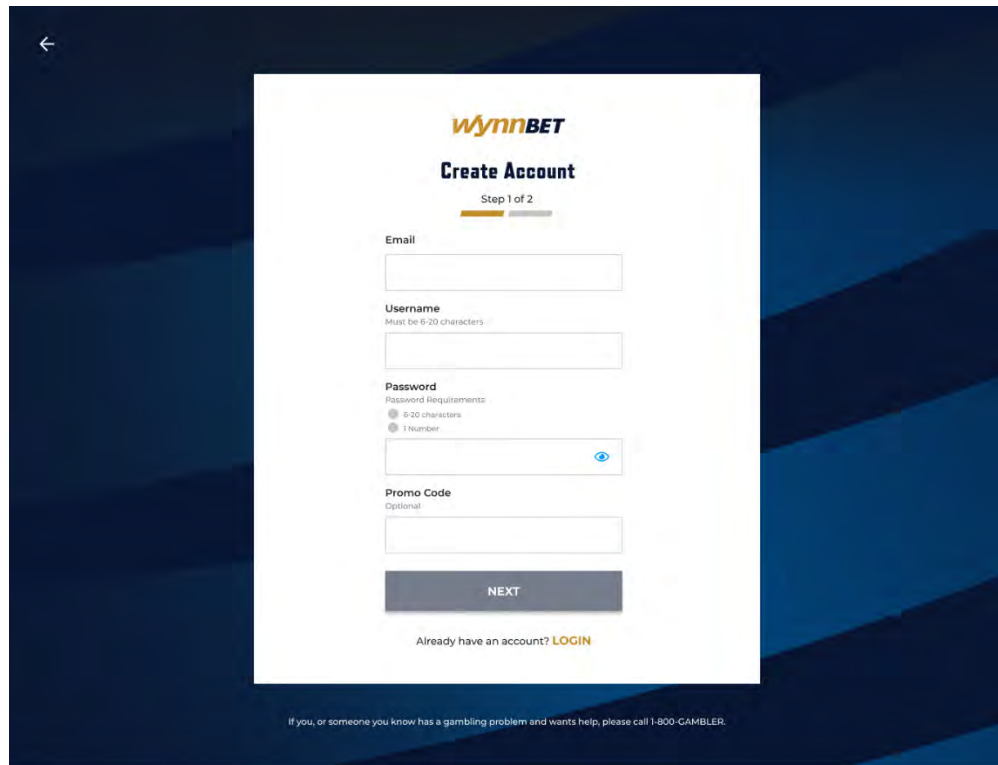
Password

LOGIN

[FORGOT PASSWORD?](#)

Don't have an account? [SIGN UP](#)

If you, or someone you know has a gambling problem and wants help, please call 1-800-GAMBLER.



The registration form is titled 'Create Account' and is labeled as 'Step 1 of 2'. It contains four input fields: 'Email', 'Username' (with a note 'Must be 6-20 characters'), 'Password' (with requirements for 6-20 characters and 1 number), and 'Promo Code' (marked as optional). A 'NEXT' button is located below the fields. A 'LOGIN' link is provided for users who already have an account. A responsible gambling notice is at the bottom.

wynnBET

Create Account

Step 1 of 2

Email

Username

Must be 6-20 characters

Password

Password Requirements:

- 6-20 characters
- 1 Number

Promo Code

Optional

NEXT

Already have an account? [LOGIN](#)

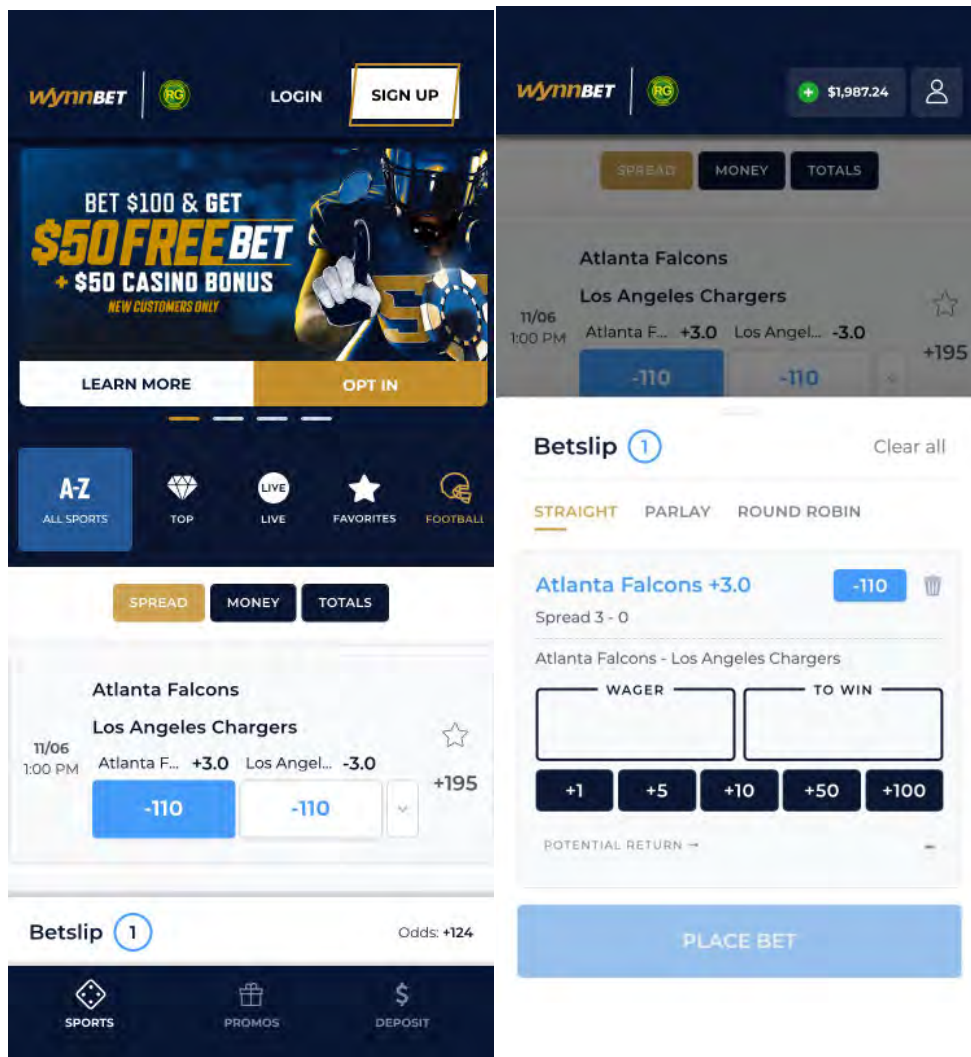
If you, or someone you know has a gambling problem and wants help, please call 1-800-GAMBLER.

B.3 SPORTS WAGERING EXPERIENCE – DESCRIPTION OF SPORTS WAGERING PLATFORM

Provide a thorough description of the sports wagering platform to be operated in the Commonwealth. This should include the following:

b. Overview of wagering activity

Once registered, a patron will be able to select and place wagers. As the patron selects their wager, we'll provide them with any special offers and a wager confirmation, to ensure they are making the wager and offer, as expected. From there, we'll also provide a confirmation of the bet slip to show the wager was placed, as required.



The following section highlights some of the innovative customer-facing features that differentiate WynnBET's approach from the rest of the operator offerings in the market:

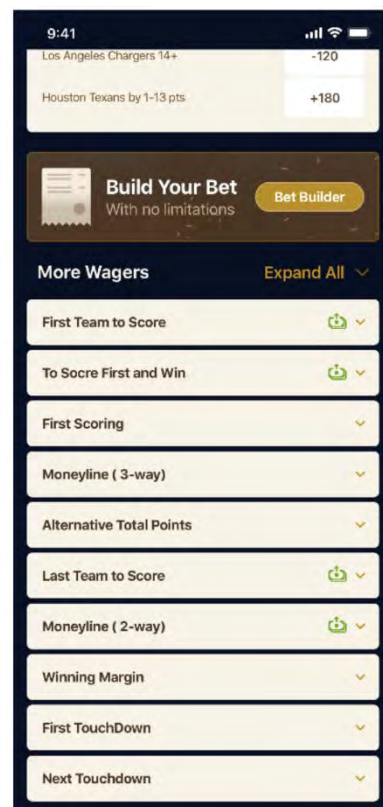
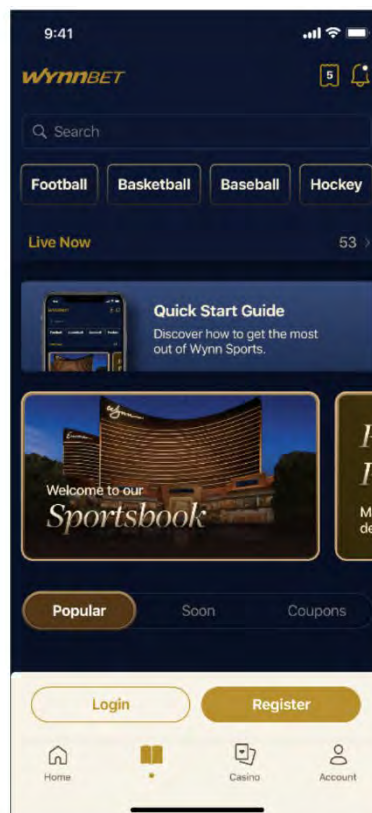
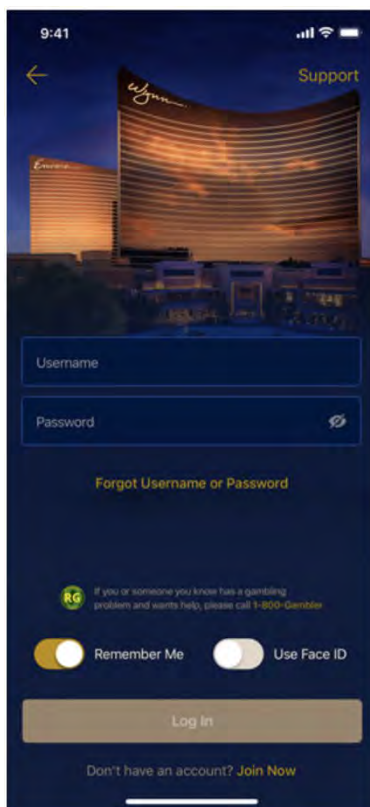
Native Powered User Experience

Our mobile users benefit from a fully native experience on Android and iOS, providing our patrons with a best-in-class performance throughout their user journey, in addition to desktop and mobile offerings.

WynnBET truly cares and emphasizes the importance of aesthetics and artistic design quality which reflects in every single page, image, and button of the WynnBET user interface. Our goal is to be as impactful on mobile users with our design as Wynn is with visitors to our integrated resorts.

As evidence of our pursuit of excellence, the first thing our users will notice and appreciate are the high-quality graphics and layout of our sportsbook user interface. While exploring the application the patron will experience a lightning fast and smooth user experience, filled with beautiful animations and transitions from page to page.

Our combination of speed, performance, usability, and artistic design truly makes the experience of WynnBET stand apart from our competition. Some examples of our past imagery in other states:

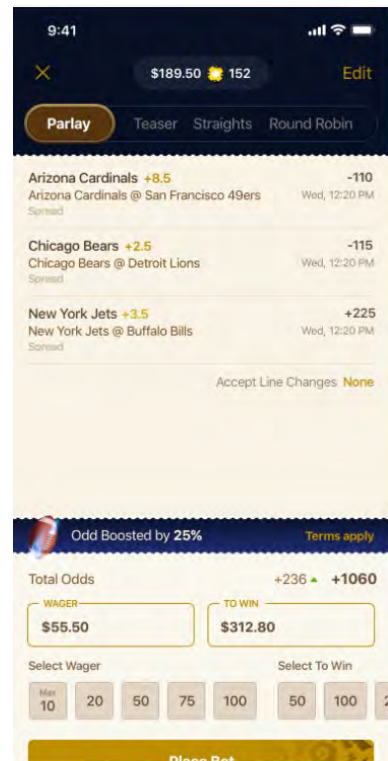
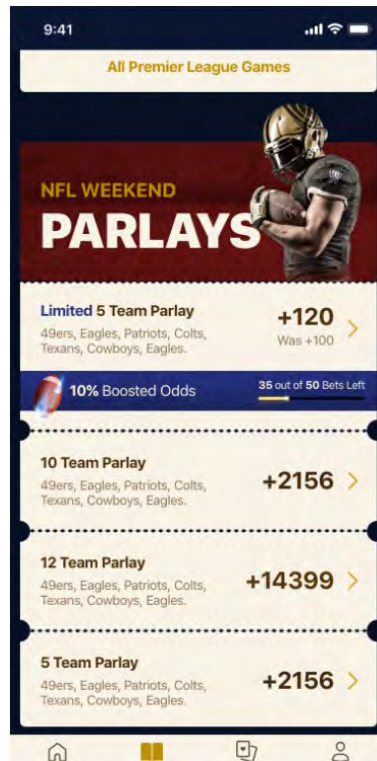


Boosted Parlays

A hugely popular feature with our players is our Boosted Parlays. Our trading teams regularly pick a popular parlay and then ‘boost’ the total odds by as much as 50%. The patron can easily find these amazing offers on the sports book homepage and place their wager with just a couple of clicks.

Boosted Parlays can be limited to a fixed number of wagers, for example 500 (1 per patron) and are available on a first come first served basis, driving players to return to the site frequently to ensure that they do not miss out.

When a Boosted Parlay wins, the extra winnings are paid instantly in cash to the patron’s withdrawable balance. Boosted Parlays are offered on every major sport and on a wide range of markets. Our team works to merchandise and design Boosted Parlays with creative and enticing combinations. The images below reflect our product offerings in other states. Massachusetts will be on a new platform, which will be rolled out across the United States in 2023.



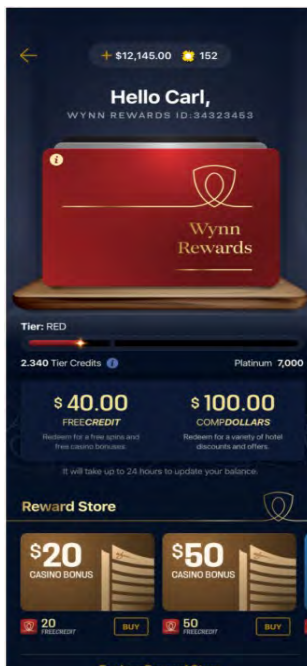
Wynn Rewards-Product Integration

As the gaming industry's finest loyalty program, we offer the most highly sought-after rewards in Las Vegas and Boston with full integration into the WynnBET experience. Our seamless customer experience allows members to effortlessly pair their WynnBET account with their Wynn Rewards account to view all their program member benefits and balances in the WynnBET application. Every wager a member places online or at any Wynn Resorts' property will accumulate Free*CREDIT*, Comp*DOLLARS*, and Tier points.

- Free*CREDIT* can be redeemed online in the WynnBET Rewards store for incredible rewards, such as bonuses and free bets.
- Comp*DOLLARS* can be redeemed at Wynn Resorts' properties to enjoy dinner at award-winning restaurants like Mizumi and Lakeside, priority access to venues and events, spa indulgences, and member-exclusive savings on their next getaway.
- Tier Points allow the member to progress through the program from Red to Platinum and ultimately Black where the most incredible member tier benefits await.

New rewards can easily be added to the WynnBET Rewards Store by our marketing teams. We also provide time-based discounts and promotions, such as a "Black Friday" sale where patrons can receive double the reward for their Free*CREDIT*s redemption. The integration of all these features into our product allows for a superior user experience that coincides with the marketing programming aspects.

These images reflect Wynn Rewards integration in other states, which will be nearly identical to the look and feel of our Massachusetts offering. As we await final regulatory guidance and product development, we'll be able to overview the exact customer journey a patron will see.



As it relates to promotions provided by WynnBET, in addition to the traditional betting related giveaways, WynnBET also provides access to hospitality amenities at the most iconic gaming properties in the world, Encore Boston Barbour and Wynn & Encore Las Vegas. Below is a description of some of our promotions (in greater detail than app snapshots).

ONCE-IN-A-LIFETIME EXPERIENCES

WynnBET players have earned an all-inclusive VIP experience at Allegiant Stadium’s Wynn Field Club for a Raiders’ game; played a round of golf for free at Wynn Golf Club; and attended events that were closed to the public in Las Vegas. Take a look at some previous experiences we’ve offered:

WynnBET Arizona State Launch

As a special thank you to its players in Arizona, WynnBET awarded one patron and seven friends with a VIP trip to Las Vegas and a two-night stay at Wynn Las Vegas. The winner, who had never flown on an airplane, rode in a luxury town car from his arrival in Las Vegas to Wynn Las Vegas. He and his friends caught all the action just steps away from the field while also getting to experience a premier Las Vegas-style nightclub in an NFL stadium.

Access to a top-tier sports event closed to the public: “The Match” Giveaway

In November 2021, professional golfers Brooks Koepka & Bryson DeChambeau took their talents to Wynn Golf Club for a 12-hole exhibition. WynnBET provided a winner and a guest with a VIP experience to “The Match,” giving them unparalleled access to an event closed to the public. The

winner simply needed to make a \$25 sports wager on WynnBET to be entered into the drawing, and with that won a three-night stay at Wynn Las Vegas in addition to their VIP tickets to the event.

Partying with The Chainsmokers at Encore Beach Club: The “Ultimate Encore Beach Club Experience”

WynnBET went all out for its marquee promotion of summer 2022. A winner from New York and 11 of his closest friends won a VIP experience to Encore Beach Club that included bottle service and admission to see the award-winning artists, The Chainsmokers. The winner also received six rooms for two nights at Wynn Las Vegas, dinner at Casa Playa, limo chauffeur service, and a dedicated VIP host for the length of their stay.

All the winner did was opt-in to the promotion and bet \$500+ on any sport during the promotion period to be entered into the prize draw.

BET & EARN FIVE STAR REWARDS

WynnBET is the only online gaming platform that provides its players with access to the premier luxury hospitality resorts in Las Vegas. WynnBET patrons are a part of Wynn Rewards, which combines more benefits and rewards with the extraordinary five-star experiences that you've come to expect from Wynn and Encore Las Vegas as well as Encore Boston Harbor.

Luxury hotel stays

- WynnBET players have earned member-exclusive savings on multiple getaways to Las Vegas.

Five-star dining experiences

- WynnBET players can enjoy a dinner at award-winning restaurants such as Japanese venue Mizumi from star chef Min Kim or a world-class view of the Lake of Dreams at Lakeside when staying at Wynn Las Vegas.

Exclusive access

- Priority access to venues and events at Wynn and Encore Las Vegas.

Unmatched golf experiences

WynnBET players have received a round of golf for free at the only golf course on the Las Vegas strip, Wynn Golf Club. Wynn Golf Club is a 6,722-yard, par-70 championship length golf course and is considered one of the best courses in Las Vegas. Located on the site of the legendary Desert Inn Golf Club, the golf course, designed by Tom Fazio and recently updated by his son, Logan, offers elevation changes and uncharacteristic water hazards on 12 of the Las Vegas course's 18

picturesque holes. The golf amenities at Wynn Las Vegas, a Forbes Travel Guide five-star luxury hotel, are regarded as second to none.

ENJOY A GAME THE WYNN WAY

WynnBET's partnerships provide players the opportunity to engage with brand ambassadors including four-time NBA champion Shaquille O'Neal, Oscar-winner Ben Affleck, and three-time Super Bowl champion Julian Edelman. Fans looking for action and a little extra juice can receive exclusive promotions at WynnBET branded spaces, including odds boosts, free bets, casino bonuses and more from WynnBET.

We have also partnered with major sports organizations to offer exclusive experiences. Some examples:

WynnBET Green Room: MetLife Stadium

WynnBET's partnership with the New York Jets provides its players with access to an exclusive lounge at MetLife Stadium, the WynnBET Green Room. The 4,800-SF space has hosted multiple events for WynnBET patrons and Jets' fans, including a meet and greet with WynnBET ambassador Nick Mangold.

WynnBET Sports Bar: Ford Field

WynnBET's partnership with the Detroit Lions provides fans an opportunity to attend the WynnBET Sports Bar at Ford Field, located near section 222 of the stadium.

WynnBET Club: Lucas Oil Stadium

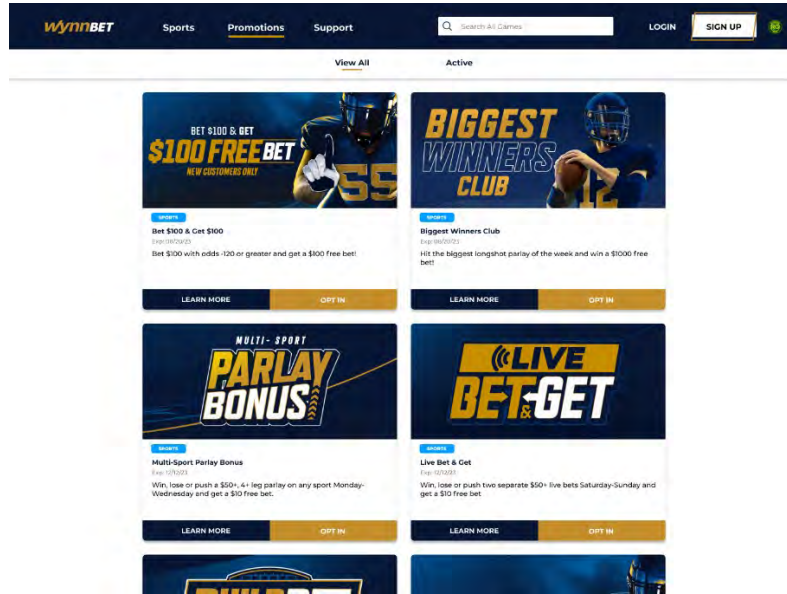
WynnBET's partnership with the Indianapolis Colts offers fans a chance to visit the WynnBET Club at Lucas Oil Stadium, which features a luxurious sports bar as well as opportunities to meet Colts' legends and alumni at games including Super Bowl XLI champion & WynnBET ambassador Robert Mathis.

WynnBET Lounges: Richmond Raceway & Martinsville Speedway

WynnBET's partnership with NASCAR features two lounges, located at Richmond and Martinsville. Each space offers a sports betting environment with the trappings of Wynn Resorts' posh flagship property in Las Vegas. WynnBET ambassador Chris Long made an appearance at the Richmond venue in April 2022 after serving as the Honorary Pace Car Driver for the Toyota Owners 400.

SPORTBOOK PROMOTIONS

WynnBET has the best online casino and sportsbook promotions with dozens of new sign-up offers, concierge offers tailored specifically to each customer's preferences. In addition to app, we also offer web offering. Here's an image of our website promotions page:



B.3 SPORTS WAGERING EXPERIENCE – DESCRIPTION OF SPORTS WAGERING PLATFORM

Provide a thorough description of the sports wagering platform to be operated in the Commonwealth. This should include the following:

c. Estimated volume of wagering activity (*annually*)

[REDACTED]

[REDACTED]

B.3 SPORTS WAGERING EXPERIENCE – DESCRIPTION OF SPORTS WAGERING PLATFORM

Provide a thorough description of the sports wagering platform to be operated in the Commonwealth. This should include the following:

d. Jurisdictions where the platform is currently licensed and operating

WSI US, LLC is currently licensed and operating in the following jurisdictions:

1. Arizona
2. Colorado
3. Indiana
4. Louisiana
5. Michigan
6. New Jersey
7. New York
8. Tennessee
9. Virginia

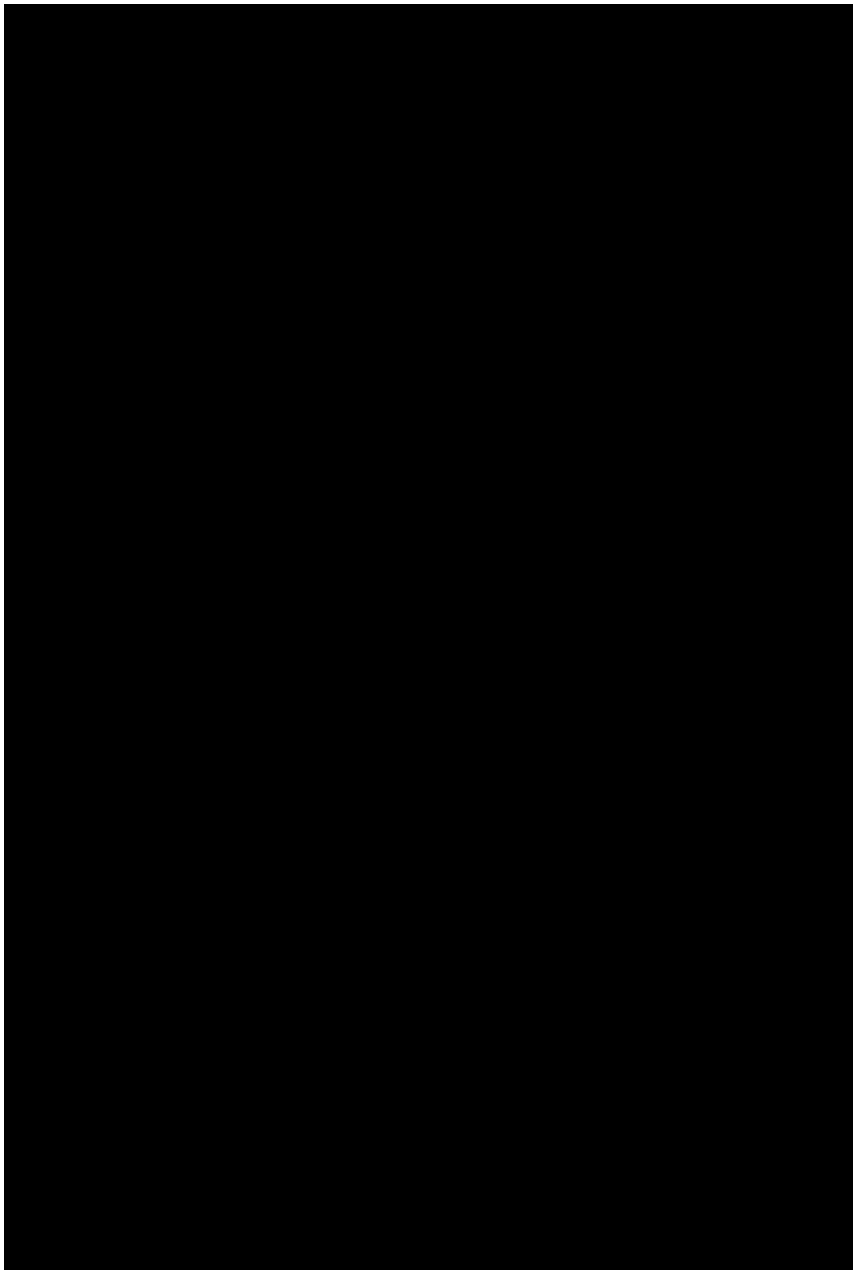
B.3 SPORTS WAGERING EXPERIENCE – DESCRIPTION OF SPORTS WAGERING PLATFORM

Provide a thorough description of the sports wagering platform to be operated in the Commonwealth. This should include the following:

g. Estimated market share within each jurisdiction

For market share projections, it should be noted that market share reflects a snapshot in time.





B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

a. Overview of technical standards, features, and operation of the platform

The following, [REDACTED], are the overview of the technical standards, features and operation of the platform.

B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

b. List of all current certifications or approvals from certified independent test labs and jurisdictions:

[REDACTED]

B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

c. Plan for continuous support, maintenance, and change management of the platform

Our plan for continuous support, maintenance, and change management of the platform will be a joint effort with the platform provider , [REDACTED] , and WSI US, LLC dba WynnBET as the Category 3 Sports Wagering Operator.

The following is our Change Management Process that has been accepted and approved in numerous jurisdictions.

WynnBET has a change management process designed to minimize the risk of changes impacting the IT environment in a negative or unanticipated way. Change requests are typically application, hardware, software network or regulation-based changes.

WynnBET will identify a need for a change [REDACTED]

Testing

The testing phase begins after all development points have been met. During this phase stakeholders will validate the change through a series of predefined tests. The tests are unique to the change and must be kept as supporting documentation throughout the change control process.

Implementation

[REDACTED] WynnBET will document the processes and procedures for the implementation phase and make them available to the commission upon request.

The nature of required changes will determine whether or not submission to an Independent Test Lab (ITL) is warranted. Typically, formal ITL submission is required should the change(s) effect, at a minimum, [REDACTED]

[REDACTED]

All changes, regardless of classification level (see “**Classification of Changes**” for examples), will be recorded on a Change Management Log (CML), which can be provided to the commission upon request.

The CML shall contain, at a minimum, the below information:

- Date/Time of change;
- Description and reason for the change, including each regulated control component affected.
 - If the component is considered as hardware, the physical location of the affected hardware will be included;
- Name or other user ID of the WynnBET employee who authorized the change be done;
- Commission approval date, if applicable;
- [REDACTED]

As a part of the change management process, WynnBET will [REDACTED]

Classification of Changes (examples, not all inclusive):

Level 1 – [REDACTED]

- [REDACTED]

Level 2 – [REDACTED]

- [REDACTED]

• [Redacted]

Level 3 – [Redacted]

[Redacted]

Emergency – [Redacted]

[Redacted]

WynnBET will submit all changes, regardless of level prior to deployment in the form prescribed by the commission.

E-mails will be provided in a form as required by the commission to include [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

- Geolocation;
- Any wager/payout/settlement inaccuracies;
- System instability which results in negative impact to day-to-day operations.

All requests for Level 2 or 3 changes which are determined to be an emergency will be provided to the commission as soon as possible to include a reason for emergency action, the date/time deployed and the critical file(s) impacted.

B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

d. Outline the features of the platform designed to support the customers

Customer Features

Once a WynnBET account is established, patrons are able to login using biometrics in the form of fingerprint and/or facial recognition.

Upon successful login, patrons may optionally opt-in for strong authentication.

Patrons are offered a wide range of options for deposit/withdrawal methods to include ACH VIP Preferred, Debit card, Sightline Play+, PayPal, wire transfer and cash at cage (as allowed by regulation). Credit cards may be used as a source of funding based upon regulation. However, withdrawals cannot be processed to a credit card.

Six months of transaction history is available to patrons through the application.

Patron winning wagers are settled to their wallet in near real-time.

WynnBET patrons have access to Customer Support within the app via e-mail or chat.

WynnBET patrons can request Win/Loss statements.

WynnBET patrons are provided with easy access to responsible gaming tools, whether or not they are logged into their account.

WynnBET prevents a patron from having a negative balance on their account.

WynnBET patrons have the option to be provided or to opt-out of notifications for multiple events, to include login, when a bet is won/settled, when a deposit is made, when a withdrawal is requested, etc.

WynnBET patrons can set a “cool-off” period as part of Responsible Gaming. The time period minimum will be determined based upon regulation.

WynnBET patrons may easily set various limits on his or her account as part of Responsible Gaming. These limits include:

- **Time:** A patron may set time limits on their account which identifies a maximum time spent gaming in a single day or week. Once the maximum time limit is reached, the player will no longer be able to wager until the timeframe specified has elapsed. Patrons will be able to complete any active game round of play.
- **Deposit:** A patron may set a deposit limit which limits the amount of funds they may deposit into their WynnBET account during a specified timeframe. (i.e., day, week or

month). Once the patron has reached their specified deposit limit, the patron will no longer be able to make deposits until the timeframe specified as elapsed.

- **Spend:** A patron may set a spending limit which limits the amount of funds that may be wagered during play for a specified timeframe (i.e., day, week or month). The patron may choose a maximum amount to put at risk during the specified time period. When the patron has reached their maximum spend limit (their true spend limit, not offset by winning wagers), they will no longer be able to wager until the timeframe specified has elapsed.

The above limits are set and may be adjusted within the Responsible Gaming section of the WynnBET application by following the prompts. Initial self-limits and changes which are more restrictive to the patron will take effect immediately. Changes which are less restrictive (such as an increase in a daily limit of \$50 to \$200) will go into effect 24 hours after the change is made. Any increase to weekly limits shall become effective the following week and any increase to monthly limits will become effective the following month.

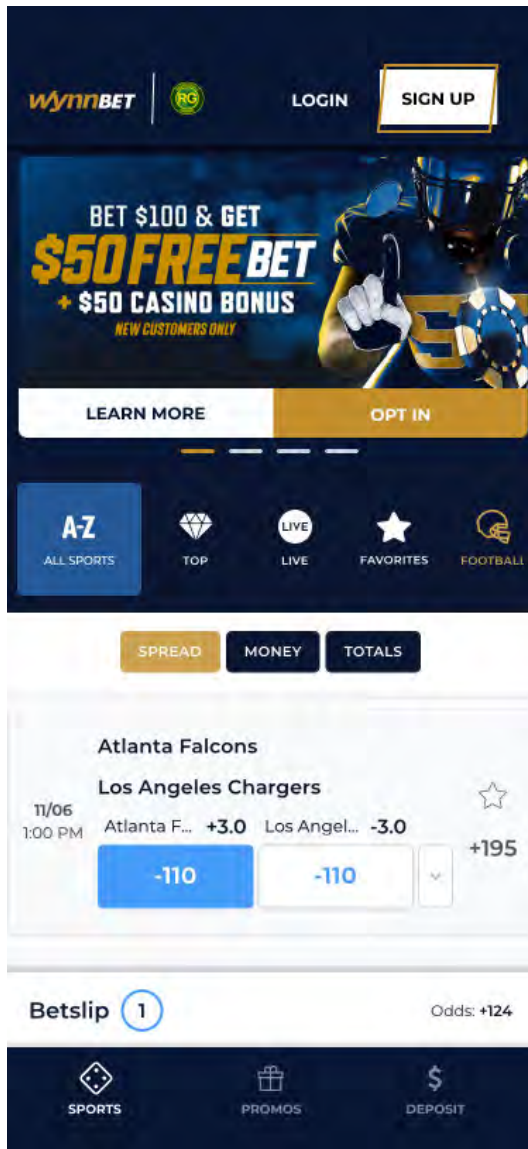
Live odds on the WynnBET platform are provided in real time and any odds, line or price changes updated while in the mobile application are clearly highlighted via red and green arrows. Changes which are identified while a patron is in the bet slip provide a prompt to the patron to accept the change before submitting the wager. Patrons are provided the option to decline the change and return to the sports menu.

B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

e. Sample wagering menu the Applicant intends to offer, pending approval from the Commission

The following is a sample wagering menu screen of what we plan to offer, pending approval from the Commission. Please note that we also provide our Sports Wagering Catalog for Commission approval prior to launch.



B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

f. Description of Applicant’s proposed ability to commence mobile sports wagering on the platform

WSI US, LLC, which operates under the brand WynnBET (“WynnBET”), appreciates the opportunity to present itself as an Applicant to the Massachusetts’s Gaming Commission for mobile and Internet sports betting operations. WynnBET, is the US-facing operating subsidiary of Wynn Interactive Ltd, the majority-owned and controlled digital gaming division of Wynn Resorts, Limited (NASDAQ: WYNN) (“Wynn Resorts”).

Wynn Resorts Limited is the preeminent developer and operator of internationally acclaimed, 5-star integrated gaming resorts. Wynn Resorts is the publicly traded owner and operator of four luxury integrated resorts: Wynn and Encore Las Vegas, Encore Boston Harbor, Wynn Macau, and Wynn Palace (in Macau), with additional properties in the pipeline. Wynn Resorts is widely respected in the global resort industry for its operating excellence, its innovation with respect to guest experience, and its commitment to its employees and the communities in which it operates.

Wynn Resorts also has an extensive history of operating regulated sports betting, including online sports betting in Nevada. Wynn Resorts has operated one of the Las Vegas Strip’s most successful retail sports books since it opened in 2005. Following a major renovation in 2017, the Wynn Las Vegas sports book is widely considered best-in-class, [REDACTED]

[REDACTED] Wynn Las Vegas is a leading event wagering destination, [REDACTED]

WynnBET will be responsible for all aspects of online and mobile sportsbook operations for Wynn Resorts through WSI US, LLC, including Massachusetts, as well as regulatory compliance under the statute authorizing mobile and Internet sports betting. WynnBET brings a wealth of experience and expertise in regulated online sports betting. WynnBET, Wynn Interactive and Wynn Resorts, have well established US casino, sports betting and online gaming operations in Arizona, Nevada, Massachusetts, Colorado, Indiana, Michigan, New Jersey, Tennessee, Virginia and Louisiana, with more states launching in the future.

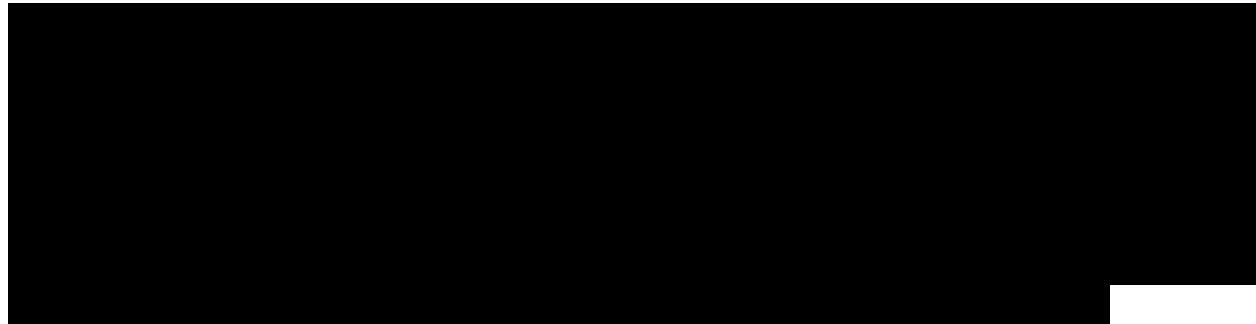
[REDACTED] WynnBET will also advise on the operations of the retail sportsbook at Encore Boston Harbor. [REDACTED]

The experience and track record of WynnBET’s online and mobile sports betting leadership team is built around the extensive background of its leading executives. Collectively they have decades of combined digital gaming experience, building and running some of the industry’s leading companies.

Ian Williams, President of WynnBET, is a 20-year gaming industry veteran. He joined as Chief Operating Officer in 2021 and later became President. His experience includes serving as President of Online Gaming for Churchill Downs, where he launched their real money digital platforms and grew their online handle every year of his tenure. He also held various leadership roles at other online gaming companies including William Hill, as well as founding successful online businesses, including Thistle Gaming.

Sadok Kohen, WynnBET board member and Chief Product Officer, has two decades experience in digital sports betting, serving as Head of Innovation at Bwin.Party Digital Entertainment prior to founding BetBull.

Craig Billings, CEO of Wynn Resorts, Wynn Interactive and WSI US, LLC previously built a multi-billion-dollar digital gaming business from a small foundation. Mr. Billings is a digital games marketing and retention expert who sits on the board of Applovin and was formerly Chairman of NYX Gaming Group, owner of OpenBet (now SG Digital, a Scientific Games company).



Our premium brand positioning is built upon delivering best-in-class customer service and providing guests with world class amenities – this includes real life rewards for online play. Wynn Resorts is proud to have achieved numerous accolades and awards that recognize our efforts in these areas. Wynn Las Vegas and Encore Las Vegas regularly earn Forbes Five-Star status on the Forbes Travel Guide (“FTG”) Star Rating list and are now the largest and second largest FTG Five-Star resorts in the world. With 22 FTG Five-Star hotels, spas and restaurants collectively across its global portfolio, Wynn Resorts holds the most FTG Five-Star awards of any independent hotel company in the world. Wynn Macau remains the only resort worldwide with eight individual FTG Five-Star awards, achieving the honor yearly. Wynn was also named among the Best Employers for Diversity by Forbes, one of only 13 hotel companies to be recognized. This award recognizes our diverse board and executive ranks, as well as its proactive employee diversity and inclusion initiatives.

We believe that the Wynn Resorts premium brand positioning will be central to WynnBET’s success in Massachusetts, not solely for the name recognition and trusted reputation it conveys, but for what it signifies about our team members. It takes the dedication of [REDACTED] team members globally to provide our guests with unforgettable experiences and exceptional service every moment of every day. Our reputation is earned by the talented and committed people who constitute our organization. It is with this same commitment that the WynnBET team aims to

exemplify Wynn Resorts' tradition of excellence by offering a best-in-class digital sports betting experience to the residents of Massachusetts.

As with everything Wynn Resorts does, we are very protective of our brand reputation and that defines how we approach our WynnBET product.

[REDACTED]

[REDACTED]

We were pleased to see our product recognized by the industry, with Eilers & Krejcie naming it the top scoring new app in their March 2021 performance testing.

[REDACTED]

[REDACTED]

[REDACTED]

Marketing

Our marketing team is highly skilled in acquiring patrons for real money gaming propositions and will deploy years of industry experience in capturing new sports betting customers as well as converting existing consumers.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ynn Rewards, WynnBET's loyalty program, is a retention focused feature embedded in our product. Our patrons earn benefits within WynnBET, which can generate rewards at Wynn Resorts properties.

[REDACTED]

Product Management/Development

Designers and developers at WynnBET have worked diligently to bring highly differentiated customer-facing features to our US online sports betting product over many years. We are growing our investment in our leading-edge product design and development team to ensure continuity, innovation, and quality.

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Trading and Risk Management

WynnBET employs a skilled team of traders to provide, manage, and administer the betting markets and odds offered in its online sports wagering product. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Customer Operations

Superior customer service is central to Wynn Resorts' operating philosophy given our internal standards for 5-star excellence. To achieve this same level of service, WynnBET employs a highly trained organization of customer service agents and other specialized personnel who manage other important customer operations functions including KYC, AML, and payments. [REDACTED]

[REDACTED] Our customer operations representatives will offer customer service support to Massachusetts patrons twenty-four (24) hours a day, seven (7) days a week. We will scale our operation as volume ramps to comfortably meet the demand. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Wynn Resorts and WynnBET understand the significance placed on compliance with established regulations and the effectiveness of operating controls and procedures in upholding and ensuring the integrity of the gaming industry. [REDACTED]

[REDACTED]

WynnBET is an experienced Operator with extensive, proven expertise operating online gaming and sports betting in the US. The functional expertise across our operation in the areas of marketing, product development, trading and risk management, and customer operations is fully mature and capable of managing a large state like Massachusetts to the highest level. The

customer-facing features of our product are differentiated and capable of providing WynnBET with sustained competitive advantage. We are fully confident in our ability to deliver tremendous results for the State and people of Massachusetts.

Digital gaming is a marketing intensive business with the expenditure front-end loaded in the customer life cycle.

Wynn Resorts

Wynn Interactive's parent company, Wynn Resorts, Limited, has an extensive background and significant experience in gaming and/or wagering activities in other jurisdiction for non-sports betting related activity. Incorporated in 2002, Wynn Resorts, Limited is a Nevada corporation that focuses on designing, developing, and operating luxury integrated resorts.

Wynn Resorts also prides itself in the diversity of its workforce, starting from the top. Five of the ten directors of Wynn Resorts are diverse (women or minorities) and the majority (76%) of Wynn Resorts' active workforce in North America are minorities. According to the Massachusetts Building Trades, during the construction of its newest property in the greater Boston area, Encore Boston Harbor employed more than 450 women, the largest number of women on any construction project in the United States, and set the United States record for gender equity in a construction project.

- (i) Wynn Resorts, Limited operates resorts in North America and Macau. In North America, the company operates Wynn | Encore Las Vegas in Las Vegas, Nevada, and Encore Boston Harbor in Everett, Massachusetts. Internationally, Wynn Resorts, Limited operates two integrated resorts in Macau, SAR, China -- Wynn | Encore Macau and Wynn Palace Cotai.
- (ii) Wynn Resorts, Limited has fostered a strong working relationship with the different regulatory bodies in the jurisdictions it operates. As such, the resorts operated by Wynn Resorts have been authorized and maintain a good standing regarding the necessary licenses to conduct both gaming and non-gaming operations. Wynn Resorts ensures it complies with, and adheres to, regulations set forth by regulatory authorities with frequent external reporting produced and provided by the Company's back-of-house operations.
- (iii) Non-sports betting operations conducted at the resorts listed above include traditional gaming (non-sports betting gaming/wagering) activities and non-gaming activities.

Traditional gaming activities include games of chances in the form of slot machines (all denominations) and pit games (table games). Pit games include Baccarat, Pai Gow, Blackjack, Craps, Roulette, and various specialty tables games such as 3 Card Poker, Ultimate Texas Holdem, Let It Ride, and Casino War. Non-gaming operations include hotel, food and beverage, meetings, conventions, entertainment, nightlife, golf, spa and salon.

(iv)



Wynn Properties



Wynn Las Vegas features two luxury hotel towers with a total of 4,748 guest rooms, suites, and villas, approximately 192,000 square feet of casino space, 33 food and beverage outlets, approximately 507,000 square feet of meeting and convention space (including the 217,000 square foot Meeting and Convention Expansion that opened in February 2020), 160,000 square feet of retail space (the majority of which is owned and operated under a joint venture of which the Company owns 50.1%), as well as two theaters, three nightclubs, a beach club, and recreation and leisure facilities.



Wynn Macau (opened 2006) and its expansion Encore at Wynn Macau (opened 2010) both are located on the Macau peninsula. Wynn Macau features two luxury hotels with a total of 1,010 guest rooms and suites, approximately 252,000 square feet of casino space, 12 food and beverage outlets, approximately 31,000 square feet of meeting and convention space, approximately 66,000 square feet of retail space, a rotunda show, and recreation and leisure facilities.



Wynn Palace, located on Macau's Cotai Strip, opened in August 2016. It features a luxury hotel tower with 1,706 guest rooms, suites, and villas, roughly 424,000 square feet of casino space, 14 food and beverage outlets, approximately 37,000 square feet of meeting and convention space, and 106,000 square feet of retail space and public attractions, including a performance lake, a gondola ride offering convenient street-level access, and an exceptional display of Western and Asian art.



Encore Boston Harbor opened on June 23, 2019, as an integrated resort in Everett, Massachusetts, adjacent to Boston along the Mystic River. The property features a luxury hotel tower with a total of 671 guest rooms and suites, approximately 210,000 square feet of casino space, 13 food and beverage outlets, approximately 71,000 square feet of meeting and convention space, and approximately 8,000 square feet of retail space. Public attractions include a waterfront park, floral displays, and water shuttle service to downtown Boston.



Wynn Interactive is responsible for executing the Wynn Resorts digital interactive strategy for online sports betting and casino. It operates under the WynnBET brand in the United States.

[REDACTED] Wynn Interactive, through WSI US, LLC, launched its sports betting product in New Jersey in August 2020. [REDACTED]

[REDACTED] WynnBET is the customer facing mobile, desktop and web brand with a unique, innovative best-in-class mobile sports betting platform, featuring an easy-to-use interface and state of the art technology.

Following the launch of WynnBET in late 2020, Wynn has rapidly expanded its interactive business and sought strategic partners for local market entry. WynnBET is currently operating its platform in nine US states: Arizona, Colorado, Indiana, Michigan, New Jersey, Tennessee, and Virginia, [REDACTED]

[REDACTED] All licenses are in good standing with the local regulatory authority, and we pride ourselves on maintaining outstanding relationships with our regulatory agency partners.

B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

g. How the Applicant intends to prevent wagering by prohibited persons, including underage persons, problem gamblers, employees, etc.

Underage, Prohibited Persons: Our KYC process uses multiple criteria to ensure the patron creating the Internet gaming account is at least the legal age of 21, is not self-excluded, on the exclusion list or otherwise prohibited. [REDACTED]

[REDACTED]

[REDACTED] Please see our following Account Registration KYC process for details.

WynnBET is committed to adhering to state and federal laws pertaining to account registration and patron identification. To meet these requirements, WynnBET has developed comprehensive account opening procedures and Know Your Customer (KYC) protocols. Patrons who fail to pass KYC verification will not be allowed to open an account. Only fully registered accounts can conduct online gaming. To open an account, the patron must access the WynnBET mobile app or website. The patron will fulfil identification requirements by providing personal information that will allow WynnBET to verify the patron’s identity. Patrons will be required to enter the following information:

- First name
- Last name
- Street address (physical street address, P.O. Boxes are not accepted)
- Date of birth (Must be 21 years of age or older)
- Email address
- Social Security Number (at least last 4 digits)
- Password
- U.S. Mobile number

The Auto KYC process requires [REDACTED]

Once the patron enters their details, [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] the patron will be considered fully verified and will be allowed to deposit, wager and withdraw.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MANUAL KYC PROCESS

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

Problem Gamblers: [Redacted]

All WynnBET employees receive Responsible Gaming training as part of the on-boarding process with a refresher required on an annual basis. Records of all training are maintained.

[Redacted]

[Redacted]

Employees (Per Wynn Gambling Policy): [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

B.4 SPORTS WAGERING EXPERTISE – TECHNICAL FEATURES & OPERATION OF PLATFORM (Category 3 Applicants Only)

Provide a thorough description of the applicant’s expertise in sports wagering and how it would be applicable in the Commonwealth. This should include the following:

h. Outline any technology to be used or features offered that the applicant believes sets their platform apart from those of (potential) other applicants

Wynn Rewards is the gaming industry’s finest loyalty program. Wynn Resorts’ program offers the most highly sought-after rewards in Boston and Las Vegas and is fully integrated into the WynnBET experience.

Existing Wynn Rewards members can seamlessly pair their WynnBET account with their Wynn Rewards account to view all their program member benefits and balances in the WynnBET application.

WynnBET patrons who are not yet Wynn Rewards members are auto-enrolled into this exclusive program and can start their Wynn Rewards journey immediately.

Every wager a member places either online or at any of Wynn Resorts’ properties will accumulate *FreeCREDIT*, *compDOLLARS*, and Tier points.

- *FreeCREDIT* can be redeemed online in the WynnBET Rewards store for incredible rewards, such as bonuses and free bets
- *CompDOLLARS* can be redeemed at Wynn Resorts’ properties to enjoy dinner at award-winning restaurants like the Rare Steakhouse and Mystique, priority access to venues and events, spa indulgences, and member-exclusive savings on their next getaway
- Tier Points allow the member to progress through the program from Red to Platinum and ultimately Black where the most incredible member tier benefits await

New rewards can easily be added to the WynnBET Rewards Store by our marketing teams. We can also provide time-based discounts and promotions, such as a “Black Friday” sale where patrons can receive double the reward for their *FreeCREDITS* redemption.

We truly care and emphasize the importance of aesthetics and artistic design quality which reflects in every single page, image, and button of the WynnBET user interface. Our goal is to be as impactful on mobile users with our design as we are with visitors to our integrated resorts.

As evidence of our pursuit of excellence, the first thing our users will notice and appreciate is the high-quality graphics and layout of our sportsbook user interface. While exploring the application the patron will experience a lightning-fast and smooth user experience, filled with beautiful animations and transitions from page to page.

Our combination of speed, performance, usability, and artistic design truly makes the experience of WynnBET stand apart from our competition.

In addition, we offer a wide range of customer-facing features which separate us from the rest of the market such as:

Build your own bet – We offer a comprehensive same-game parlay covering major US sports and leagues, patrons can choose from hundreds of markets in a single game creating endless betting combinations to create a unique betting experience.

Game of the Day – The biggest game of the day can be highlighted on the sportsbook homepage with unique boosted odds and offers.

[Redacted]

[Redacted]

Parlay Insurance – Patrons can benefit from bad-beat insurance if 1 leg of their parlay lets them down and receive free bets as compensation.

Boosted Events – Patrons can benefit from increased odds on specific events and markets, providing great value on popular events.

[Redacted]

Innovation is in our “DNA” along with an obsession for creating truly unique and compelling customer experiences. WynnBET has an inspiring roadmap of features, some of these upcoming innovations may include:

Boosted Parlays – One-of-a-kind parlays and same-game parlays, where the odds are enhanced to incredible levels.

[Redacted]

[Redacted]

C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

- a. The number of current full-time and part-time employees within the Commonwealth**



C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

b. The number of current work locations within the Commonwealth



C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

c. The number of proposed full-time and part-time positions that will be created within the Commonwealth



C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

d. The title, job description, salary, and benefits information for each of the proposed positions

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

e. The training that will be required and made available for all proposed positions

All employees of WynnBET receive training on policies and procedures, [REDACTED]

[REDACTED]

[REDACTED]

C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

f. The number of proposed work locations that will be created within the Commonwealth

WSI US, LLC is headquartered in Las Vegas, Nevada, and has an office in Jersey City, New Jersey. [REDACTED]

C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

g. Description of plans for workforce development opportunities for Applicant's staff within the Commonwealth

[REDACTED]

We believe that only people make people happy, as a core value to our overall Wynn Resorts family. We know our employees value self-development resources and career growth opportunities.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text]

[Redacted text]

C.1 EMPLOYMENT OPPORTUNITIES WITHIN THE COMMONWEALTH

Provide a thorough description of the employment opportunities that will be offered if the applicant is approved for licensure by the Commission. This should include the following:

h. Outline the strategy for focusing on job opportunities and training in areas and demographics with high unemployment and/or underemployment

[REDACTED]

[REDACTED]

We believe that only people make people happy, as a core value to our overall Wynn Resorts family. We know our employees value self-development resources and career growth opportunities.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

a. Projected figures for sports wagering revenue and methodology used to arrive at these projections

[Redacted]

[Redacted]



C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

b. Projected figures for any non-sports wagering revenue and methodology used to arrive at these projections



C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

c. Projected figures for all tax revenue to the Commonwealth and methodology used to arrive at these projections

[Redacted]

[Redacted]

C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

d. Profitability of sports wagering operation (in-person & mobile) in other jurisdictions where the applicant is licensed

[REDACTED]

The digital markets are only a few years (or less in some cases) old and the landscape is rapidly evolving.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

e. History of operating performance versus revenue projections for the last five years for other jurisdictions where the platform is licensed – *includes documentation outlining the applicant’s record of success or failure in meeting the performance objectives*

WynnBET has been operating digital sports betting since 2020. Our initial launch was in New Jersey, with other jurisdictions launching on a rolling basis thereafter. The historical summary reflects our performance in each of these states. In Michigan and New Jersey, we operate both mobile sports betting and iGaming (online casino), [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

f. Description of methods to ensure that revenues are maximized within the Commonwealth

WynnBET plans to establish and retain a competitive position in Massachusetts, with a focus on long-term viability and scalable growth. WynnBET is well positioned to leverage its distinguished brand and leading position in the gaming industry to maximize long-term profitability. The digital marketplace is a relatively new and ever-changing landscape that requires significant resources and expert leadership. WynnBET is well positioned to leverage these resources and its leadership will ensure a disciplined execution of its business plan with our industry-leading management team.

The combination of Encore Boston Harbor being the Massachusetts market casino leader, combined with a significant Wynn brand customer presence, will help propel the Commonwealth's patron base into a safe, regulated environment for all new patrons to sign-up and leave behind their illegal offshore or local options. By offering a premier product, with industry-leading loyalty program and best-in-class assets, we will attract customers into a legal and safe marketplace. Up until the time of market launch, patrons had no legal options for wagering and had to travel to nearby states for legal options. With our robust offering, combined with existing customers at Encore Boston Harbor, there will be significant incentive to participate in legal wagering and leverage all that the Wynn family of companies has to offer.

In addition, Encore Boston Harbor has a significant database of existing customers that WynnBET will benefit from indirectly through its retail sportsbook offering and Wynn Rewards customer sign-ups. Furthermore, WynnBET and Encore Boston Harbor will collaborate on various cross-promotional activities. By leveraging our existing resources in a legal, responsible manner, we will welcome any new customers and leverage our award-winning hospitality assets at Encore Boston Harbor in our marketing endeavors. All new patrons will be required to comply with our responsible gaming policy, but our mobile offers and best-in-class hospitality will help drive new patrons into the legal sports wagering with WynnBET.

While the digital gaming industry has garnered many headlines over the last few years, most notably it has failed to demonstrate a long-term path to profitability and collectively has lost billions of dollars.

The industry had experienced a frenzy, with no path to long-term profit or sustainability at that previous pace of spending.

[REDACTED]

[REDACTED]

[REDACTED]

Without experienced leadership and resources, we would not have been in this position. Over the last few months other operators have started to recognize and address similar issues. Fortunately, we were at the forefront of the shift, which is a testament to our thought leadership and strong desire to achieve long-term competitiveness in each state.

As we enter Massachusetts, we will be launching with a marketing program designed to ensure long-term profitability and ensure we remain a trusted partner to the Commonwealth of Massachusetts for many years.

[REDACTED]

[REDACTED]

our leadership and management teams are very confident in our ability to deliver a best-in class product to the Commonwealth of Massachusetts that will remain competitive for many years.

C.2 PROJECTED REVENUE

Provide studies and projections for gross sports wagering revenue for each of the first five years of wagering operations on a best, average, and worst, case basis. The studies and information provided should include:

g. Description of plans to compete with other nearby jurisdictions and to market to Massachusetts patrons

WynnBET will only operate its Massachusetts mobile wagering platform in Massachusetts. We have a robust marketing program to ensure our overall success and growth in the market. We view a well-regulated, legalized market as the first step in the process. Combined with a significant commitment by major operators, our marketing efforts will help draw customers back into Massachusetts from neighboring areas. Customers will not only have a safe, legal option for sports wagering, but with WynnBET they also can leverage our best-in-class resort property for real life rewards and amenities.

Given Encore Boston Harbor's dominant share in the Massachusetts casino marketplace and WynnBET's managed trading services with Encore Boston Harbor's retail sports operations, we believe we are well-positioned to incentivize potential patrons back into Massachusetts for mobile wagering. The resort offerings will provide best-in-class rewards for customer loyalty, integrated into the WynnBET wagering options, so we offer the best of both worlds to potential patrons. Quite simply, it's also convenience for the customer, as they won't have to travel outside the Commonwealth to place a bet. With our award-winning app and best-in-class loyalty program, WynnBET will make it easy for customers to make safe, legal bets in the Commonwealth.

C.5 COMMUNITY ENGAGEMENT

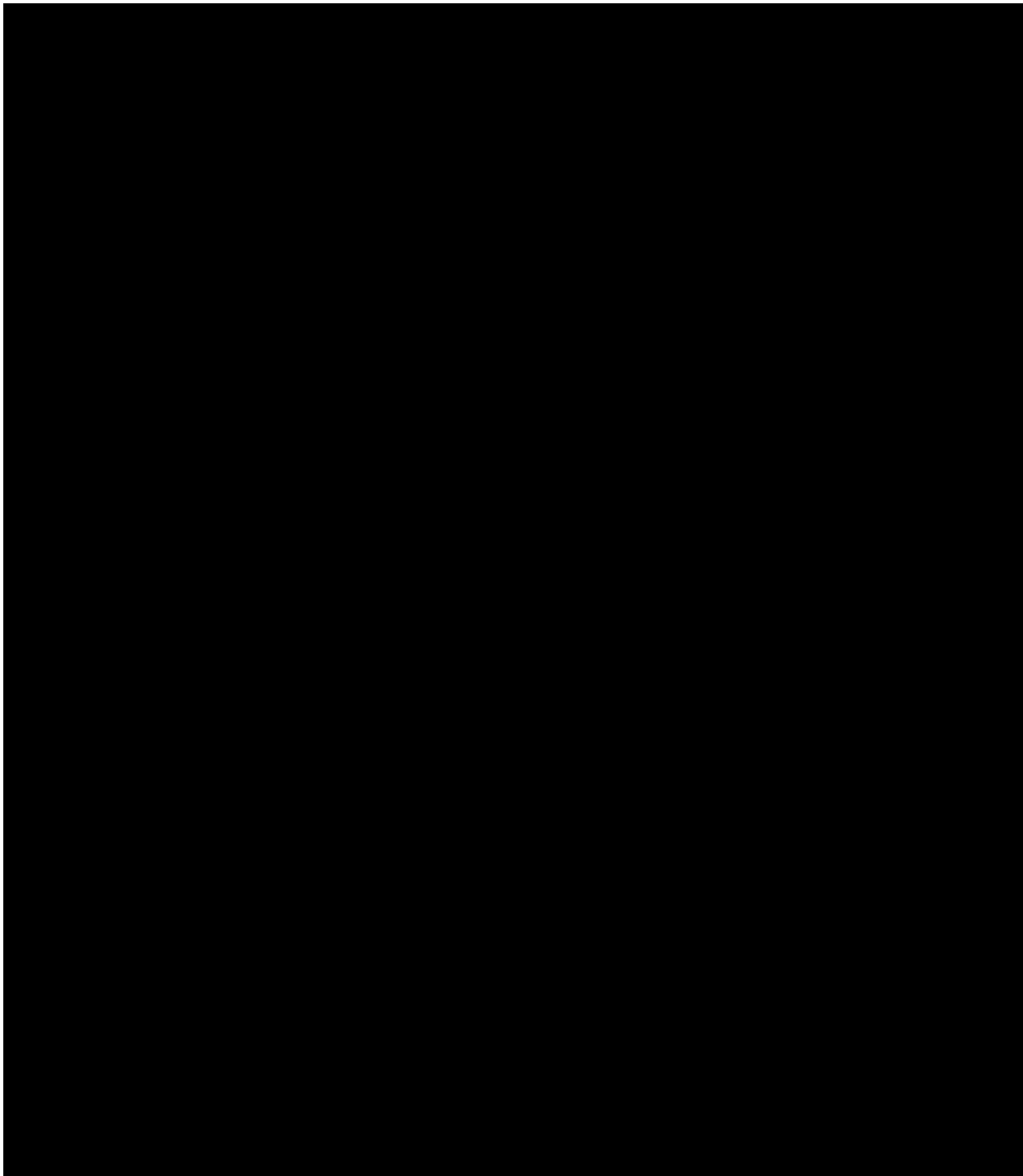
Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:

a. Creating partnerships for any community, economic development, and tourism opportunities with local or regional entities including but not limited to the Massachusetts Office of Business Development, Chambers of Commerce, Regional Tourism Councils, and the Massachusetts Marketing Partnership

WynnBET believes it will serve the public interest as an outstanding corporate citizen and partner to the Commonwealth of Massachusetts. WynnBET is part of the Wynn family of companies and our shared corporate values will translate into a successful and vibrant partnership with Massachusetts, its citizens, and the local communities where our product is operated. Not only will we be a major driver of economic development, but we will also be an outstanding corporate citizen and community partner. We pride ourselves on our outstanding commitment to our corporate culture and most importantly our people. We look forward to working jointly through our sister property, Encore Boston Harbor, to enhance their community engagement efforts and look forward to working with all the various agencies in the state, as well as the local civic and business community to ensure that we are enmeshed as a leader in the local and state communities. It is our Core Values that set us apart from other companies and drives our reputation as an outstanding corporate citizen.

As part of the Wynn Resorts, Limited family of companies, WynnBET takes pride in adhering to the Wynn Core Values. The Wynn Resorts corporate philosophy is built on the idea that only people make people happy. This philosophy fosters an employee culture uniquely designed to deliver on the promise of providing a five-star hospitality experience for guests. Our core values instill a passion in each employee for delivering world-class guest service. Wynn employees are inspired to continuously deliver an impeccable experience and create lasting memories for each guest. Wynn Resorts does this better than any other resort company in the world; it is the foundation of our culture and inherent in everything we do in every jurisdiction in which we operate.

The following is an overview of our approach:



Wynn Resorts operates as an agent of change, making a real and meaningful impact in the communities in which we live, work, and serve. Wynn's global approach to turning our employees into the leaders of tomorrow is transforming what it means to be a responsible employer. Our greatest community commitment is ultimately to the people who live and work in the communities in which we operate, our employees. They fuel our commercial success and drive the local communities we serve. Every team member is welcomed as a member of the larger Wynn Resorts family and multiple programs will be available to our Massachusetts employees.

At Wynn Resorts, we believe only people make people happy

The exacting level of service provided to our guests by Wynn Resorts employees requires far more than skill; it is an art form. Wynn's more than 27,000 global employees share an innate personal responsibility to take care of our guests and of each other. It is among the reasons why Wynn Resorts holds the most Forbes Travel Guide Five-Star Awards of any independent resort company. There is simply something different about a Wynn Resorts employee: something singular and special that helps our guests feel welcome the moment they cross our threshold. In our view, this is the hallmark of true hospitality, and it's the bedrock upon which our Company's core beliefs and values are built.

From day one, the Wynn Resorts brand has been driven by excellence, attracting a team of dedicated professionals with unparalleled ambition and the ability to spark human connections. We are a collection of proprietors, each taking full ownership of their area as if their name was on the building itself. As a member of the Wynn Resorts family of companies, this is the same philosophy WynnBET applies to its digital gaming business.

Identifying, developing, and retaining high-quality talent is a critical business imperative for Wynn Resorts and WynnBET. Five-star service, in other words, depends on five-star employees who feel valued by a company they can believe in and trust. We also greatly respect an employee's right to freedom of association and right to be a member of a trade union, maintaining an open and supportive dialogue with trade union leaders to ensure that each employee's voice is heard and understood.

As has been true throughout our Company's history, Wynn Resorts remains dedicated to building a progressive, diverse, equal, and inclusive environment. We value respect and safety above all, so each employee can show up to work every day, without exception, as his or her true and authentic self. Ultimately, our employee-relations mission remains clear: to foster excellence throughout the lifetime of a career, a goal that allows Wynn Resorts to maintain its status as the luxury hospitality industry's employer of choice.

Our policies will prioritize our commitment to both our employees and the State of Massachusetts. It is our objective to create a highly motivated workforce by offering competitive compensation packages that provide monetary value to employees and improve their overall wellbeing. We want our employees to be happy, healthy, and motivated because we understand how central this is to the value-added experience that our customers will experience.

Without the dedication and hard work of our employees, Wynn Resorts simply could not deliver on its unwavering commitment to quality and excellence. Just as our employees invest themselves in Wynn and the surrounding communities, we invest in them by fostering a culture of diversity and inclusion, providing competitive wages and benefits, offering exceptional training and educational experiences, and maintaining a genuine concern and awareness for their health, safety, and well-being. This culture allows a family of employees to be empowered to create an exceptional guest interaction.

We also believe in doing everything that we can to instill a sense of pride in our team members. Wynn Resorts' Five-Star experience is not limited to our customers; we also take great pride in offering that same experience to our employees. Wynn has worked hard to build its reputation as an excellent employer with a thoughtful approach to recruitment that ensures the creation of an amazing team. Our properties around the world employ over 30,000 individuals that form the fabric of our culture and an integral part of the overall Wynn family. Whether in Las Vegas, Macau, Boston, or hopefully Massachusetts, Wynn hires individuals based on work ethic and their desire to provide an unmatched experience in anticipating the needs of the guest.

Wynn has worked diligently to uphold a high standard in honoring its employees and humbled to have won recognition for its human resource efforts. We are the only hospitality company that has won the Forbes 5 star.



Wynn Resorts was once again honored on this year's Forbes Travel Guide (FTG) Five-Star Awards list, earning an impressive 24 Five-Star recognitions across the Company's global portfolio. This year, Encore Boston Harbor joins the Five-Star collection of resorts, receiving top marks for hotel and spa. Wynn Resorts continues to be a global leader with the most Five-Star awards of any independent hotel company in the world. This measure speaks to not only the quality of our resorts, but to the outstanding service levels maintained by our dedicated team. It's also the expectation for excellence that we set for ourselves.

Fortune Magazine's 2021 World's Most Admired Companies list recognized Wynn Resorts for the 13th time, with Wynn Resorts ranking first overall in quality of products and services in the hotel, casino, and resort category.

We were also recognized by Points of Light for achieving their Civic 50 list. This award recognizes outstanding corporate citizenship, and we are proud to be one of 50 awardees. The distinction as one of the 50 most community-minded companies in the nation reflects our commitment to leverage time, talent, and resources to drive social impact in their business and communities. Wynn Resorts was named as one of the 50 most community-minded companies in America for donating more than \$23 million in funds and in-kind donations, which included

\$4.75 million in direct COVID-19 relief efforts, nearly \$1 million in food and meals, and more than 2.5 million pieces of personal protective equipment.

Another point of pride is based upon what our employees say about working at Wynn. In 2020, Wynn Las Vegas was certified as a ‘Great Workplace’ by the independent analysts at Great Place to Work®. The certification is based entirely on anonymous feedback from employees that describe working at Wynn. The high score indicates how proud employees are to be a part of the Wynn team and the strong sense of pride they have in how resort guests describe the service they deliver as “excellent.” Additional top scores showed that employees are proud to tell others where they work, they are always made to feel welcome in the workplace, they appreciate the camaraderie and care that Company leadership encourages among co-workers, and they feel good about the many ways that Wynn provides them with opportunities to contribute to the local community through charitable efforts.

We were also recognized by Fortune as being at the forefront of modern governance, with our award of the inaugural Modern 25 Board designation, awarded to the S&P 500 Companies with the most innovative leadership. This award is both a reflection of the members of our board, as well as the programs in place across the organization



Over the past couple of years, Wynn Resorts has also rolled out new initiatives and programs to focus on employee advancement and improvement. Some of these programs include the mentorship program, college internship program, and Wynn leadership forum series. Wynn Resorts has also fostered the creation of different councils and internal employee support campaigns to provide its employees with different perspectives and support groups that center on the best interests of its employees. Our Massachusetts employees can expect to be participate in similar programs as part of the Wynn Resorts family.



Because of our dedication to our employees and their training, Wynn has benefitted from turnover rates that are significantly below its competitors. In 2019, Wynn Las Vegas turnover was roughly [REDACTED], whereas the industry standard on the Las Vegas Strip is over 20%. In Macau, Wynn is also very proud of its reputation with its employees as our turnover rate is lower in comparison to our competitors. We expect these trends to continue as we return to post-pandemic operations across all our markets. In each of our properties, there are stories of

employees going to work for our competitors for brief periods only to return to Wynn Resorts as they gained a greater appreciation for our culture and environment. We will continue to demonstrate our commitment to promoting employee loyalty in the State of Massachusetts.

The Wynn Employee Foundation (WEF) is a charitable giving foundation funded and managed by employees. Wynn Resorts matches Wynn Employee Foundation donations dollar for dollar. Wynn Resorts increased annual matching dollars from \$50,000 to \$75,000 per employee—making it the highest corporate match in our industry. In 2021, Wynn employees donated \$627,965—\$50,000 more than the highest historical fundraising year. Employees dedicated their giving to more than 300 approved causes, as well as the Company Community Grant Fund. The Community Grant Fund is for employees who are passionate about giving overall but are not dedicated to a specific cause. The WEF board decides on the recipients of those funds under the recommendations of an employee advisory council. More than \$1 million went into local communities because of the generosity of employees and the company’s match program.

Our programs will lean on established pillars to help our employees and local communities. Our Wynn Employee Foundation Pillars:

- *Vibrant Communities – Making Massachusetts a better place to live*
- *Cultural Enrichment – Celebrating and supporting cultural, civic, and heritage expression in our communities*
- *Education – Innovation in education, workforce preparedness, and providing opportunities for at-risk youth*

Local Communities

As champions of the destinations we serve, Wynn Resorts invests heavily in enhancing the quality of life in our home communities. These transformative investments focus on leveraging our core expertise in hospitality and development to create community engagement and social impact programs that truly take care of others and deliver tourism revenue, jobs, and opportunities to local businesses. Our mission is twofold: to build stronger and more resilient communities that our employees can proudly call home, and to foster our reputation as world-class centers of tourism our guests will travel the world to experience.

Combining philanthropy with citywide economic and infrastructure development has become our community relations calling card. And because each community we operate in functions with its own unique framework, we design customized community-development projects to solve specific local social challenges. To ensure these projects work better for more people and drive long-term inclusive growth, we partner with a spectrum of local civic leaders to identify financial, supply chain, and operational gaps for Wynn Resorts to fill where it matters the most. We continue to rely on these essential relationships with community leaders to help guide our extensive nonprofit work as we lift the underserved, as well as mobilize immediate relief efforts during times of crisis or natural disaster.

Our Company’s legacy as agents of change is only made possible, however, with the collective spirit of service in the hearts of our dedicated employees. Collectively they inspire our

corporate culture of giving, bettering our home communities for generations to come, and turning feelings of helplessness into a more hopeful future for countless people in need. One of our Company's guiding principles has always been to "care about everyone and everything," a promise we are proud to fulfill every day in ways that extend far beyond our resort walls.

Wynn Resorts' approach to philanthropy is best highlighted in its programs tailored for non-profits, which offer bespoke, interactive opportunities to create community partnerships. Taking the skills of Wynn employees and matching them with the needs of organizations amplifies the Company's philosophy of developing leaders and strengthening the communities in which we do business. Providing a forum for collaborations, Wynn also serves as a conduit and catalyst, identifying gap opportunities and helping non-profits work together more efficiently.

NON-PROFIT LEADERSHIP FELLOWS PROGRAM

The Non-Profit Leadership Fellows Program is tailored for a small group of non-profit leaders to collaborate with the Wynn Las Vegas leadership team during a virtual roundtable setting to discuss topics relevant to the executive roles and transferable knowledge for business operations. The fellowship program gives non-profits under the pillars of Education, Vibrant Communities and Cultural Enrichment the opportunity to leverage the expertise of Wynn's thought leaders, build professional development skills, and improve strategic priorities. All participants receive advice to assist in enhancing their respective non-profits, which include The LGBTQ Community Center of Southern Nevada (The Center), Nevada School of Arts and The Neon Museum, among others. For the inaugural cohort, four non-profits per corporate giving pillar were selected to participate. In subsequent years, an application process would be considered.

Because each community the Company operates in functions with its own unique framework, Wynn Resorts designed customized community development projects to solve specific social challenges. To ensure these projects work better for more people and drive long-term inclusive growth, the Company partners with a spectrum of local civic leaders to determine financial, supply chain, and operational gaps for Wynn Resorts to fill where it matters the most. Wynn Resorts continues to rely on these essential relationships with community leaders to help guide its extensive nonprofit work as the Company works to lift up the underserved, as well as during times of crisis or natural disaster as the Company mobilizes its immediate relief efforts.

Las Vegas

A great example of Wynn Resorts helping local agencies and community-based groups is captured in the efforts undertaken to help The Shade Tree in Las Vegas. In 2019, Wynn announced the completion of the second Transformative Impact Model in the Las Vegas community. Wynn led a collaborative, ten-month project to revitalize The Shade Tree, a nonprofit shelter serving women and children who are victims of domestic violence, sex trafficking, and homelessness. The Shade Tree Facility had not been renovated in more than 13 years and was in dire need of improvements. Wynn employees, together with more than 170 businesses, donated more than 15,500 hours of labor and more than \$25 million in manpower and material costs to upgrade their facilities. With the improvements, 100 beds were reopened that had been closed due to lack of funding. The Shade Tree was able to offer 44,080

additional bed nights of shelter, host 3,768 more life skills classes, and provide medical care to 6,635 additional clients.

Another prime example of community engagement involves our Wynn Las Vegas property, who has built a robust partnership with Dean Petersen Elementary School for four years. With help from Wynn volunteers across more than 35 departments, the Adopt-A-Class Program benefits 50 Petersen classrooms. This program is critical for the school, which is operating above capacity with 976 students enrolled. Wynn employees logged more than 1,500 volunteer hours and collected more than 77,000 items for Back-to-School Supply Drive. Wynn Las Vegas has provided more than 860 pairs of shoes to students in need through nonprofit partner Goodie Two Shoes; provided local families with groceries through nonprofit partner Three Square Food Bank, which sponsors monthly grocery giveaways; and hosted the third annual Fall Festival for Petersen students and their families. Wynn employees raised \$68,111 to purchase Chromebooks for students in grades 3 thru 5.



In addition to the high level of employee engagement at Petersen, Wynn Las Vegas instituted the Petersen Coalition in 2018. This coalition of nonprofit partners meets every month to strategically align priorities and resources to benefit Petersen. Coalition partners include Opportunity 180, Clark County School District Office of Community Engagement, After-School All-Stars, Teach for America, Three Square Food Bank, Communities in Schools, Goodie Two Shoes, Assistance League, Future Smiles, Vegas PBS, and Project 150. Resorts has a long track record of investing in the communities where its employees live and work.

Boston

For Encore Boston Harbor, philanthropic investment focused on the issues that hinder an individual's ability to find financial stability. In the Greater Boston area, chronically unemployed individuals face significant hurdles to re-entering the workforce, putting them at an incredible social and financial disadvantage. For these individuals, training is an important

step toward job stability. Wynn Resorts is proud to support organizations such as the New England Center for Arts and Technology (NECAT), which provides at-risk and resource-limited adults with the technical, professional, and life skills necessary to secure stable, long-term jobs in the culinary industry. By establishing strong relationships with employers, nonprofit organizations, and donors, NECAT can provide its students with comprehensive and industry-specific job readiness training, career-directed education, individualized support, employment services, and placement assistance targeted to the practical needs of the workplace.

Encore Boston Harbor supports a major fundraising event to benefit NECAT on Giving Tuesday. Past events saw NECAT students cook and prepare an exquisite tasting menu alongside executive chefs from Encore Boston Harbor. Encore Boston Harbor employees volunteered 500 pro bono hours in planning and organizing the event, worth \$75,000 in value. The event brought community members together for live entertainment, chef demonstrations, and an auction featuring many items donated by Encore Boston Harbor. The event was tremendous success, surpassing initial goals by raising over \$360,000 for NECAT. The support from Encore Boston Harbor did not end after the fundraising event. Encore Boston Harbor will offer employment opportunities to graduates of NECAT at any of the resort's 13 dining venues.

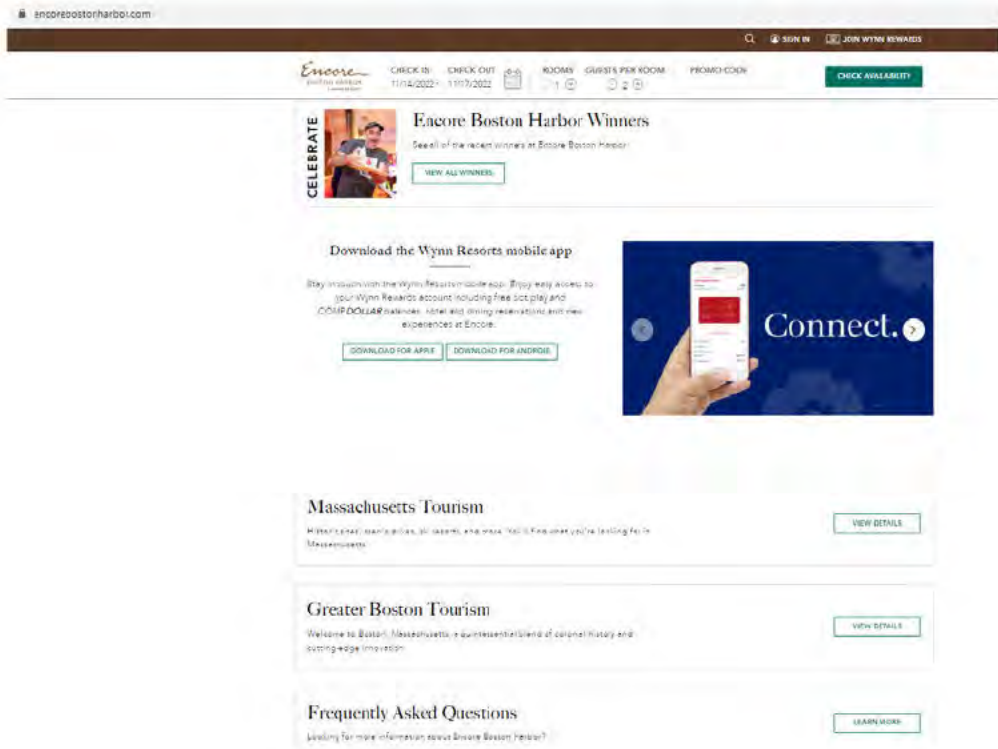
ENCORE BOSTON HARBOR - GIVING WEEK

Giving Tuesday is an annual global movement to promote charitable giving and volunteerism around the world. In 2021, Encore Boston Harbor has been a prominent host for many philanthropic events during Giving Week that benefited organizations in its local community (Everett, MA). Some examples:

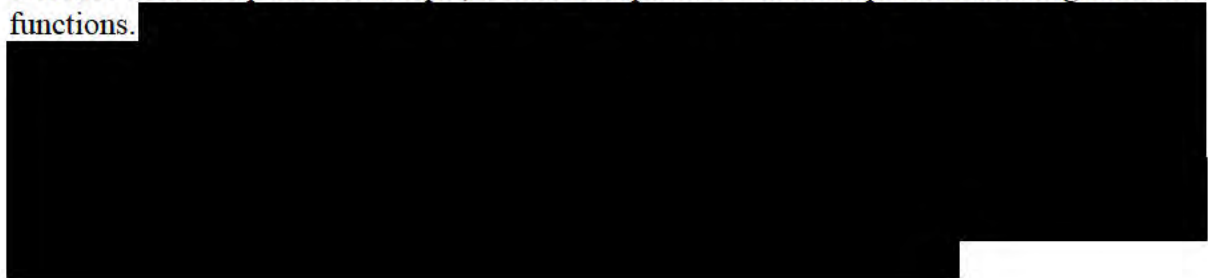
- **The Toy Drive (Partner with City of Everett)**-Benefits residents of local community
- **Care Kit Event**-Supports many groups (Mystic Valley Elder Services & Catholic Charities)
- **A Charcuterie Masterclass**-Benefits Casa Myrna
- **A Horticulture Masterclass**-Benefits My Life, My Choice
- **Bread of Life Assistance Day**-Supports Bread of Life
- **The Employee Bake Sale**-Benefits Wynn Employee Foundation's Community Grant Fund

Office of Travel and Tourism

Encore Boston Harbor partners with the Massachusetts Office of Travel and Tourism to feature a link on its home page to the VisitMa.com website. Additionally, Encore also partners with the Greater Boston Convention and Visitors Bureau to feature a link to bostonusa.com.



In addition to these partnerships struck through Encore Boston Harbor, WynnBET will continue to develop its own unique, vendor and partner relationships for marketing and other functions.



Local Businesses & Agencies

In addition to our charitable and volunteer efforts with local communities, we also have a track record of partnering with local business in each of the communities. These businesses are the backbone of our support network. There are many examples, but we highlight several great success stories.

In Las Vegas, we have worked with Universal Laundry and Linen since the opening of Wynn Las Vegas. Partnering with a local vendor, we were able to help a small business succeed and grow by given Universal by working with them almost exclusively. This allowed their business to flourish as demand for laundry services continued and expanded with the opening of Encore at Wynn Las Vegas. We continue to work with Universal and generate significant mutual benefits.

Encore Boston Harbor has many stories of close partnerships with small, local vendors. Shawn Laughlin's Caskata makes beautifully designed dinnerware with works incorporating a unique blend of classic and contemporary features. As Encore Boston Harbor was working towards its opening, it held a fair for local vendors. Shawn Laughlin decided to attend and bring several pieces from her company. Upon seeing her beautifully designed dinnerware pieces, the procurement team not only placed orders for a few pieces but outfitted multiple dining outlets with her dinnerware pieces throughout the entire resort.

Our core values are central to our international operations as well. In China we support the policy of the Macau SAR government of giving priority to local suppliers and cultivating local SMEs. We believe that the development of local enterprises is key in promoting the diversification of Macau's economy. We actively look for qualified local enterprises that can provide competitive and high-quality products and services, with the aim of building a mutually beneficial partnership. Wynn is committed to supporting local SMEs and the following three types of enterprises in particular: Small and Micro Enterprises, "Made in Macao" Enterprises and Macao Young Entrepreneurs Enterprises. We actively pursue opportunities to assist local businesses through providing guidance, engaging in outreach activities, and sharing information about procurement needs.

Leading by example is what makes us trusted and committed partners to the local communities we serve. This will extend to the local communities within the Commonwealth of Massachusetts. We will work closely to find qualified small and medium sized enterprises, owned by disadvantaged or minorities businesses and work to help them. The wealth of experience we have attained from many years will be shared with the local communities and working groups. Ensuring diversity and inclusion is an important goal that remains our priority everywhere we operate.

In addition to our many examples of SME business partner promotion, we also strive for the highest ideals in diversity and inclusion. Wynn Resorts firmly believes our commitment to a diverse and inclusionary workplace is a significant reason why our employee culture is second to none and why our employees believe Wynn Resorts is a great place to work.

Diversity and Inclusion

Wynn Resorts firmly believes that our commitment to diversity and inclusion is a significant reason why our employees believe Wynn Resorts is a great place to work. We understand how important diversity and inclusion are to the State of Massachusetts, and it is the company's goal to honor these values. We also remain a staunch advocate and supporter of disadvantaged and minority owned businesses through our ongoing, demonstrated commitments. Throughout our operations, we have worked closely with small and medium sized enterprises, many owned by minorities. Wynn was also named among the Best Employers for Diversity by Forbes, one of only 13 hotel companies to be recognized. This award recognizes our diverse board and executive ranks, as well as its proactive employee diversity and inclusion initiatives.

In 2021, Wynn Resorts advanced the conversation on a diverse and inclusive workforce by hiring Glenda Swain, Wynn's first Vice President of Diversity & Inclusion (D&I). Her role is responsible for recruiting and retaining a diverse workforce. Diversity programs are planned and directed through this office, ensuring voices are heard and amplified, especially from underrepresented groups. Glenda manages advancement at all levels of the Company through thoughtful initiatives to grow diversity among our leadership. As a result, Wynn Resorts goes beyond the legal compliance included in harassment and anti-discrimination policies.



DIVERSITY & INCLUSION ADVISORY COUNCIL

Launched in 2021 as an initial part of the Diversity & Inclusion Strategic Plan, the refreshed Diversity & Inclusion Advisory Council ensures that all groups throughout the Company are represented. This 10-member Advisory Council was formed with representatives from strategic areas of Wynn Resorts, Wynn Las Vegas, and Encore Boston Harbor to ensure that D&I is represented throughout the Company.

The D&I Advisory Council provides departmental perspective regarding activation and engagement of diversity and inclusion initiatives during monthly meetings. When a new initiative launches, the Council monitors implementation and engagement strategies. The D&I Advisory Council assists in stewarding messaging by identifying diversity champions to ensure initiatives, events, and objectives reach frontline workers.

Onboarded in June 2021, the VP of Diversity & Inclusion developed the Wynn Resorts Diversity & Inclusion Strategic Plan, a three-phase program strategized around Wynn Resorts' Core Value "Treat Everyone With Dignity and Respect." This focuses on our responsibility to our stakeholders to operate as a respectful workplace, welcoming marketplace, and inclusive community partner.

- ❖ **35%** of Wynn Resorts Executives in the North America were female in 2021
- ❖ **27%** of Wynn Resorts Executives in North America represented minority ethnicities in 2021

DIVERSITY TALENT MANAGEMENT PROGRAM

Early in the Diversity & Inclusion Strategic Plan, Wynn Resorts adopted new hiring programs to create a more diverse and inclusive workforce. The conversation advanced through hiring practices intended to improve the ethnic diversity representation among each level of leadership and recruitment programs to bring more diverse candidates into the hiring pipeline, specifically addressing diversity at the director level, and above.

One program is an internal management pipeline designed to identify gender and ethnic minorities with high leadership potential. As this program grows, so does diversity representation at the director level and above. WynnBET will leverage our D&I resources as we develop our business plans for Massachusetts and submit a separate diversity plan.

DIVERSITY & INCLUSION LEARNING AND DEVELOPMENT CURRICULUM

Under development in phase one of the D&I Strategic Plan is a 10-course learning module where employees increase their awareness of diversity and inclusion in the workplace, and leaders learn how to develop and manage diverse teams. This learning module is taught both in-person and online. As employees progress through these courses, they earn titles that rank their knowledge from "Diversity Advocate" to "Diversity Champion."

The Diversity & Inclusion Strategic Plan developed in 2021 also includes:

- CEO participation in learning and benchmarking D&I best practices
- Partnering with diverse non-profit organizations to serve as a valued corporate citizen
- Educating and bringing cultural awareness to our employees to ensure all cultures are valued and respected
- Creating an annual week-long celebration of diversity, inclusion, and cultural awareness
- Engaging and prospecting diverse organizations in meetings and conventions business

DEVELOPING DIVERSITY & INCLUSION FURTHER

As Wynn progresses into the next phases of the Diversity & Inclusion Strategic Plan, our goal is to be an employer of choice for diverse employees and to recruit diverse candidates. These initiatives will be achieved through the Diversity Recruitment Program; the development of a Diversity Toolkit for Managers; expanding our footprint in the Supplier Diversity space; and the creation of a Diversity Branding and Communications strategy.

DIVERSITY RECRUITMENT PROGRAM

The Diversity Recruitment program will engage with new partners to recruit diverse candidates for employment. Some of our key drivers:

Partner with Historically Black Colleges and Universities with Hospitality Management programs.



Partner with diverse organizations with a recruitment component to their membership.



Partner with diverse, industry-related associations with a recruitment component to their membership.

SUMMARY

WynnBET is proud to be a member of the Wynn family of companies. If selected for a license, WynnBET would demonstrate these core values to become an outstanding corporate citizen and trusted partner for the Commonwealth of Massachusetts. We believe our core values and industry leadership will advance the public interest, well beyond the tax receipts from a successful operation. We expect to be a leader in mobile sports wagering and look forward to becoming a valued partner to the Commonwealth of Massachusetts.

C.5 COMMUNITY ENGAGEMENT

Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:


b. Plans, measures, and steps the applicant intends to take to avoid any negative impact on the revenues currently generated by the Massachusetts State Lottery, including cross-marketing strategies and increasing ticket sales

WynnBET does not foresee any adverse impact on revenues of the Massachusetts State Lottery as a mobile sports wagering operator. WynnBET has already coordinated its marketing efforts with Encore Boston Harbor and plans to continue to approach everything we do in Massachusetts as a truly localized partnership. We will rely upon our local efforts through Encore to help ensure that we continue to promote the sales outlets for the Massachusetts State Lottery.

For example, Encore Boston Harbor offers eight Massachusetts State Lottery machines at four different locations throughout the resort.

MA State Lottery Locations at Encore Boston Harbor
1. Resort South
2. East Lobby
3. Casino North
4. Red 8 Entry Way

In addition, Keno is offered at one of the sports bar/restaurants, *On Deck*.



C.5 COMMUNITY ENGAGEMENT

Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:

c. Promoting local businesses, including restaurants, hotels, and retail outlets

[REDACTED]

[REDACTED]

[REDACTED]

C.5 COMMUNITY ENGAGEMENT

Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:

d. Cross-marketing with live entertainment venues and/or attractions

WynnBET will be able to leverage access to partnerships and major events of our sister company, Encore Boston Harbor, and will provide support for events or venues, where applicable. [REDACTED]

[REDACTED] Encore Boston Harbor will use its partnerships to seek all cross-marketing opportunities available.

C.5 COMMUNITY ENGAGEMENT

Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:

e. Supporting any community enhancements being incorporated at the local level

WynnBET will partner with our sister property, Encore Boston Harbor, to ensure that we are part of all these local, civic efforts to support the local community.

Encore Boston Harbor plays a key role in supporting local communities and charities throughout Massachusetts.

Since opening in June 2019, Encore Boston Harbor employees:

- Contributed over 26,000 volunteer hours in the local community.
- Donated over \$10 million to more than 300 greater Boston charities.
- Contributed over \$35 million in aid to greater Boston cities and towns.

C.5 COMMUNITY ENGAGEMENT

Provide a thorough description of how the Applicant will contribute to economic & business development, tourism & community relations, and the promotion of charitable causes in the Commonwealth. Including:

f. Highlighting unique business and marketing strategies to draw new revenues from new customers



WynnBET looks forward to working with Encore Boston Harbor to enhance their relationships in the local communities around Massachusetts. We are proud of the work Encore has provided to date and look forward to continuing to be a trusted partner for the Commonwealth.

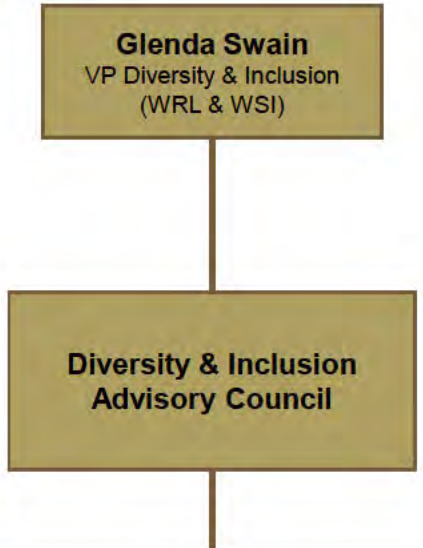
D.1 DIVERSITY, EQUITY, & INCLUSION – WORKFORCE

Provide a thorough description of the applicant’s willingness to foster racial, ethnic, and gender diversity, equity, and inclusion, within their workforce, both at the corporate level and the proposed entity within the Commonwealth. The information must include:

- a. Applicant’s current diversity, equity, and inclusion team – please include the name and title of those individuals currently identified as part of the diversity, equity, and inclusion staff/team, as well as a copy of their location on the applicant’s organizational chart

Please refer to the following organizational chart for the WynnBET Diversity and Inclusion Team:

Diversity and Inclusion Team



- Note:*
- *WLV – Wynn Las Vegas, LLC*
 - *WMA – Wynn MA, LLC*
 - *WRL – Wynn Resorts Limited, LLC*
 - *WSI – WynnBET*

D.1 DIVERSITY, EQUITY, & INCLUSION – WORKFORCE

Provide a thorough description of the applicant’s willingness to foster racial, ethnic, and gender diversity, equity, and inclusion, within their workforce, both at the corporate level and the proposed entity within the Commonwealth. The information must include:

b. Applicant’s workforce diversity, equity, and inclusion policy

Wynn culture is built on the idea of caring and service. We care about our guests, our Resort and each other. Our actions define who we are as an organization, as a team united to provide the very best in hospitality and service. Being a member of the Wynn family evokes a strong sense of pride, of belonging to something very special and unique. We promote core values that enable each employee to be the best they can be, we encourage conduct that gives individuals a sense of awareness and ownership of their actions; and we celebrate personal accomplishments through our Storyteller program.

We are a company that recognizes that diversity and inclusion goes beyond language, ethnicity, race, religion, gender, gender choice and expression, sexual orientation, range of ability and age.

We believe in the broad spectrum of the human experience. We believe that amazing things happen when people from different worlds, experiences, and worldviews work with each other toward a common goal. We believe in being inclusive, welcoming, and supportive.

We believe that it is not about our differences; it’s about our commonalities - the desire to embrace, build, and deliver on our core values and promises. Wynn Resorts, Limited is an equal opportunity employer committed to complying with all state and federal fair employment practice laws, as well as maintaining a workforce that reflects the diversity of the community. Wynn Resorts, Limited is an equal opportunity employer committed to complying with all state and federal fair employment practice laws, as well as maintaining a workforce that reflects the diversity of the community.

D.1 DIVERSITY, EQUITY, & INCLUSION – WORKFORCE

Provide a thorough description of the applicant’s willingness to foster racial, ethnic, and gender diversity, equity, and inclusion, within their workforce, both at the corporate level and the proposed entity within the Commonwealth. The information must include:

c. Workforce demographics, demonstrating the applicant’s current workforce diversity

[REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

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■ [REDACTED]

■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D.1 DIVERSITY, EQUITY, & INCLUSION – WORKFORCE

Provide a thorough description of the applicant’s willingness to foster racial, ethnic, and gender diversity, equity, and inclusion, within their workforce, both at the corporate level and the proposed entity within the Commonwealth. The information must include:

d. Efforts to be made to cultivate workforce diversity, equity, and inclusion by identifying, recruiting, and hiring minorities, women, persons with disabilities, and veterans

As Wynn progresses into the next phases of the Diversity & Inclusion Strategic Plan, our goal is to be an employer of choice for diverse employees and to recruit diverse candidates.

These initiatives will be achieved through the Diversity Recruitment Program; the development of a Diversity Toolkit for Managers; expanding our footprint in the Supplier Diversity space; and the creation of a Diversity Branding and Communications strategy.

- The Diversity Recruitment program will engage with new partners to recruit diverse candidates for employment.
- Partner with Historically Black Colleges and Universities with Hospitality Management programs.
- Partner with diverse organizations with a recruitment component to their membership.
- Partner with diverse, industry-related associations with a recruitment component to their membership.

D.1 DIVERSITY, EQUITY, & INCLUSION – WORKFORCE

Provide a thorough description of the applicant’s willingness to foster racial, ethnic, and gender diversity, equity, and inclusion, within their workforce, both at the corporate level and the proposed entity within the Commonwealth. The information must include:

e. Memberships and/or intentions for joining any local, regional, state, and/or national organizations committed to the development and promotion of diversity, equity, and inclusion initiatives

WynnBET supports our affiliated property, Encore Boston Harbor, which has developed numerous partnerships in the greater Boston area that include the following:

Embrace Boston

<https://www.embraceboston.org>.

Dedicated to dismantling racism through work at the intersection of arts and culture, community, and research and policy.

The Partnership, Inc.

<https://www.thepartnershipinc.org/>

Making corporation and institutions more competitive in a global economy by (i) helping them attract, develop, and retain multicultural professionals at all levels of leadership and (ii) creating a corporate climate that encourages diversity and helps multicultural professionals thrive.

Urban League of Eastern Massachusetts

The mission of the Urban League of Eastern Massachusetts is to enable adults in Eastern MA to overcome racial, social barriers, economic inequities, sexual and domestic violence to employment and economic development opportunities. For 100 years, ULEM’s programs and services have given hope to participants and made a lasting, impactful statement in the community.

D.2 DIVERSITY, EQUITY, & INCLUSION - SUPPLIER SPEND

Provide a thorough description of the Applicant's overall and specific goals, applicable to the total dollar amount of contracts, for the utilization of:

- a. Minority-owned business enterprises

We take a thorough approach to evaluating vendors or 3rd -party providers, including factors such as cost, capabilities, and regulatory compliance. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D.2 DIVERSITY, EQUITY, & INCLUSION - SUPPLIER SPEND

Provide a thorough description of the Applicant's overall and specific goals, applicable to the total dollar amount of contracts, for the utilization of:

b. Women-owned business enterprises

We take a thorough approach to evaluating vendors or 3rd -party providers, including factors such as cost, capabilities, and regulatory compliance. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D.2 DIVERSITY, EQUITY, & INCLUSION - SUPPLIER SPEND

Provide a thorough description of the Applicant's overall and specific goals, applicable to the total dollar amount of contracts, for the utilization of:

c. Veteran-owned business enterprises

We take a thorough approach to evaluating vendors or 3rd -party providers, including factors such as cost, capabilities, and regulatory compliance. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D.2 DIVERSITY, EQUITY, & INCLUSION - SUPPLIER SPEND

Provide a thorough description of the Applicant’s overall and specific goals, applicable to the total dollar amount of contracts, for the utilization of:

Please include how each of these enterprise groups will participate as:

- Contractors in the design and/or building of the sports wagering platform**
- Vendors in the execution, maintenance, and/or support of the sports wagering platform**
- Vendors in the provision of goods and services**

We take a thorough approach to evaluating vendors or 3rd -party providers, including factors such as cost, capabilities, and regulatory compliance. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

3rd-party enterprise groups touch multiple areas of our sports-wagering mobile application, including software development, payment facilities, and fraud prevention. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] As mentioned above, these vendors are subject to our internal review process.

D.3 DIVERSITY, EQUITY, & INCLUSION – CORPORATE STRUCTURE

Provide a thorough description of the Applicant’s commitment to diversity, equity, and inclusion initiatives in the Commonwealth. This should include:

a. The makeup of the Applicant’s ownership, leadership, and governance structure, – including minorities, women, and veterans in positions of leadership throughout the corporate structure

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D.3 DIVERSITY, EQUITY, & INCLUSION – CORPORATE STRUCTURE

Provide a thorough description of the Applicant’s commitment to diversity, equity, and inclusion initiatives in the Commonwealth. This should include:

b. How the Applicant intends to create joint ventures with corporate partners and/or partnerships with local or regional entities, including but not limited to programs, non-profit organizations, and agencies, dedicated to establishing a welcoming and inclusive experience for all patrons, users, and employees in the Commonwealth

Wynn Resorts has implemented a comprehensive, strategic diversity strategy that focuses on 3 pillars - The Workforce, The Marketplace, and The Community.

We intend to engage in the marketplace and community by identifying agencies and non-profit organizations that share our commitment to diversity and inclusion.

To date, our company has supported numerous diversity and inclusion initiatives in the Commonwealth that help us effectively engage as a valued corporate citizen in the diverse communities in which we do business.

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**

- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**

- **GameSense Logic Model**

- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

WynnBET Responsible Gaming Plan

WynnBET's commitment to responsible gaming is evidenced through its intention to ensure that all patrons are gaming for the right reasons and through its on-going support of responsible gaming programs. WynnBET believes that even one problem gambler is one too many. This Responsible Gaming Plan sets forth the high standards of ethical conduct, integrity, and commitment expected from our employees.

The purpose of this Responsible Gaming Plan is to reflect the strategies outlined in the Responsible Gaming Framework and to establish detailed practices and procedures for assuring effective implementation. This Plan includes WynnBET's commitments to:

- Provide ongoing education to employees about responsible gaming and their role in promoting a responsible gaming environment.
- Require that all employees participate in approved responsible gaming employee training programs.
- Reduce the risk of employee gambling-related problems through policies and practices inclusive of educational programs and resources for employees in need of assistance.
- Ensure that an appropriate level of awareness relating to responsible gaming is maintained throughout the licensed organization and key contractors, so that responsible gaming is made an integral part of daily operations.
- Provide employees with clear statements of expectations and responsibilities, including an emphasis on the importance of employees in promoting responsible gaming and creating a healthy gambling environment.
- Designate responsible gaming duties for senior management and other leadership positions.
- Adopt, implement, and maintain responsible gaming practices that are culturally and linguistically appropriate to staff and patrons.

Responsible Gaming Committee

WynnBET shall establish a Responsible Gaming Committee [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

The Responsible Gaming Committee shall be responsible for:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**
- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**
- **GameSense Logic Model**
- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

a. Commitment to corporate social responsibility

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Commitment to Corporate Social Responsibility

WynnBET has committed to the establishment of a Responsible Gaming Committee comprised of members from key leadership positions that will have primary responsibility for the implementation of the practices and procedures set forth in this plan.

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**

- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**

- **GameSense Logic Model**

- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

b. Support positive play

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Support Positive Play

Recognizing that the majority of casino patrons engage in “positive play” (i.e., exhibit no sign of problems or concerns regarding their gaming), WynnBET will implement the following initiatives to assist players in avoiding persistent negative experiences:

1. Informed Decision Making

Patrons have the ability to request transactional data regarding their deposits, withdrawals, wagers, wins and losses. All transactions are recorded and stored on WynnBET’s mobile and desktop application, which can be accessed in real time once the patron logs into the app. This allows patrons to make informed decisions about their gambling expenditures and helps manage the total amount spent on WynnBET.

2. Voluntary Self-Exclusion Program

WynnBET complies with mandated responsible gaming requirements in each of the jurisdictions where it does business. This includes but is not limited to following the procedures for ensuring that state excluded patrons are flagged in the gaming system to help ensure that those individuals are not allowed to gamble. The various jurisdictional requirements will be incorporated into their respective Internal Controls.

WynnBET also employs its own process for allowing patrons to voluntarily self-exclude themselves from gaming with WynnBET. WynnBET's self-exclusion program is outlined below:

- Self-exclusion can be applied one (1) year or (5) years.
- Patrons may not wager or deposit until the completion of the self-exclusion period.
- The account will remain suspended within the exclusion period.
- The patron may not open a new account while self-excluded.
- Marketing or promotional materials will not be sent to self-excluded accounts.

WynnBET also provides additional tools that patrons can access on their mobile wagering account. These include:

- A "Time-Out" or "Cooling Off" period;
- Daily, weekly, or monthly deposit limits;
- Daily, weekly, or monthly wager limits.
- Marketing Restrictions

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**
- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**
- **GameSense Logic Model**
- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

c. Promote public health and safety

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Promote Public Health and Safety

WynnBET recognizes that its commitment to corporate social responsibility extends beyond traditional responsible gaming provisions to broader daily operations designed to promote public health and safety as described below.

1. Prevent Underage Gambling

In the on-line application, the first phase of age restriction occurs in the messaging. There are warnings on the website and mobile applications stating that the site is only for those individuals who are twenty-one (21) and older, as well as information about the legal implications of underage gaming. Patrons are required to contractually state that they are of legal age to gamble. [REDACTED]

[REDACTED]

[REDACTED] Patrons are also advised to keep their account access data (user ID and password) in a secure, protected place to restrict access to children and teenagers.

2. Assist Patrons in Need

[REDACTED]

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**
- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**
- **GameSense Logic Model**
- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

d. Ensure responsible advertising and marketing

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Ensure Responsible Marketing

WynnBET ensures its advertising and marketing contains a responsible gaming message and toll-free help line number where practical; reflects generally accepted contemporary standards of appropriate messaging; and, strictly complies with all state and federal standards to make no false or misleading claims or suggesting that the probability of winning or losing on the various games offered are different than those actually experienced.

WynnBET's advertising and marketing does not contain images, symbols, and/or language designed to appeal specifically to children and minors; feature anyone who is or appears to be below the legal age to participate in online gaming; be placed with such intensity and frequency that they become excessive; contain claims or representations that gambling activity will guarantee an individual's social, financial, or personal success; be placed before any audience where most of the audience is ordinarily expected to be below the legal age to participate in online gaming; or imply or suggest any illegal activity of any kind.

Additionally, WynnBET ensures advertising and marketing materials contain the applicable responsible gaming language for the jurisdiction(s) in which the advertising and marketing is being conducted. Responsible gaming language and information shall also be prominently displayed on-line.

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**
- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**
- **GameSense Logic Model**
- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

e. Manage high-risk financial transactions

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Manage High- Risk Financial Transactions

Pursuant to applicable Massachusetts law, WynnBET has developed internal control procedures designed to ensure all legal, statutory, and regulatory requirements related to financial transactions are implemented.

E.1 RESPONSIBLE GAMING POLICIES

Referencing the following documents:

- **MGC Responsible Gaming Framework**

- **Applying Principles of the Massachusetts Responsible Gaming Framework to Sports Wagering Policy & Practice**

- **GameSense Logic Model**

- **Responsible Gaming Considerations for Gambling Advertising**

Provide a proposed responsible gaming plan draft that, at a minimum, incorporates policies and tactics for the following key strategies:

f. Engage the community

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Engaging the Community

WynnBET is committed to continuous and meaningful engagement with its host, surrounding, and neighboring communities including with respect to addressing problem gambling and other health promotion. WynnBET's parent company, Wynn Resorts, has formed strong alliances with entities and individuals within these communities for the purpose of learning, innovating, problem solving, and improving the community-at-large. WynnBET is committed to continued support of evidence-based research to inform its efforts with respect to responsible gaming.

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

WynnBET monitors and reviews industry information related to responsible gaming to stay current with its training and information and will update its policy and documentation accordingly.

Alcohol service training will also be administered for all relevant positions. Currently, no WynnBET employees are responsible for serving alcohol to patrons or monitoring for intoxication due to gaming products being offered online and no deposits are made in-person with WynnBET employees.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant’s ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

a. Estimated marketing budget in the Commonwealth

WynnBET, Encore Boston Harbor, and our parent brand of Wynn Resorts each have a unique positioning that will allow it to address key VIP segments of the addressable market that other brands simply cannot reach. The power of the Wynn brand, combined with our existing customer base, extensive casino property marketing and integrated loyalty programs will allow us to attract and retain customers across all segments, along with those VIP customers uniquely attracted to our Wynn brand. Beyond marketing, WynnBET is also well positioned to offer an entirely different experience to potential customers through our innovative approach to technology and product development. The combination of these features is a customer acquisition and retention advantage that our rivals cannot match with the same level of efficiency in capital and resource deployment.

Mobile and online sports wagering is a capital intense business. [REDACTED]

[REDACTED] Our capital resources are vital to support the launch and overall success of our Massachusetts business.

WynnBET will also benefit from the Wynn brand already being well known and highly regarded in Massachusetts. [REDACTED]

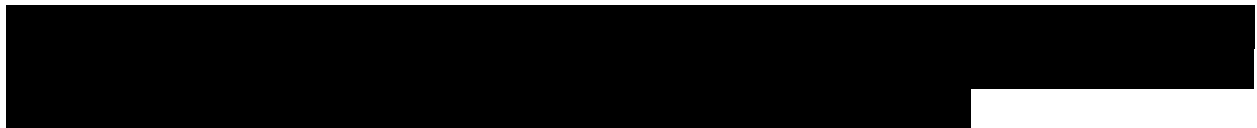
Our premium brand positioning is built upon delivering best-in-class customer service and providing guests with world class amenities. Wynn Resorts is proud to have achieved numerous accolades and awards that recognize our efforts in these areas. In February 2021, Wynn Las Vegas and Encore Las Vegas each earned Forbes Five-Star status on the 2021 Forbes Travel Guide (“FTG”) Star Rating list and are now the largest and second largest FTG Five-Star resorts in the world, respectively. Wynn Palace, in Macau, originally earning FTG Five-Star status in 2018, is the third largest. With 22 FTG Five-Star hotels, spas and restaurants collectively across its global portfolio, Wynn Resorts holds the most FTG Five-Star awards of any independent hotel company in the world. Wynn Macau remains the only resort worldwide with eight individual FTG Five-Star awards, achieving the honor for the fifth consecutive year.

WynnBET believes Wynn Resorts’ premium brand positioning will be central to WynnBET’s success in Massachusetts, not solely for the name recognition and trusted reputation it conveys, but for what it signifies about our team members. Our reputation is earned by the talented and committed people who constitute our organization. It is with this same commitment that the

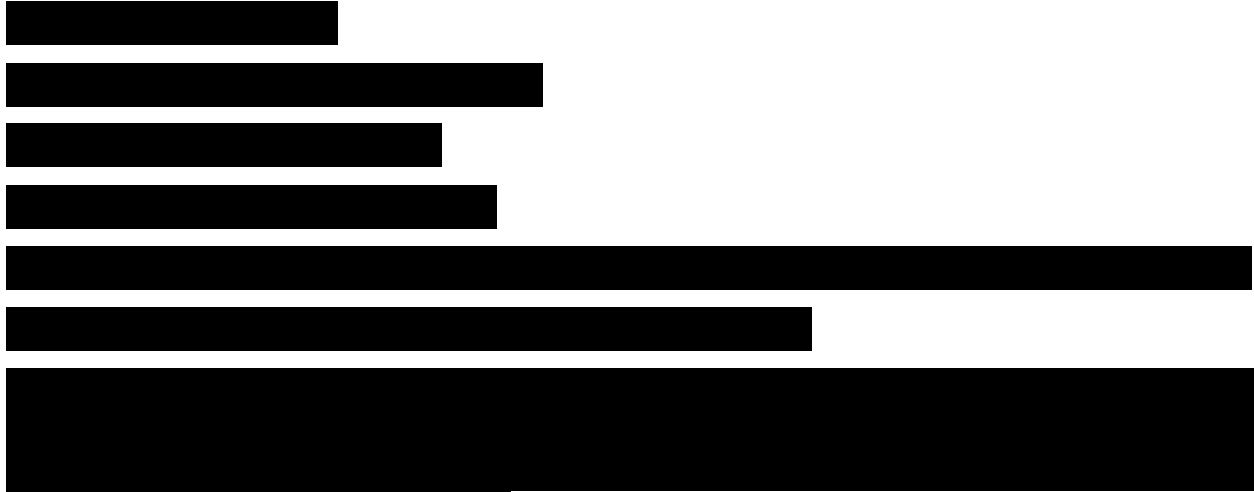
WynnBET team aims to exemplify Wynn Resorts' tradition of excellence by offering a best-in-class digital sports betting experience to patrons in Massachusetts.

As with everything Wynn Resorts does, we are very protective of our brand reputation and that defines how we approach our WynnBET marketing and product development. We fundamentally believe the combination of a high-quality product and extraordinary customer service leads to high quality, loyal customers. This is driven by our extraordinary belief in taking responsibility for every detail and drives the critical aspects of our world-class marketing program.

We have a robust business plan to launch our business in Massachusetts. This includes a significant marketing program, designed to maximize the efficient allocation of resources across channels. The attached summary provides a high-level view of the spend by channel.



In 2023, we anticipate the following spend by category for marketing in the budget described below:



As the sports wagering marketplace is an ever-changing landscape, we constantly monitor trends and maintain flexibility to adjust as required. We have designed our marketing program and technology stack to ensure we can move quickly, as the market evolves.

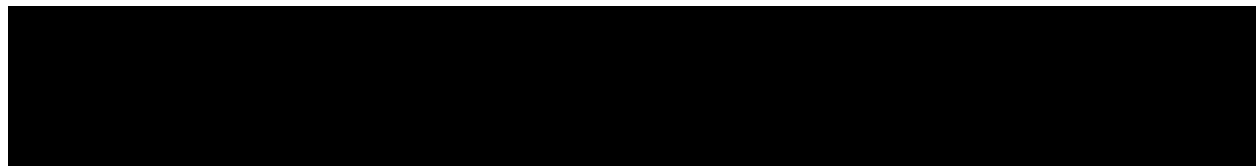
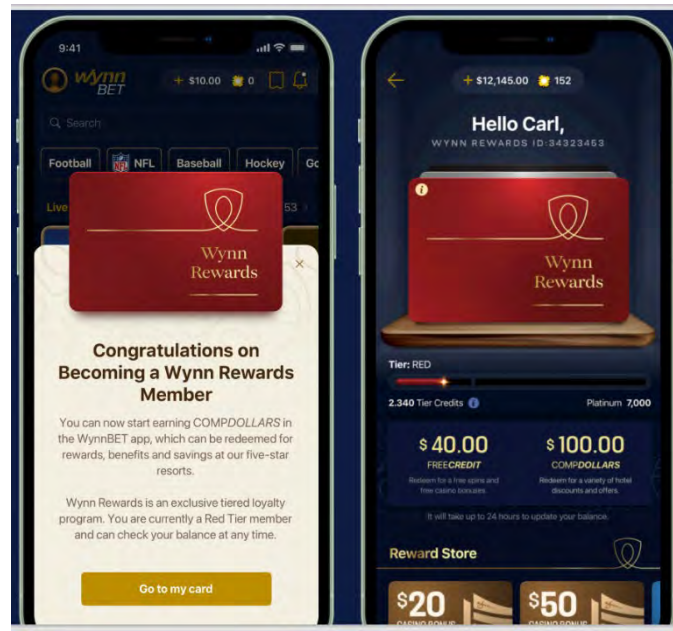
E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant’s ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

b. Promotion and player loyalty programs

Our Wynn Rewards loyalty program offers patrons unparalleled access to a range of 5-star resort experiences that pure-play digital operators, including illegal offshore operators, cannot replicate. Our best-in-class loyalty integration of Wynn Rewards allows us to provide marketing benefits. From a marketing perspective, our users earn and redeem rewards both on property and online, deepening the customer stickiness factor and engagement. From an enrollment perspective, every new user will be automatically enrolled in the program and existing members will seamlessly pair their accounts.

We provide three different reward tiers according to their spending level both on property and online, with progressive earning based upon their spend levels. As they earn additional rewards, customers unlock additional benefits, such as complimentary Spa Credits and Birthday Credits at Wynn Resorts properties. The combination of this loyalty program within our overall marketing efforts helps ensure our customers remain loyal to our brand and seek to maximize their play with WynnBET to redeem their loyalty earnings at our world-class resorts.



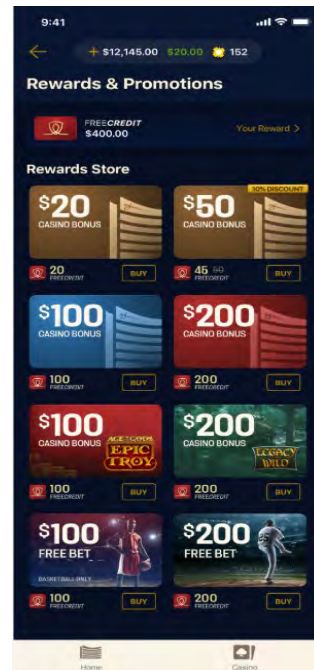
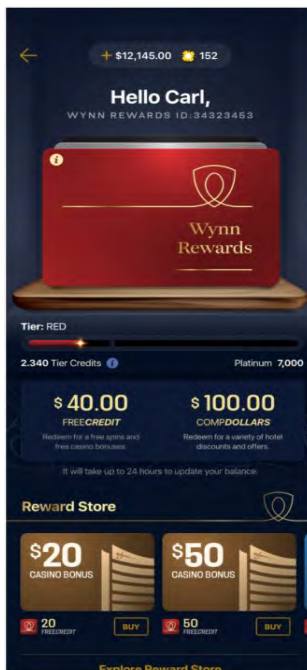


Wynn Rewards-Product Integration

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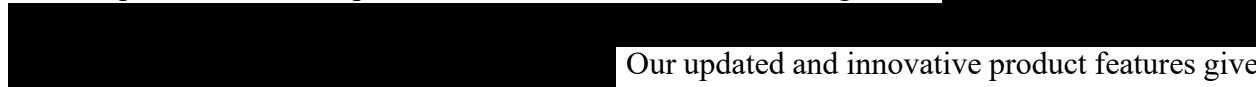
- Free*CREDIT* can be redeemed online in the WynnBET Rewards store for incredible rewards, such as bonuses and free bets
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New rewards can easily be added to the WynnBET Rewards Store by our marketing teams. We also provide time-based discounts and promotions, such as a "Black Friday" sale where patrons can receive double the reward for their Free*CREDITS* redemption. The integration of all these features into our product allows for a superior user experience that coincides with the marketing programming aspects.



Summary

We believe the power of our best-in-class brand, existing customer base and product innovation sets us apart from the competition and drives outsized, scalable growth.



Our updated and innovative product features give WynnBET a unique position to attract and retain Massachusetts patrons, in ways that our competitors simply cannot match.



We believe that WynnBET, if selected, will be a dependable and highly successful partner to the Commonwealth of Massachusetts in launching the state’s legalized, mobile sports betting industry. Wynn Resorts is a best-in-class brand with a longstanding (and highly successful) operating history in regulated gaming. Our online and mobile sports betting product and operations are no exception. WynnBET’s vision for the future is differentiated and compelling. We are excited to enter the Massachusetts marketplace and help the Commonwealth of Massachusetts accelerate its legalized, mobile wagering market development efforts.

E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant’s ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

c. Advertising plans – must include information for any third-party marketing firm applicant plans to partner with for advertising in the Commonwealth

WynnBET is poised for expansive long-term growth with an updated marketing program, designed to ensure efficient allocation of marketing resources to target high-return channels. Our marketing team is highly skilled in acquiring patrons for real money gaming propositions and will deploy years of industry experience in capturing new sports betting customers as well as converting existing consumers from other platforms.

[REDACTED]

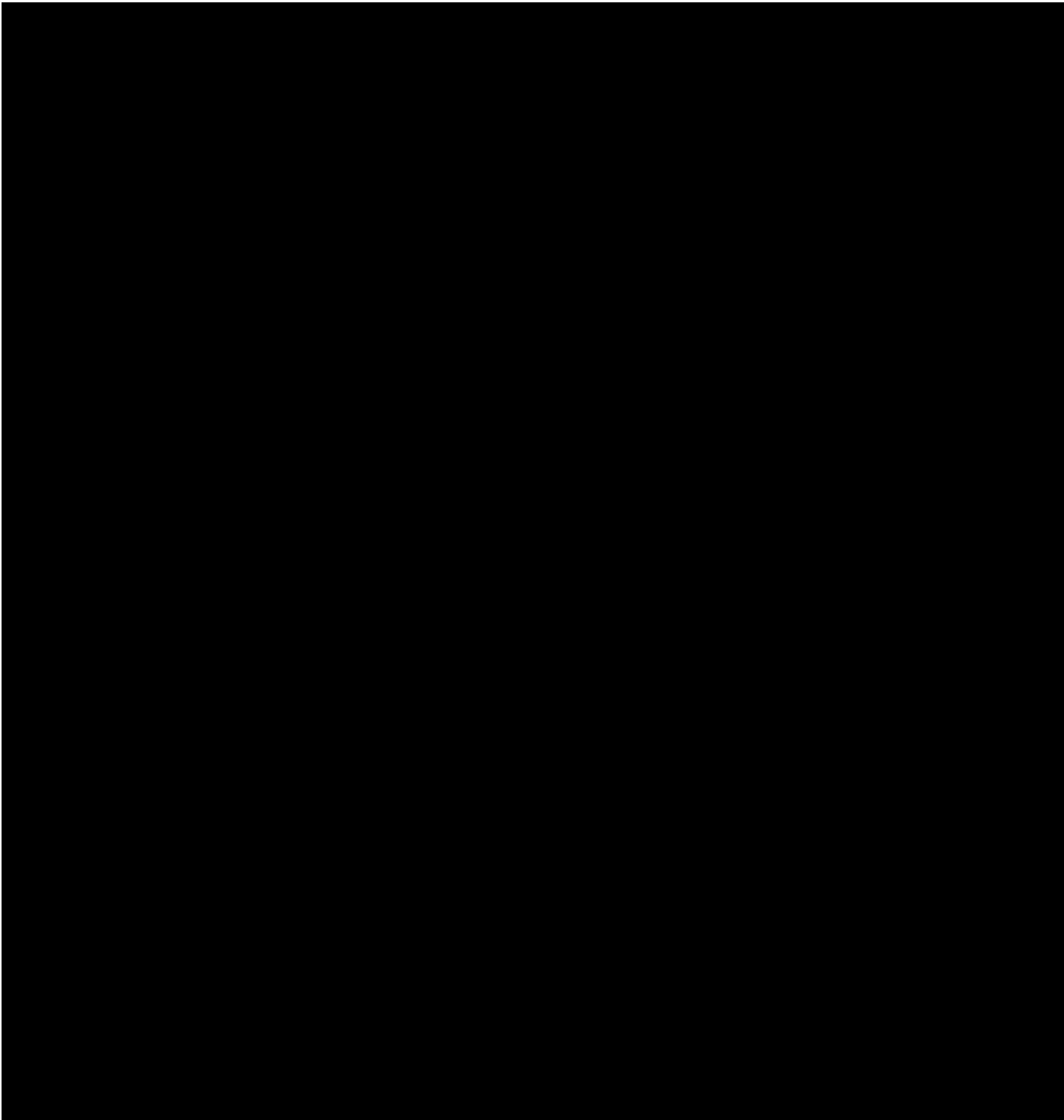
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[REDACTED]

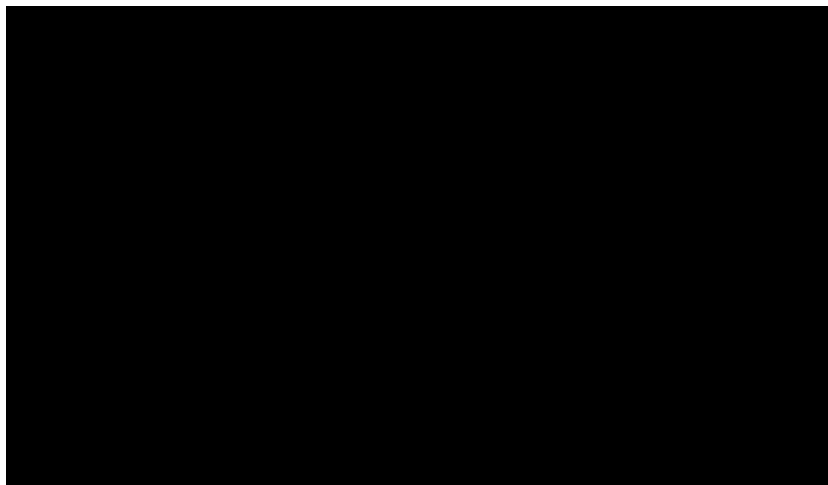
Brand

[REDACTED]

[REDACTED]



Media & Editorial Partnerships



Ambassadors

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Performance Marketing

The WynnBET marketing team brings extensive performance media buying and marketing expertise across social media, search, programmatic, and digital audio & video channels.

[Redacted]

[Redacted]

[Redacted]

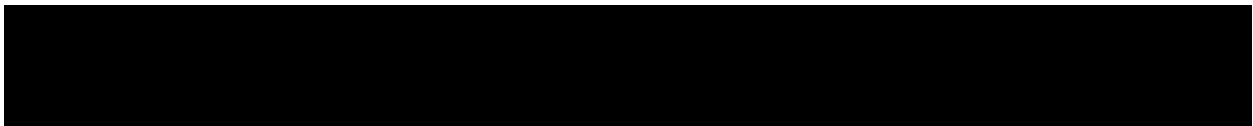
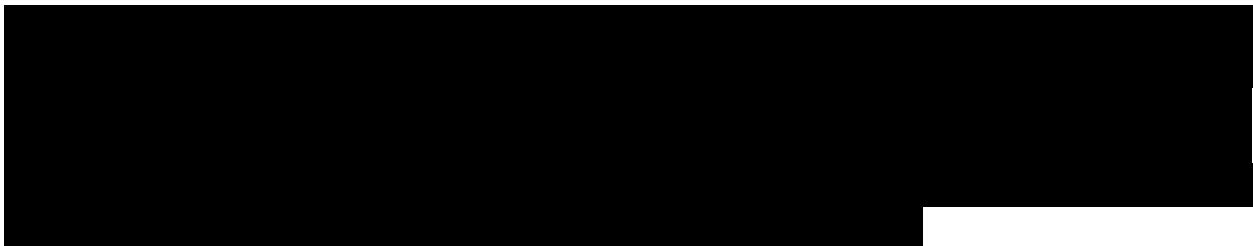
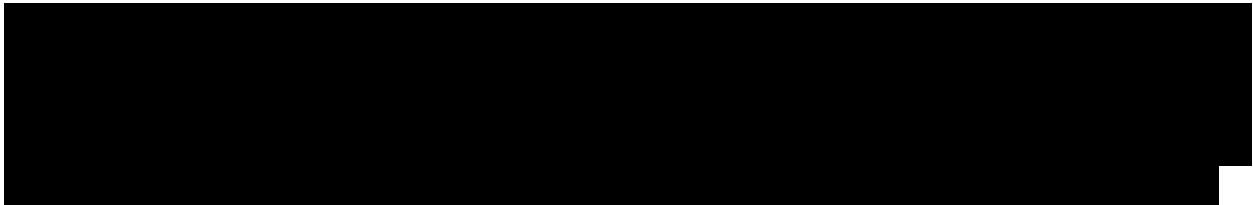
Experiential Marketing

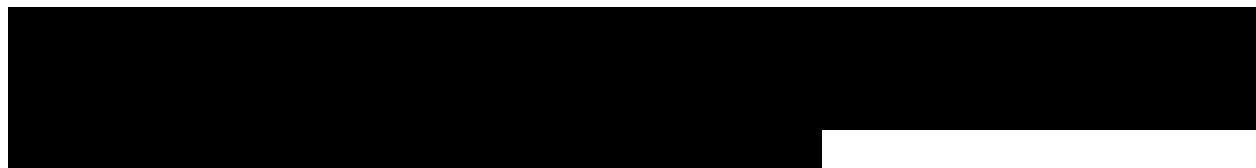
[Redacted]

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Professional Team/Leagues, Partnerships & Agencies





Retention Marketing



The screenshot displays the WynnBET website interface. At the top, the navigation bar includes the WynnBET logo, menu items for Sportsbook, Live, Casino, and Promotions, a search bar, and user account information showing a balance of \$500.00 and 999 points. A sidebar on the left lists sports categories from American Football to Tennis. The main content area is titled "Promotions & Rewards Store" and features several promotional cards:

- Welcome Offers:**
 - BIG GAME:** 100% DEPOSIT MATCH BONUS. Includes a "Deposit" button and a "Details" link.
 - \$1,000 RISK-FREE BET*:** Includes a "Deposit" button and a "Details" link.
- Sportsbook Offers:**
 - BAD BEAT MONDAY:** BET 3+ LEGS, LOSE ON 1 LEG GET \$25 FREE BET!. Includes an "Opt-in" button and a "Details" link.
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Promotions and Bonuses

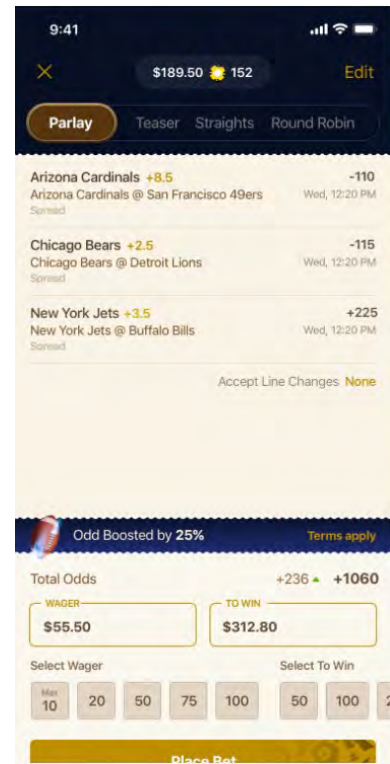
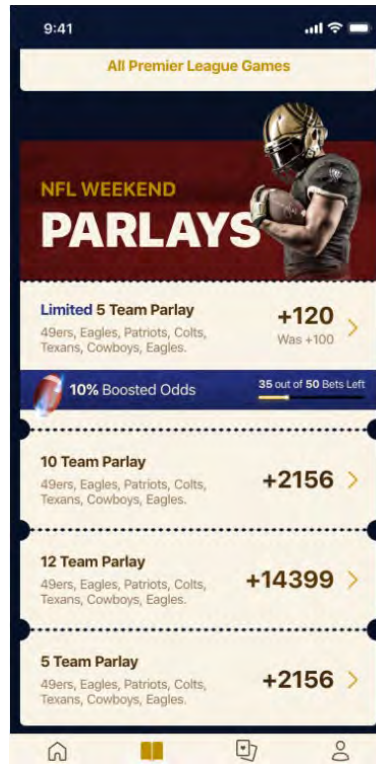


Boosted Parlays-A Promotional Example

A hugely popular feature with our players is our Boosted Parlays. Our trading teams regularly pick a popular parlay and then ‘boost’ the total odds by as much as 50%. The patron can easily find these amazing offers on the sports book homepage and place their wager with just a couple of clicks.

Boosted Parlays can be limited to a fixed number of wagers, for example 500 (1 per patron) and are available on a first come first served basis, driving players to return to the site frequently to ensure that they do not miss out.

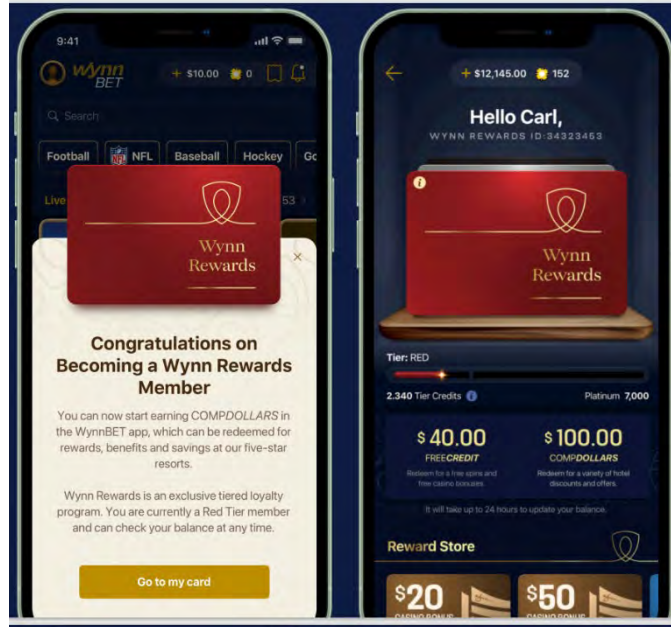
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Wynn Rewards-Marketing Program

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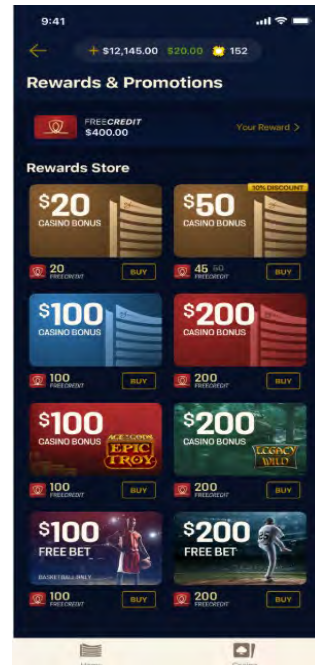
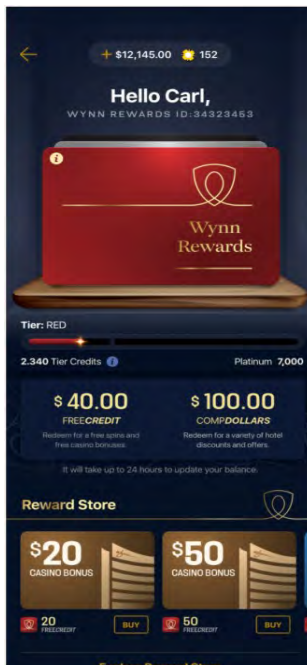


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E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant's ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

d. Measures to ensure that marketing reaches the target audience and not underage or vulnerable populations


WynnBET takes responsible gambling very seriously and this includes efforts to ensure our advertising is not directed to minors. WynnBET's advertising and marketing does not contain images, symbols, and/or language designed to appeal specifically to children and minors; feature anyone who is or appears to be below the legal age to participate in online gaming; be placed with such intensity and frequency that they become excessive; contain claims or representations that gambling activity will guarantee an individual's social, financial, or personal success; be placed before any audience where most of the audience is ordinarily expected to be below the legal age to participate in online gaming; or imply or suggest any illegal activity of any kind.

While we cannot absolutely control who sees our brand placements, as part of our Responsible Gaming Policy, we take every precaution to ensure that our marketing efforts always focus on responsible gaming and target only those patrons of legal age. We also follow industry best practices to verify that all customer sign-ups are limited to those of legal age and ensure marketing materials all reiterate the age-requirement. Our online marketing channels target those customers over 21, as a matter of both responsible gaming and business acumen. [REDACTED]

In the on-line application, the first phase of age restriction occurs in the messaging. There are warnings on the website and mobile applications stating that the site is only for those individuals who are twenty-one (21) years old and older, as well as information about the legal implications of underage gaming. Patrons are required to contractually state that they are of legal age to gamble. In addition, the online and mobile platform has been integrated with various KYC providers to validate a patron's identification, age, and other personal information when registering for an account. Patrons who are not automatically verified on registration will be requested to provide identification documents to confirm their legal age prior to being able to wager. Patrons are also advised to keep their account access data (user ID and password) in a secure, protected place to restrict access to children and teenagers.

[REDACTED] At all times, the minimum age to sign up for our app is 21 years old and our marketing efforts are aimed only at those customers who are over the age of 21. We work with a variety of affiliate agencies and require them to follow the same standards. Additionally, as our performance marketing advertising placements are optimized to ensure ad audiences meet the applicable criteria, including the 21-year age requirement. [REDACTED]

Our live-event, street team programs target bars with 21+ entry requirements, which ensures target audiences are of age. At major sporting events, all marketing areas have 21+ age-requirement areas, including security and ID checks.



E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant’s ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

e. Player acquisition models – *specify minimum age to participate*

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[REDACTED]

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[REDACTED]

Below is an outline of our overall marketing program, along with examples of each category.

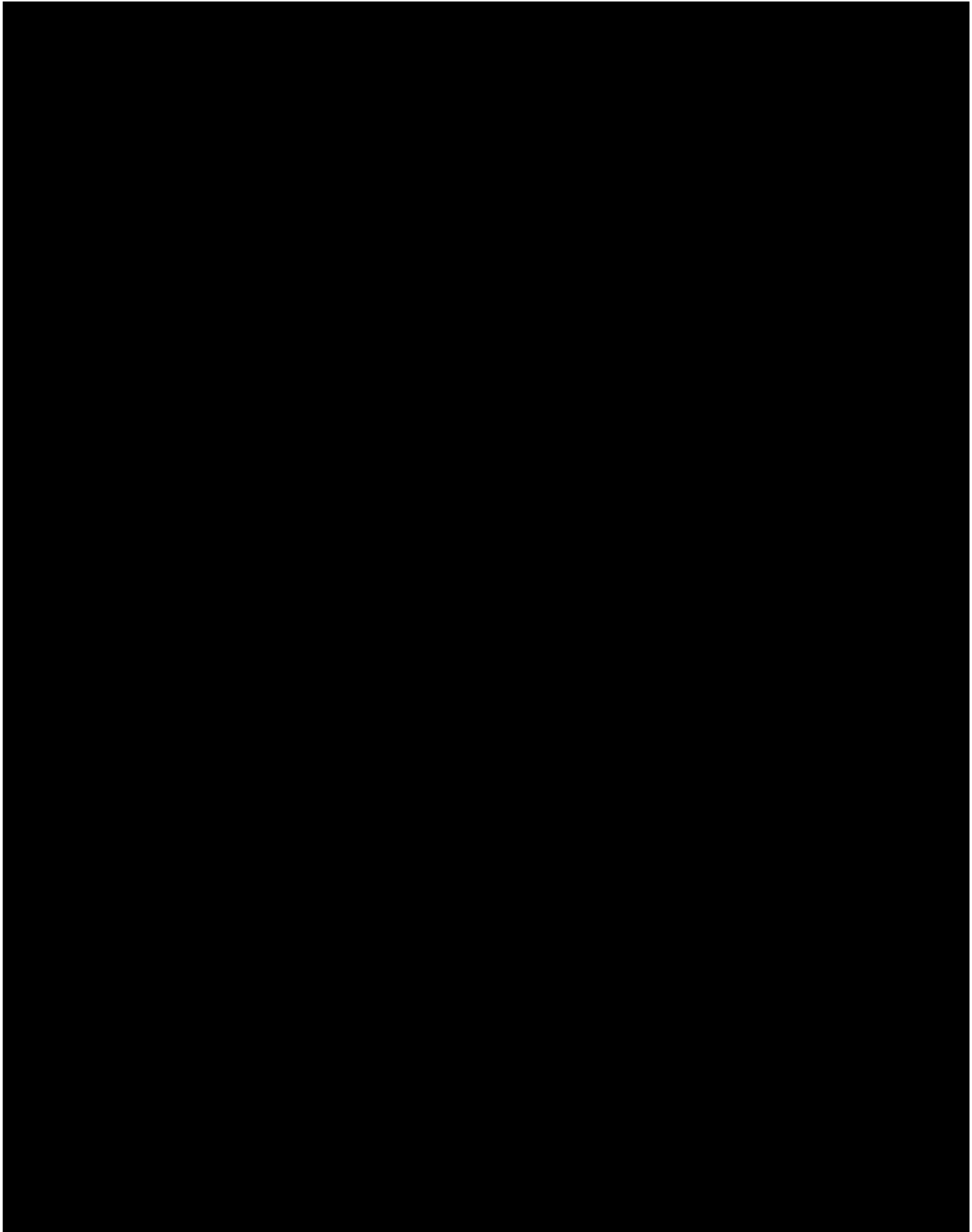
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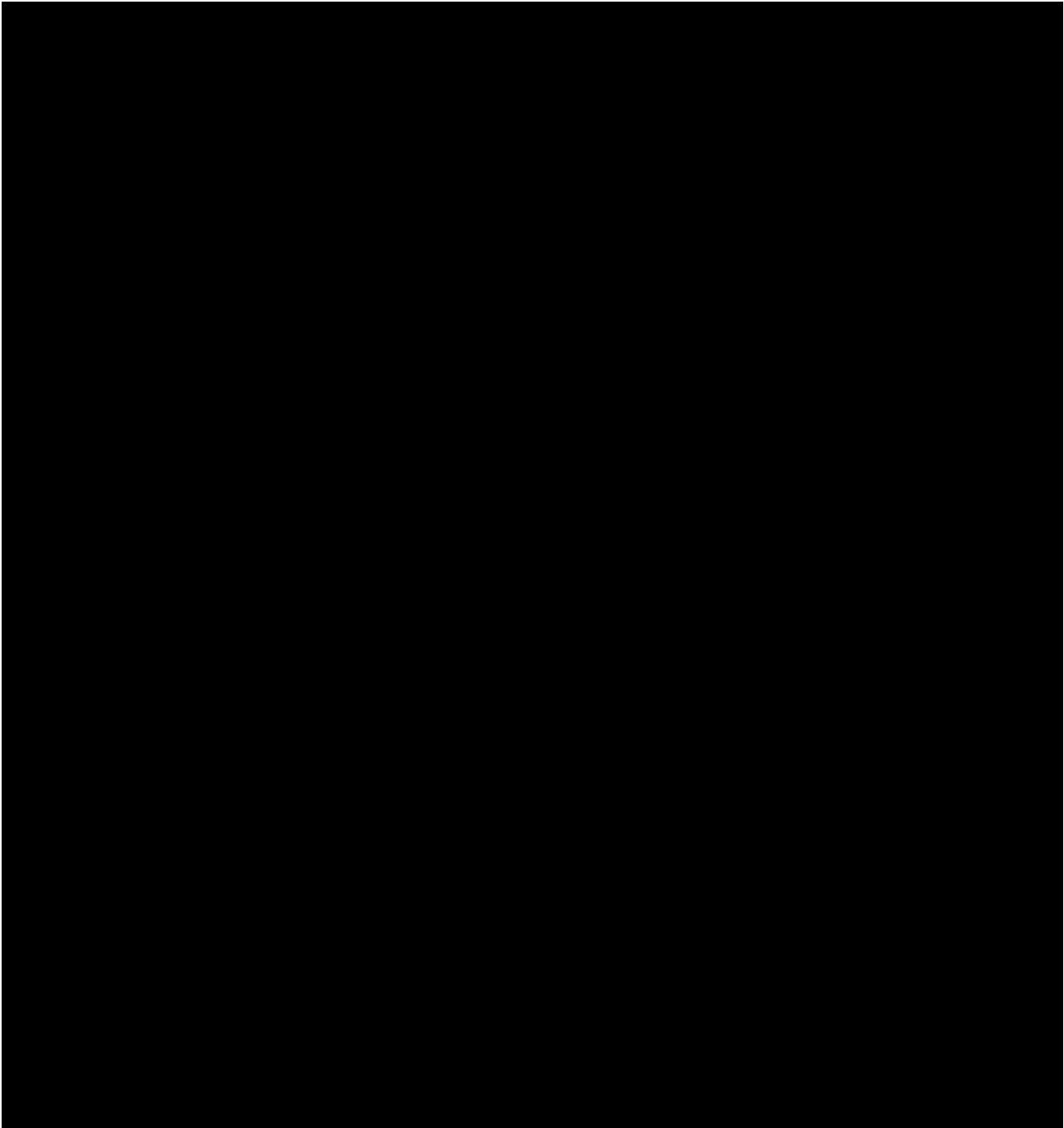
These are fundamental advantages that are embedded and reflected in our overall approach to marketing.

Brand

[REDACTED]

[REDACTED]





Media & Editorial Partnerships

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Ambassadors

[Redacted]

[Redacted]

[Redacted]

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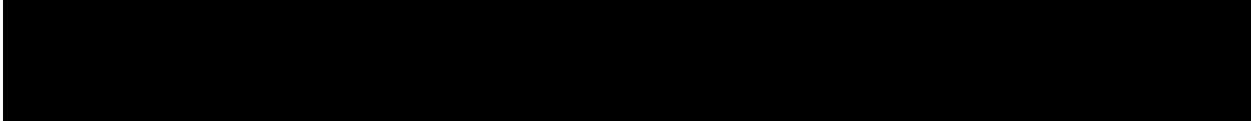
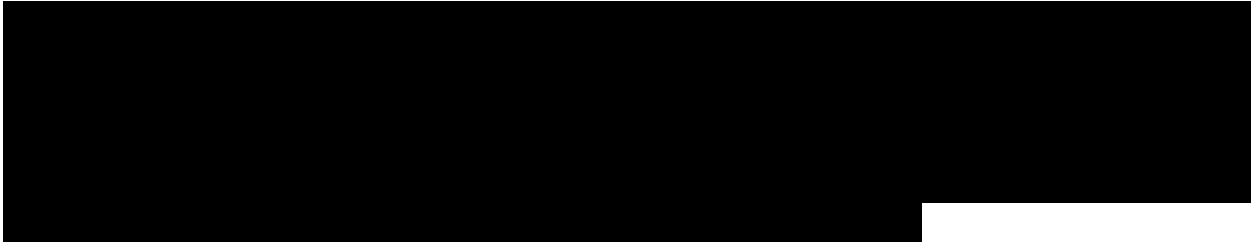
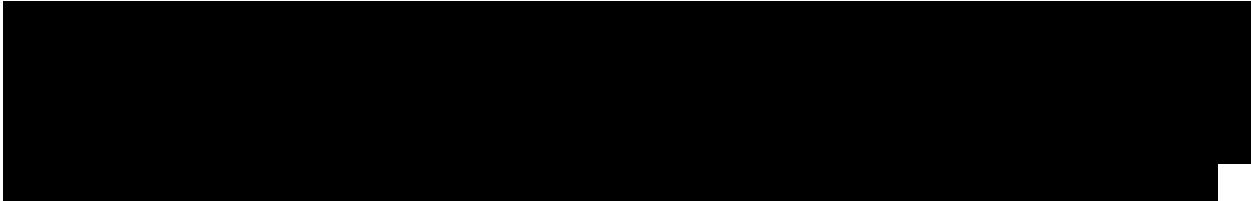
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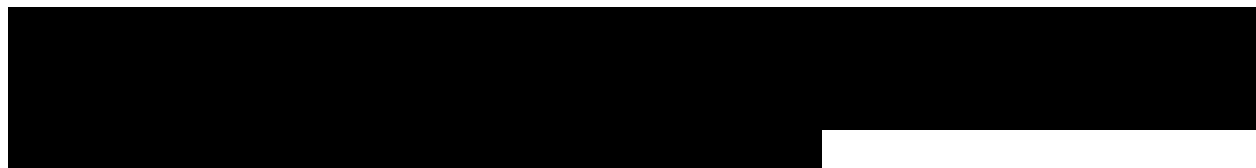
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Retention Marketing



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Promotions and Bonuses

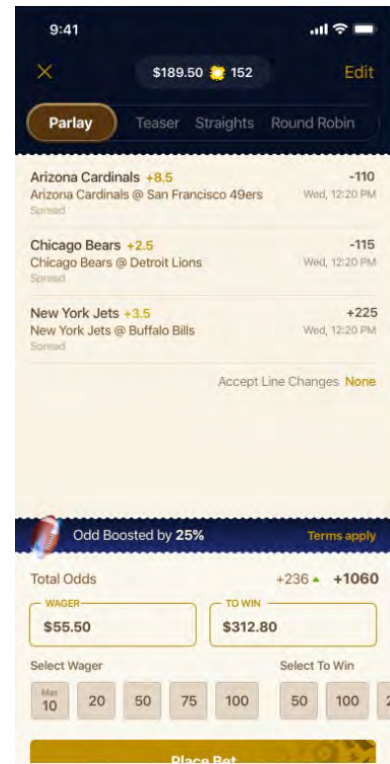
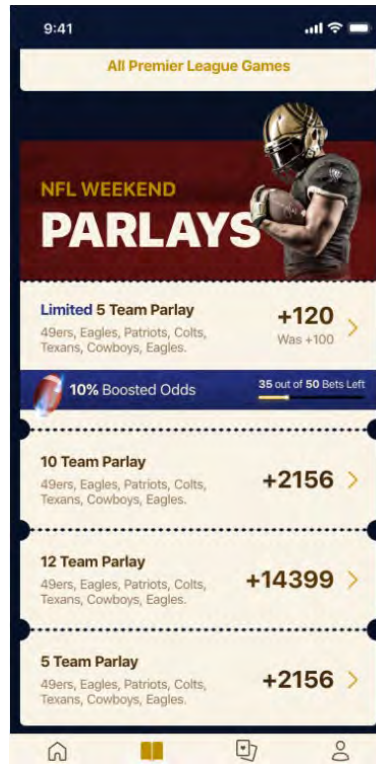


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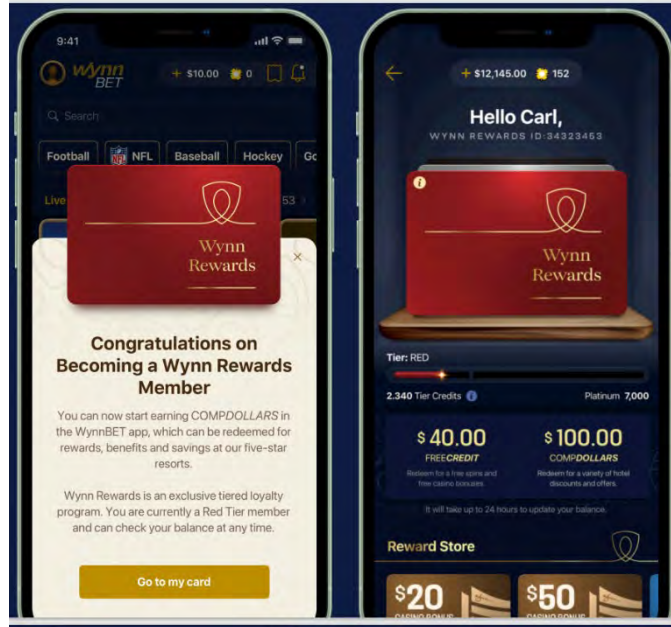
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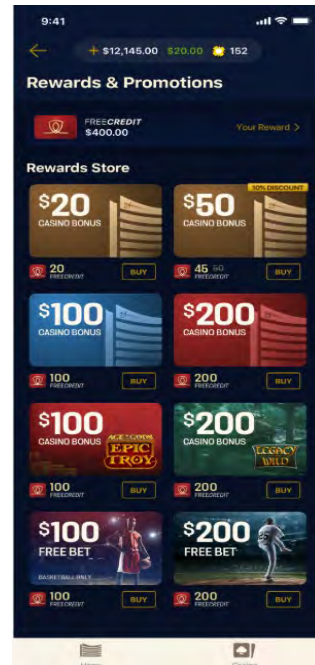
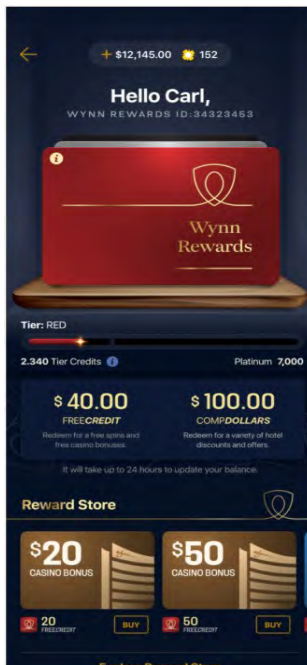


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E.2 ADVERTISING & PROMOTIONAL PLANS

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f. Plans to incorporate responsible gaming and problem gambling information

WynnBET will implement a responsible gaming program to address problem gambling and provide support to persons in need of help. The start of the program will begin with publishing a policy document that informs and educates employees about the responsible gaming program offered to users. WynnBET patrons will also have direct access to the responsible gaming program through a link integrated on the user interface. Users can read about the program and learn about the different options available. The responsible gaming program will provide phone numbers to available resources, such as the National Council on Problem Gambling Hotline at 1 (800) 522-4700, www.ncpgambling.org, or the International Center for Responsible Gaming at 1 (978) 338-6610, www.icrg.org. In addition, local resources will be utilized, including the MA Substance Use Helpline (800) 327-5050, as well as web resources of [HTTPS://HELPLINEMA.ORG/PROBLEMGAMBLING](https://helplinema.org/problemgambling)

Responsible gaming messaging will be included in all brand advertisements as set by the Massachusetts Gaming Commission. All direct email and paid social marketing will include relevant responsible gaming links and resource re-directs. [REDACTED]

Additionally, the responsible gaming program implemented by WynnBET will allow users to self-limit play. In the app or website, patrons will be able to navigate to the Responsible Gaming section and choose from several options to help self-limit, including a cooling-off period, time limits, deposit limits, or spending limits. If use of these options does not produce the desired results, patrons are able to self-exclude. Our functionality allows for patrons to choose the length of time they want to remain on the exclusion list.

Below is a copy of WynnBET's Responsible Gaming Policy and Plan for the Commonwealth of Massachusetts:

WynnBET Responsible Gaming Plan

WynnBET's commitment to responsible gaming is evidenced through its intention to ensure that all patrons are gaming for the right reasons and through its on-going support of responsible gaming programs. WynnBET believes that even one problem gambler is one too many. This Responsible Gaming Plan sets forth the high standards of ethical conduct, integrity, and commitment expected from our employees.

The purpose of this Responsible Gaming Plan is to reflect the strategies outlined in the Responsible Gaming Framework and to establish detailed practices and procedures for assuring effective implementation. This Plan includes WynnBET's commitments to:

- Provide ongoing education to employees about responsible gaming and their role in promoting a responsible gaming environment.
- Require that all employees participate in approved responsible gaming employee training programs.
- Reduce the risk of employee gambling-related problems through policies and practices inclusive of educational programs and resources for employees in need of assistance.
- Ensure that an appropriate level of awareness relating to responsible gaming is maintained throughout the licensed organization and key contractors, so that responsible gaming is made an integral part of daily operations.
- Provide employees with clear statements of expectations and responsibilities, including an emphasis on the importance of employees in promoting responsible gaming and creating a healthy gambling environment.
- Designate responsible gaming duties for senior management and other leadership positions.
- Adopt, implement, and maintain responsible gaming practices that are culturally and linguistically appropriate to staff and patrons.

Responsible Gaming Committee

WynnBET shall establish a Responsible Gaming Committee [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

The Responsible Gaming Committee shall be responsible for:

1. [REDACTED]
[REDACTED]

2. [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

Strategies for the Prevention of Problem Gaming

In accordance with broad strategies set forth in the Responsible Gaming Framework, WynnBET has established the following programs and information resources to implement responsible gaming:

Commitment to Corporate Social Responsibility

WynnBET has committed to the establishment of a Responsible Gaming Committee comprised of members from key leadership positions that will have primary responsibility for the implementation of the practices and procedures set forth in this plan.

Support Positive Play

Recognizing that the majority of casino patrons engage in “positive play” (i.e., exhibit no sign of problems or concerns regarding their gaming), WynnBET will implement the following initiatives to assist players in avoiding persistent negative experiences:

1. **Informed Decision Making**

Patrons have the ability to request transactional data regarding their deposits, withdrawals, wagers, wins and losses. All transactions are recorded and stored on WynnBET’s mobile and desktop application, which can be accessed in real time once the patron logs into the app. This allows patrons to make informed decisions about their gambling expenditures and helps manage the total amount spent on WynnBET.

2. **Voluntary Self-Exclusion Program**

WynnBET complies with mandated responsible gaming requirements in each of the jurisdictions where it does business. This includes but is not limited to following the procedures for ensuring that state excluded patrons are flagged in the gaming system to help ensure that those individuals are not allowed to gamble. The various jurisdictional requirements will be incorporated into their respective Internal Controls.

WynnBET also employs its own process for allowing patrons to voluntarily self-exclude themselves from gaming with WynnBET. WynnBET’s self-exclusion program is outlined below:

- Self-exclusion can be applied one (1) year or (5) years.
- Patrons may not wager or deposit until the completion of the self-exclusion period.
- The account will remain suspended within the exclusion period.
- The patron may not open a new account while self-excluded.
- Marketing or promotional materials will not be sent to self-excluded accounts.

WynnBET also provides additional tools that patrons can access on their mobile wagering account. These include:

- A “Time-Out” or “Cooling Off” period;
- Daily, weekly or monthly deposit limits;
- Daily, weekly or monthly wager limits.
- Marketing Restrictions

Promote Public Health and Safety

WynnBET recognizes that its commitment to corporate social responsibility extends beyond traditional responsible gaming provisions to broader daily operations designed to promote public health and safety as described below.

1. Prevent Underage Gambling

In the on-line application, the first phase of age restriction occurs in the messaging. There are warnings on the website and mobile applications stating that the site is only for those individuals who are twenty-one (21) and older, as well as information about the legal implications of underage gaming. Patrons are required to contractually state that they are of legal age to gamble.



Patrons are also advised to keep their account access data (user ID and password) in a secure, protected place to restrict access to children and teenagers.

2. Assist Patrons in Need



Ensure Responsible Marketing

WynnBET ensures its advertising and marketing contains a responsible gaming message and toll-free help line number where practical; reflects generally accepted contemporary standards of appropriate messaging; and, strictly complies with all state and federal standards to make no false or misleading claims or suggesting that the probability of winning or losing on the various games offered are different than those actually experienced.

WynnBET's advertising and marketing does not contain images, symbols, and/or language designed to appeal specifically to children and minors; feature anyone who is or appears to be below the legal age to participate in online gaming; be placed with such intensity and frequency that they become excessive; contain claims or representations that gambling activity will guarantee an individual's social, financial, or personal success; be placed before any audience where most of the audience is ordinarily expected to be below the legal age to participate in online gaming; or imply or suggest any illegal activity of any kind.

Additionally, WynnBET ensures advertising and marketing materials contain the applicable responsible gaming language for the jurisdiction(s) in which the advertising and marketing is being conducted. Responsible gaming language and information shall also be prominently displayed on-line.

Manage High- Risk Financial Transactions

Pursuant to applicable Massachusetts law, WynnBET has developed internal control procedures designed to ensure all legal, statutory and regulatory requirements related to financial transactions are implemented.

Engaging the Community

WynnBET is committed to continuous and meaningful engagement with its host, surrounding, and neighboring communities including with respect to addressing problem gambling and other health promotion. WynnBET's parent company, Wynn Resorts, has formed strong alliances with entities and individuals within these communities for the purpose of learning, innovating, problem solving, and improving the community-at-large. WynnBET is committed to continued support of evidence-based research to inform its efforts with respect to responsible gaming.



[REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

WynnBET monitors and reviews industry information related to responsible gaming to stay current with its training and information and will update its policy and documentation accordingly.

Alcohol service training will also be administered for all relevant positions. Currently, no WynnBET employees are responsible for serving alcohol to patrons or monitoring for intoxication due to gaming products being offered online and no deposits are made in-person with WynnBET employees.

[REDACTED]

[REDACTED]

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- | [REDACTED]

| [REDACTED]

| [REDACTED]

| [REDACTED]

| [REDACTED]

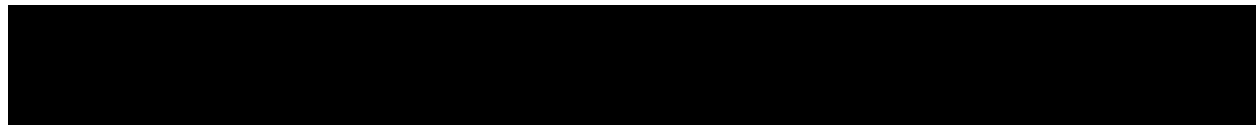
E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant’s ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

g. Strategies for converting those customers wagering via unlicensed or illegal means to wagering legally in the Commonwealth

WynnBET plans to establish and retain a competitive position in Massachusetts, with a focus on long-term viability and scalable growth. WynnBET is well positioned to leverage its distinguished brand and leading position in the gaming industry to maximize long-term profitability. The digital marketplace is a relatively new and ever-changing landscape that requires significant resources and expert leadership. WynnBET is well positioned to leverage these resources and its leadership will ensure a disciplined execution of its business plan with our industry-leading management team.

The combination of Encore Boston Harbor being the Massachusetts market casino leader, combined with a significant Wynn brand customer presence, will help propel the State’s patron base into a safe, regulated environment for all new patrons to sign-up and leave behind their illegal offshore or local options. By offering a premier product, with industry-leading loyalty program and best-in-class assets, we will attract customers into a legal and safe marketplace. Up until the time of market launch, patrons had no legal options for wagering. With our robust offering, combined with existing customers at Encore Boston Harbor, there will be significant incentive to participate in legal wagering and leverage all that the Wynn family of companies has to offer.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] our leadership and management teams are very confident in our ability to deliver a best-in class product to the Commonwealth of Massachusetts that will remain competitive for many years.

E.2 ADVERTISING & PROMOTIONAL PLANS

Provide a thorough description of the Applicant’s ability to demonstrate the advertising, marketing, and promotional efforts to be made in the Commonwealth. Information should include:

h. Examples of marketing, advertising, and promotional materials/activities recently used in other jurisdictions

WynnBET is poised for expansive long-term growth with an updated marketing program, designed to ensure efficient allocation of marketing resources to target high-return channels. Our marketing team is highly skilled in acquiring patrons for real money gaming propositions and will deploy years of industry experience in capturing new sports betting customers as well as converting existing consumers from other platforms.

[REDACTED]

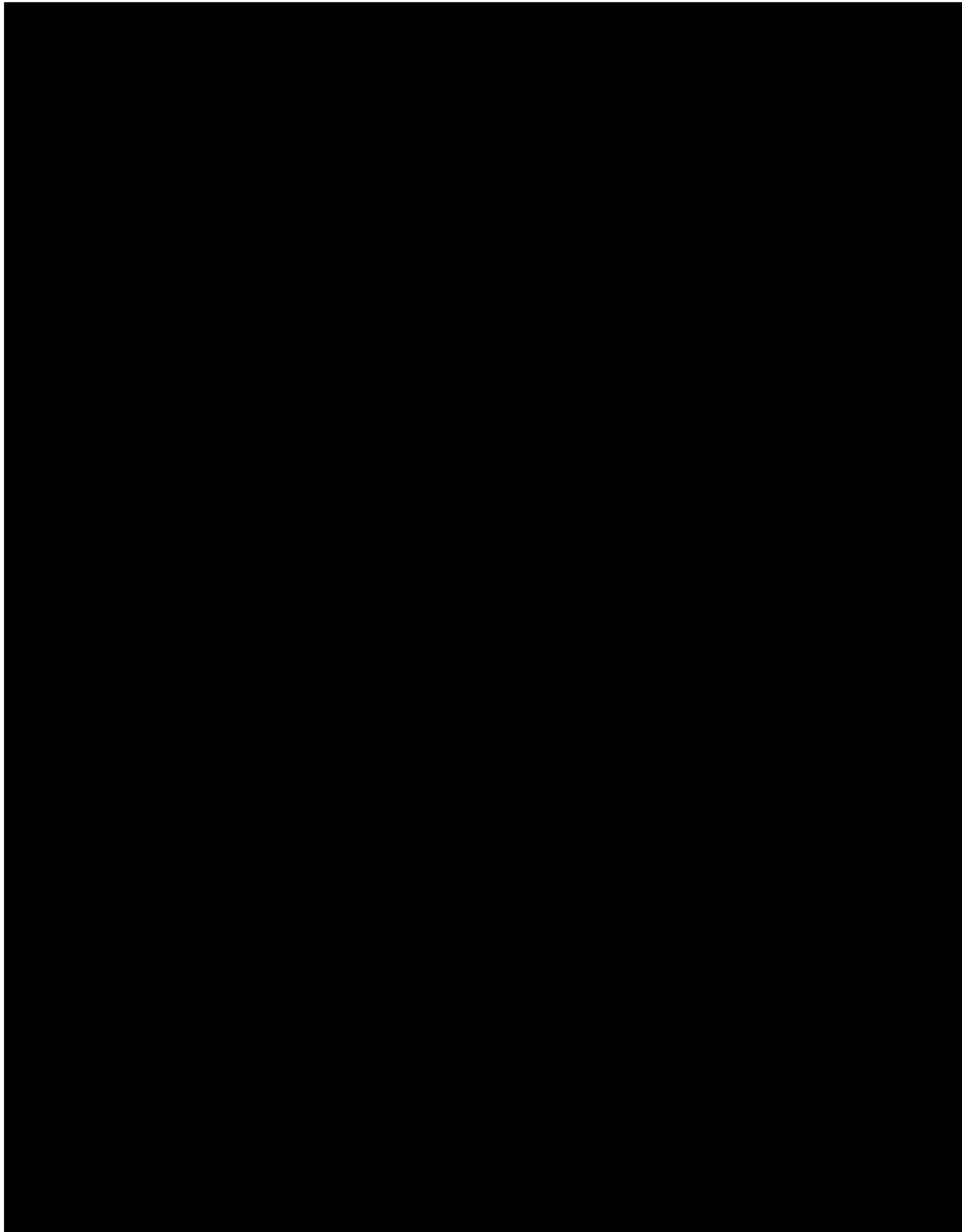
Below is an outline of our overall marketing program, along with examples of each category.

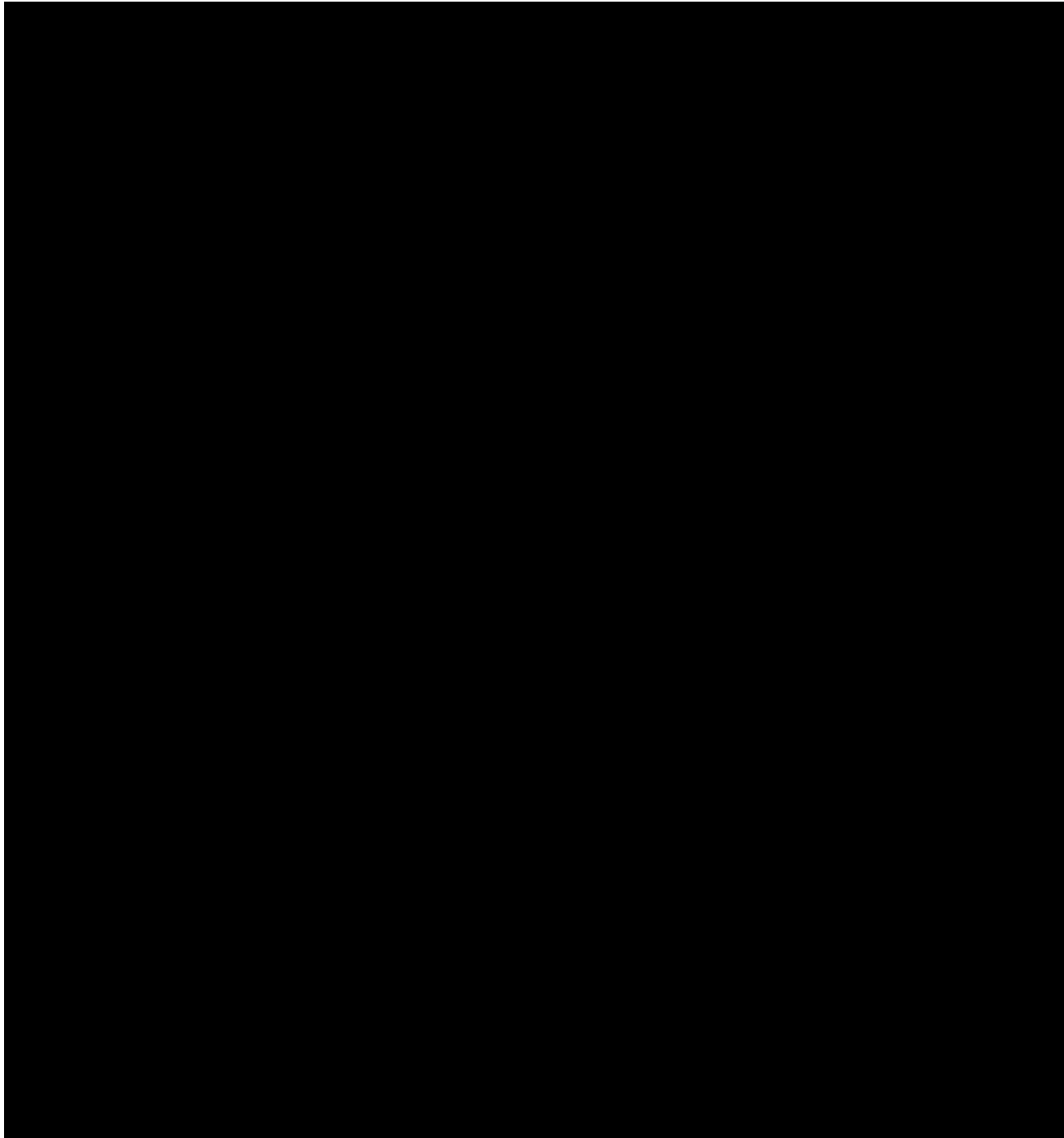
[REDACTED]

Brand

[REDACTED]

[REDACTED]





Media & Editorial Partnerships

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Ambassadors

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Performance Marketing

The WynnBET marketing team brings extensive performance media buying and marketing expertise across social media, search, programmatic, and digital audio & video channels.

[Redacted]

[Redacted]

[Redacted]

Experiential Marketing

[Redacted]

[Redacted]

[Redacted]

Professional Team/Leagues, Partnerships & Agencies

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Retention Marketing

The screenshot displays the WynnBET website interface. At the top, the navigation bar includes 'Sportsbook', 'Live', 'Casino', and 'Promotions', along with a search bar and user account information showing a balance of \$500.00. A sidebar on the left lists sports categories from American Football to Tennis. The main content area is titled 'Promotions & Rewards Store' and features several promotional cards:

- Welcome Offers:**
 - BIG GAME 100% DEPOSIT MATCH BONUS:** A card with a background image of a casino slot machine. Text: 'We will match your first deposit up to \$1,000 in Casino Bonus to explore our unique casino experience.' Includes 'Deposit' and 'Details' buttons.
 - \$1,000 RISK-FREE BET*:** A card with a background image of a roulette wheel. Text: 'We cover your first bet up to \$1,000 if you lose you will receive a free bet of the same value.' Includes 'Deposit' and 'Details' buttons.
- Sportsbook Offers:**
 - BAD BEAT MONDAY:** Text: 'BET 3+ LEGS, LOSE ON 1 LEG GET \$25 FREE BET!'. Includes 'Opt-in' and 'Details' buttons.
 - NBA PLAYOFFS BONUS:** Text: 'BET \$50+ ON ANY TEAM TO WIN THE NBA FINALS AND GET \$20'. Includes 'Opt-in' and 'Details' buttons.
 - NBA PLAYOFFS BONUS:** Text: 'BET \$50+ ON ANY TEAM TO WIN THE NBA FINALS AND GET \$20'. Includes 'Opt-in' and 'Details' buttons.

Promotions and Bonuses

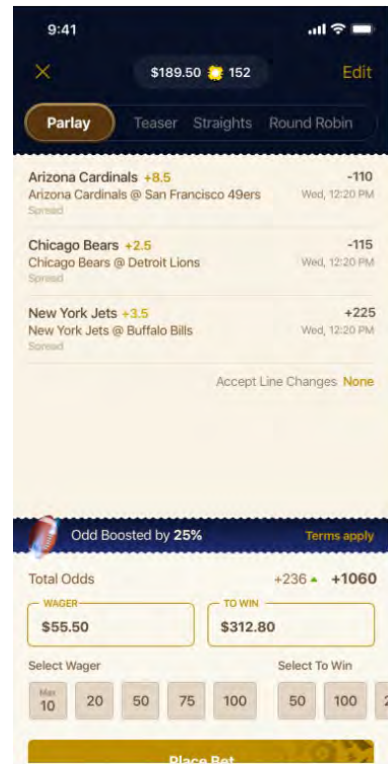
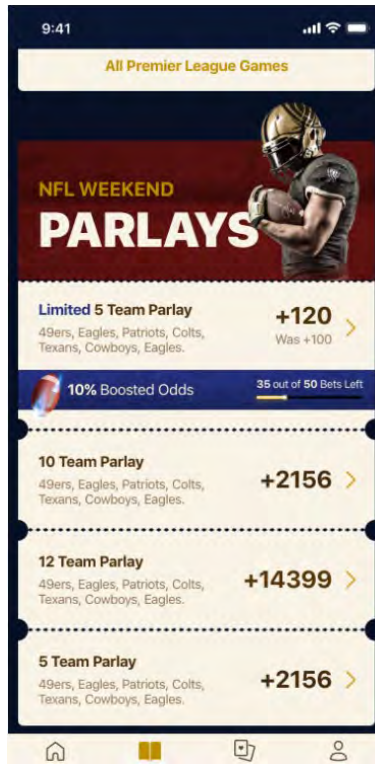


Boosted Parlays-A Promotional Example

A hugely popular feature with our players is our Boosted Parlays. Our trading teams regularly pick a popular parlay and then ‘boost’ the total odds by as much as 50%. The patron can easily find these amazing offers on the sports book homepage and place their wager with just a couple of clicks.

Boosted Parlays can be limited to a fixed number of wagers, for example 500 (1 per patron) and are available on a first come first served basis, driving players to return to the site frequently to ensure that they do not miss out.

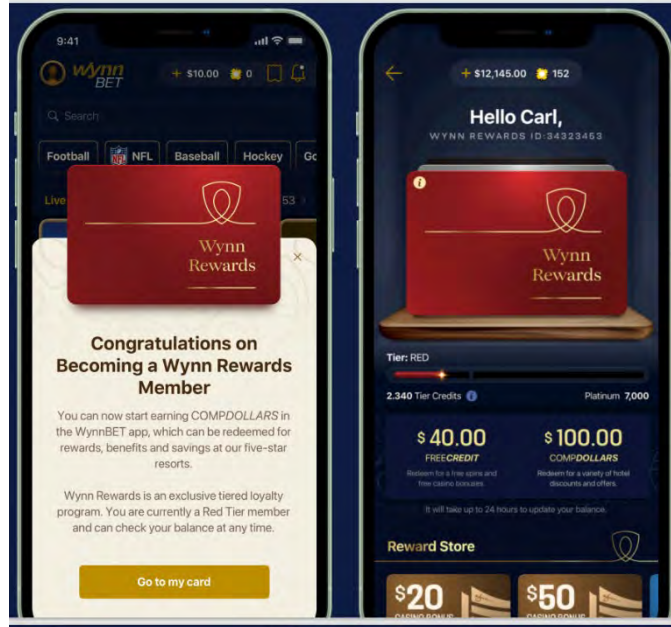
When a Boosted Parlay wins, the extra winnings are paid instantly in cash to the patron’s withdrawable balance. Boosted Parlays are offered on every major sport and on a wide range of markets. Our team works to merchandise and design Boosted Parlays with creative and enticing combinations.



Wynn Rewards-Marketing Program

Our Wynn Rewards loyalty program offers patrons unparalleled access to a range of 5-star resort experiences that pure-play digital operators, including illegal offshore operators, cannot replicate. Our best-in-class loyalty integration of Wynn Rewards allows us to provide marketing benefits. From a marketing perspective, our users earn and redeem rewards both on property and online, deepening the customer stickiness factor and engagement. From an enrollment perspective, every new user will be automatically enrolled in the program and existing members will seamlessly pair their accounts.

We provide three different reward tiers according to their spending level both on property and online, with progressive earning based upon their spend levels. As they earn additional rewards, customers unlock additional benefits, such as complimentary Spa Credits and Birthday Credits at Wynn Resorts properties. The combination of this loyalty program within our overall marketing efforts helps ensure our customers remain loyal to our brand and seek to maximize their play with WynnBET to redeem their loyalty earnings at our world-class resorts.

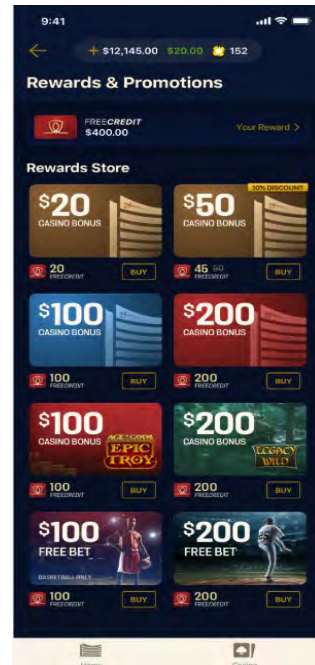
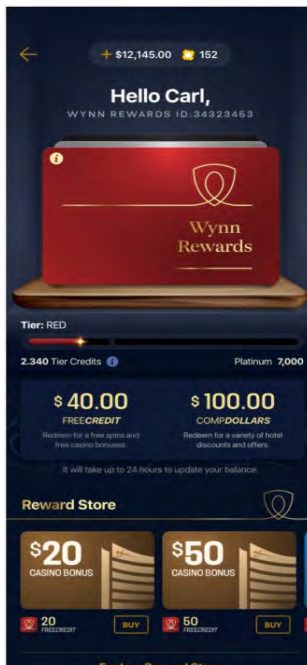


Wynn Rewards-Product Integration

As the gaming industry’s finest loyalty program, we offer the most highly sought-after rewards in Las Vegas and Boston with full integration into the WynnBET experience. Our seamless customer experience allows members to effortlessly pair their WynnBET account with their Wynn Rewards account to view all their program member benefits and balances in the WynnBET application. Every wager a member places online or at any Wynn Resorts’ property will accumulate FreeCREDIT, CompDOLLARS, and Tier points.

- FreeCREDIT can be redeemed online in the WynnBET Rewards store for incredible rewards, such as bonuses and free bets
- CompDOLLARS can be redeemed at Wynn Resorts’ properties to enjoy dinner at award-winning restaurants like Mizumi and Lakeside, priority access to venues and events, spa indulgences, and member-exclusive savings on their next getaway
- Tier Points allow the member to progress through the program from Red to Platinum and ultimately Black where the most incredible member tier benefits await

New rewards can easily be added to the WynnBET Rewards Store by our marketing teams. We also provide time-based discounts and promotions, such as a “Black Friday” sale where patrons can receive double the reward for their FreeCREDITS redemption. The integration of all these features into our product allows for a superior user experience that coincides with the marketing programming aspects.



Summary

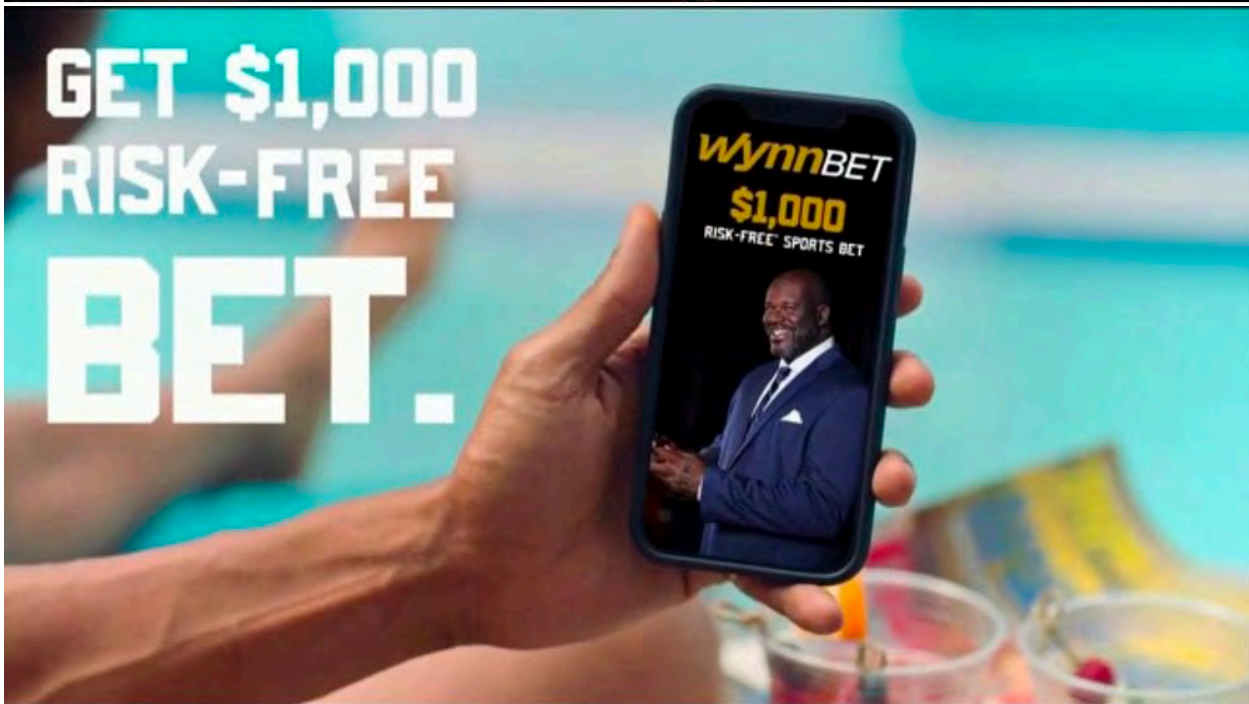
We believe the power of our best-in-class brand, existing customer base and product innovation sets us apart from the competition and drives outsized, scalable growth.

Our updated and innovative product features give WynnBET a unique position to attract and retain Massachusetts patrons, in ways that our competitors simply cannot match.

We believe that WynnBET, if selected, will be a dependable and highly successful partner to the Commonwealth of Massachusetts in launching the state’s legalized, mobile sports betting industry. Wynn Resorts is a best-in-class brand with a longstanding (and highly successful) operating history in regulated gaming. Our online and mobile sports betting product and operations are no exception.

WynnBET's vision for the future is differentiated and compelling. We are excited to enter the Massachusetts marketplace and help the Commonwealth of Massachusetts accelerate its legalized, mobile wagering market development efforts.

In addition to the materials reflected in this narrative, we have enclosed other examples of our past, approved marketing campaign materials, which have been used in a variety of jurisdictions.





<https://www.youtube.com/watch?v=IFrOPpY5opo&t=1s>

<https://www.ispot.tv/ad/qnrB/wynnbet-sportsbook-poolside-featuring-melvin-gregg>

<https://www.youtube.com/watch?v=EOfPBhwsGw>

E.3 HISTORY OF DEMONSTRATED COMMITMENT

Provide a thorough description of the policies and procedures that the applicant has adopted to:

- a. Promote responsible gaming within the gaming establishment or mobile application and in the community**

WynnBET implements the industry best practices for responsible gaming and promotes responsible gaming through our mobile application. Additionally, responsible gaming language will be included in all of WynnBET digital and physical advertising per Commission regulations.

E.3 HISTORY OF DEMONSTRATED COMMITMENT

Provide a thorough description of the policies and procedures that the applicant has adopted to:

b. Assist patrons and users that are experiencing gambling-related harm

WynnBET has established policies and procedures [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

E.3 HISTORY OF DEMONSTRATED COMMITMENT

Provide a thorough description of the policies and procedures that the applicant has adopted to:

c. Cooperate and support any government or regulatory agencies to promote responsible gaming and/or mitigate gambling-related harm

WynnBET collaborates with state regulators to comply with responsible gaming requirement and to help facilitate state issued Self-Exclusion programs to ensure prohibited patrons are not allowed to wager with WynnBET. In addition to multiple responsible gambling tools, such as cooling offs, time limits, and deposit limits, WynnBET also operates its own self-exclusion program to allow patrons to exclude from the WynnBET app or site for a period of 1 or 5 years. In some jurisdictions, WynnBET also notifies the state when patrons Self-Exclude through the WynnBET app. In addition, WynnBET provides annual and quarterly responsible gaming reports for specific jurisdictions that require routine updates on WynnBET's responsible gaming program.

E.3 HISTORY OF DEMONSTRATED COMMITMENT

Provide a thorough description of the policies and procedures that the applicant has adopted to:

- e. List any awards or recognition the applicant has received, related to efforts to promote responsible gaming, or mitigating gambling-related harms**

[REDACTED]

[REDACTED] WynnBET, together with our related Wynn Resorts properties, adhere to the American Gaming Association's Code of Conduct for Responsible Gaming. WynnBET offers several protective measures, including self-limits and self-exclusion. We also provide the option to be excluded from marketing messaging. Further, we provide education to all employees on responsible gaming measures. Our commitment to responsible gaming includes advertising responsibly by including problem gambling resources, such as a toll-free help line, where possible. Our marketing is also designed to target audiences over the age of 21.

[REDACTED]

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F.1 GEOFENCING

Provide a thorough description of how the applicant will ensure that authorized users placing online sports wagers on their platform are geographically located in the Commonwealth of Massachusetts. This information must include:

a. Which geolocation system(s) will be utilized to reasonably detect the physical location of an authorized user attempting to place a wager on the platform

For Geolocating a player through the WynnBET application, [REDACTED], a third-party system that provides device geolocation with high accuracy.

F.1 GEOFENCING

Provide a thorough description of how the applicant will ensure that authorized users placing online sports wagers on their platform are geographically located in the Commonwealth of Massachusetts. This information must include:

b. How the system will:

- 1. Accurately detect the physical location of an authorized user attempting to access or place a wager on the platform through accurate location data sources (Wi-Fi, GSM, GPS)**
- 2. Block or deny unauthorized attempts to access the platform, or place a wager, from outside of the Commonwealth**
- 3. Update the IP address and physical location if they change while the user is active on the platform**
- 4. Identify attempts to circumvent the requirement to be physically located in the Commonwealth**

Please see the following:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

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F.1 GEOFENCING

Provide a thorough description of how the applicant will ensure that authorized users placing online sports wagers on their platform are geographically located in the Commonwealth of Massachusetts. This information must include:

c. How the applicant will log information received from the system

The [REDACTED] team logs information received from the system based on the following.

[REDACTED]

F.1 GEOFENCING

Provide a thorough description of how the applicant will ensure that authorized users placing online sports wagers on their platform are geographically located in the Commonwealth of Massachusetts. This information must include:

d. How the applicant will report the information received from the system to the Commission

WynnBET will report the information received from the system to the Commission in a method as prescribed by the Commission.

F.2 KNOW YOUR CUSTOMER

Provide a thorough description of how the Applicant will ensure the verification of information provided by users opening a new account on the platform.

1. Ensure the integrity of the user's account information

[REDACTED]

WynnBET is committed to adhering to state and federal laws pertaining to account registration and patron identification. [REDACTED]

[REDACTED] Only fully registered accounts can conduct online gaming. To open an account, the patron must access the WynnBET mobile app or website. [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
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F.2 KNOW YOUR CUSTOMER

Provide a thorough description of how the Applicant will ensure the verification of information provided by users opening a new account on the platform.

2. Ensure the integrity of a user's device if it indicates tampering or suspicious activity

The following is how we ensure the integrity of a user's device:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

ACCOUNT REGISTRATION

Only patrons who have established an Internet gaming account may engage in Internet gaming. [REDACTED] To obtain a gaming account, the patron accesses the website to register. No account with an incomplete registration shall be permitted to play real money online gaming. [REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

ADDITIONAL FLAGS

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

ACCOUNT FUNDING / DEPOSIT PROCESS

[REDACTED]

WITHDRAWAL PROCESS

[REDACTED]

[REDACTED]

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

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[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
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REPORTING SUSPICIOUS ACTIVITY

[REDACTED]
[REDACTED]
[REDACTED]

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- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
[REDACTED]
[REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

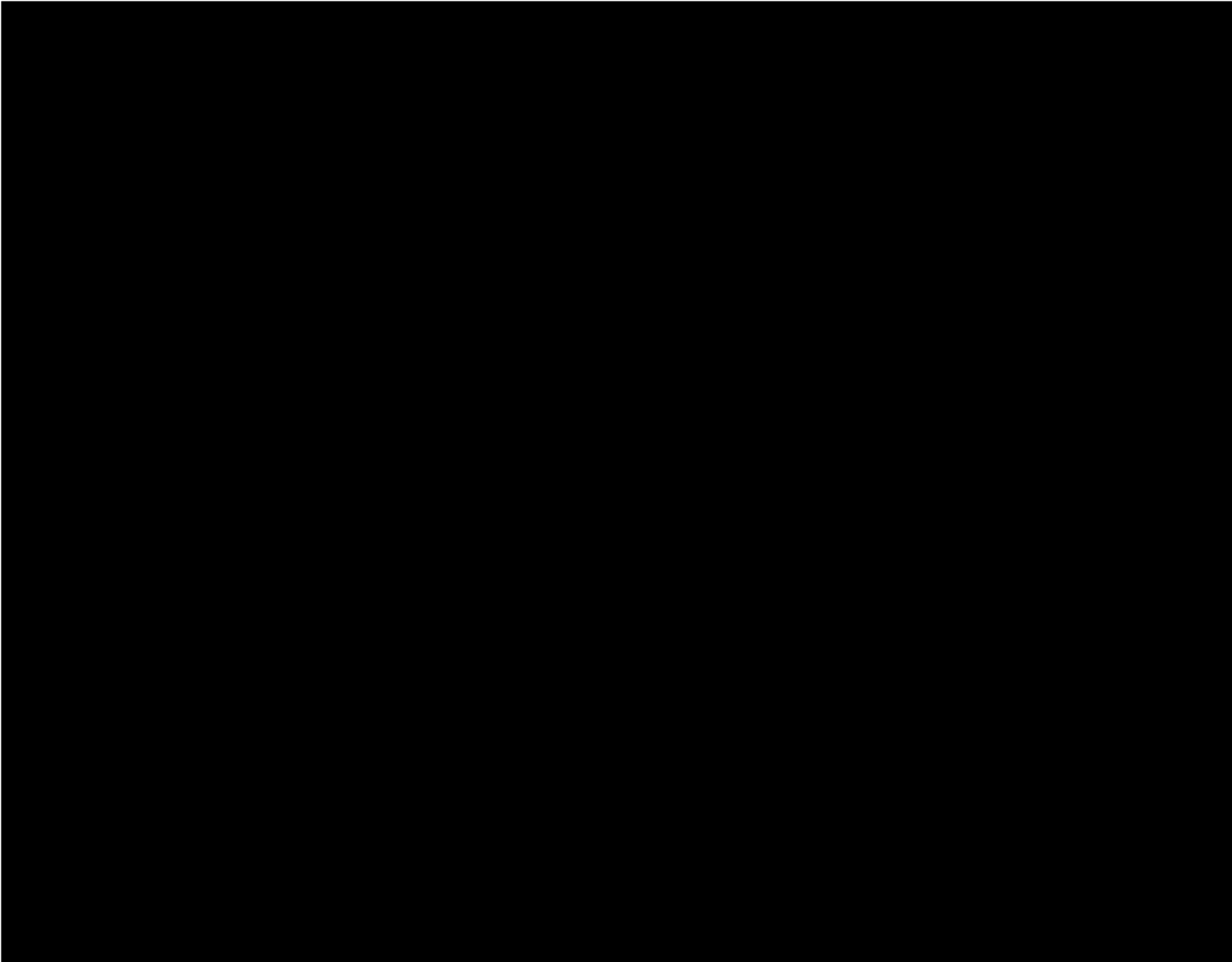
[REDACTED]

[REDACTED]

RECORD RETENTION

[REDACTED]

KYC FLOW CHART



F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

a. Wager acceptance

WynnBET ensures the security, sustainability, and reliability of wager acceptance [REDACTED]
[REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

b. Systems for monitoring structured wagers, real-time data feed, and any unusual or suspicious wagering activity

From a digital perspective, WynnBET uses [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

MANAGING REPORTS FROM AN INTEGRITY MONITORING PROVIDER

WynnBET has contracted for services [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]

2. [REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

Suspicious Activity:

A SAR must be filed if a WynnBET employee knows, suspects, or has reason to suspect that a transaction or attempted transaction [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

c. Description, location, and periodic testing of servers

Server hardware maintenance [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

In regard to periodic testing per [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

d. Security of servers, applications, and communications networks

The server hardware is [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] WynnBET ensures the security of servers, applications, and communications networks. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

e. Security of patron personal and wagering information

WynnBET ensures the security of patron personal and wagering information through the following

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

F.3 TECHNOLOGICAL EXPERTISE AND RELIABILITY

Provide a thorough description of how the Applicant will ensure the security, sustainability, and reliability of the following items:

f. Integrity monitoring and reporting, including any current affiliations related to integrity monitoring

MANAGING REPORTS FROM AN INTEGRITY MONITORING PROVIDER

WynnBET has contracted for services [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

G.1 SUITABILITY – CORPORATE INTEGRITY

Applicants must also complete and submit the following documents, before any suitability investigations or background checks will commence:

- **a. Joint Venture Agreements for the implementation of a sports wagering operation:**

LETTER OF INTENT

THIS LETTER OF INTENT (this “*LOI*”) is made and entered into as of November 17, 2022 (the “*Execution Date*”), by and between Wynn MA, LLC, a Nevada limited liability company (“*WMA*”), and WSI US, LLC, a Nevada limited liability company (“*WSI*”). WMA and WSI shall be referred to herein collectively, as the “*Parties*” and each, as a “*Party*.”

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

[REDACTED]

WMA:

WYNN MA, LLC,
a Nevada limited liability company

WSI:

WSI US, LLC,
a Nevada limited liability company

[REDACTED]

MASSACHUSETTS GAMING COMMISSION



BUSINESS ENTITY DISCLOSURE FORM

ENTITY: WSI Investment, LLC

BUSINESS ENTITY DISCLOSURE FORM

WSI Investment, LLC

NAME OF ENTITY*

(DO NOT ABBREVIATE)

WSI Investment, LLC

*Name as it appears on the certificate of incorporation, charter, by-laws or other official document.

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Jennifer Roberts	VP & General Counsel - WSI US, LLC		
Name	Title		
Jennifer.Roberts@Wynnbet.com	702-770-7592		
E-Mail Address	Telephone: (Area code)	Number	FAX Number

THE PRINCIPAL BUSINESS ADDRESS OF THE ENTITY

3131 Las Vegas Boulevard South	Las Vegas	Nevada	89109
Street Location (Number/Street)	City	State	Zip
United States	702-770-7000		
Country	Telephone: (Area Code)	Number	FAX Number
6600 Bermuda Rd	Las Vegas	Nevada	89119
Mailing address (if different)	City	State	Zip

Web Site (URL)

Check the appropriate box:

<input checked="" type="checkbox"/>	This form is being submitted as an initial application for a gaming license.
<input type="checkbox"/>	This form is being submitted as an application for the renewal of a gaming license. The current gaming facility license expires on: _____
<input type="checkbox"/>	The above named entity holds stock in _____, which is an applicant for an initial gaming license or renewal.
<input type="checkbox"/>	Other. Explain: _____

ITEM 1. FORMATION

A. Provide the date and place of formation.

Date: 10/8/2018

Place of formation: Nevada

B. Persons Forming the Entity

Use Attachment 1B to provide the following information for each incorporator of the corporation:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
------	--------------------	---------------	---------------

ITEM 2. OTHER NAMES AND ADDRESSES OF THE ENTITY

A. List all other names under which the entity has done business and give the approximate time periods during which these names were being used.

N/A

B. Use Attachment 2B to provide the following information about all other addresses presently used by the entity and all addresses from which the entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM	TO:

ITEM 3. DESCRIPTION OF PRESENT BUSINESS

Provide as Attachment 3 a description of the business done and intended to be done by the entity and its parent, holding, subsidiary and intermediary entities and the general development of such business during the past five years, or such shorter period as the entity or its parent, subsidiary and intermediary entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the entity, if known.
- B. The principal products produced and services rendered by the entity and its parent, intermediary and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the entity or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

ITEM 4. DESCRIPTION OF FORMER BUSINESS

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

ITEM 5. DIRECTORS AND TRUSTEES

Use Attachment 5 to provide the following information for each director and trustee of the corporation. (NOTE: Each director and trustee of the entity must complete a PHD-MA and PHD-MA-SUPP.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE CORPORATION	DATE OF BIRTH
		FROM:	TO:		

ITEM 6. FORMER DIRECTORS AND TRUSTEES

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee of the entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ITEM 7. OFFICERS

Use Attachment 7 to provide the following information for each officer of the entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the entity’s governing documents. (NOTE: A PHD-MA and PHD-MA-SUPP must be completed by every person noted below. In addition, the Commission may, in its discretion, order additional persons associated with the entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of Chapter 23K.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8. FORMER OFFICERS

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the entity's governing documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
------	---------------------------------	---------------------------------------	----------------------

ITEM 10. COMPENSATION OVER \$250,000

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$250,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
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ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

ITEM 12. STOCK/OWNERSHIP DESCRIPTION

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, or other similar indicia of ownership by the entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) or other similar information applicable to other indicia of ownership as of this date.

If the rights of holders of any class of stock or other indicia of ownership may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.

ITEM 13. VOTING OWNERS

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock or other indicia of ownership issued by the entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING RIGHTS HELD
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ITEM 14. NON-VOTING OWNERS

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting indicia of ownership issued by the entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP INTERESTS HELD	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING RIGHTS HELD
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ITEM 15. DESCRIPTION OF LONG TERM DEBT

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 16. HOLDERS OF LONG TERM DEBT

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by either the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA or PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the entity other than those described in response to Items 15 and 16 (OR, in the space below provide a specific cross-reference to the

applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 18. HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 19. SECURITIES OPTIONS

- A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) (NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities or other form of ownership issued by the entity.)
- B. Use Attachment 19B to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE
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ITEM 20. FINANCIAL INSTITUTIONS

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 21. CONTRACTS AND SUPPLIERS

Use Attachment 21 to provide the following information with respect to all persons with whom the entity has contracts or agreements of \$250,000 or more in value or from whom the entity has received \$250,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

ITEM 22. OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

Use Attachment 22 to provide the following information about each entity in which the entity holds stock:

NAME AND ADDRESS OF ENTITY	TYPE OF OWNERSHIP HELD	PURCHASE PRICE PER INTEREST	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
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ITEM 23. INSIDER TRANSACTIONS

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of interest in the entity or who is or was within that

period a director or officer of the entity. [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.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF OWNERSHIP INTERESTS INVOLVED
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ITEM 24. CRIMINAL HISTORY

The next question asks about any charges or offenses the entity or any of its directors, trustees or officers 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 question:

- A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- B. "Offense" includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS:

- 1. Answer "yes" and provide all information to the best of your ability EVEN IF:
 - A. The entity, its directors, trustees, or officers did not commit the offense charged;
 - B. The charges were dismissed;
 - C. The entity, its directors, trustees, or officers were not convicted; or
 - D. The charges or offenses happened a long time ago.
- 2. Answer "no" IF:
 - A. The records relating to the charges have been expunged or sealed by court order; **AND**
 - B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the entity or any of its subsidiaries, directors, trustees or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this commonwealth or any other jurisdiction?

_____ [REDACTED]

If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the entity, any of its subsidiaries, directors, trustees or officers 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?

_____ [REDACTED]

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

Has the entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?

_____ [REDACTED]

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

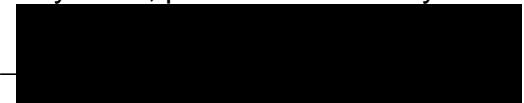
NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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ITEM 27. EXISTING LITIGATION

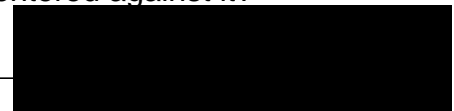
Provide as Attachment 27 a description of all existing civil litigation to which the entity, its parent or any subsidiary is presently a party whether in this commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involve claims against the entity which are fully and completely covered under an insurance policy held by the entity 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.

ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the entity 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?



B. In the past ten years, has the entity 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?

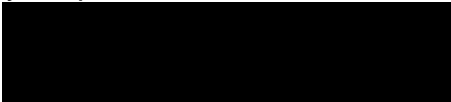


If yes to either question, use Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

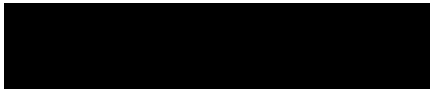
DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
-----------------	-------------------	---------------------------------	-------------------------------------	-------------------------------------	--------------

ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

A. Has the entity, its parent or any intermediary entities 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 year period?

— 

B. Has the entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?

— 

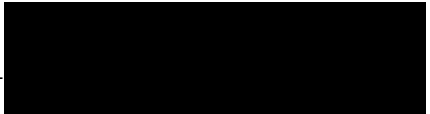
If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
-------------------------------	---------------------------------	-------------------------------------	------------------------------	--------------

ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

(Cont.)

- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the entity or its parent, holding, intermediary or subsidiary entities?

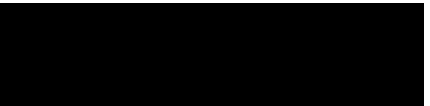
— 

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
--------------------------	----------------	-------	------------------------

ITEM 30. LICENSES

- A. During the last ten year period, has the entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this commonwealth or any other jurisdiction, denied, suspended or

— 

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
--------------------------------	--	--------------	------	-------------------------

B. Has the entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?



If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
--------------------------------------	---------------------	--	---------------------------	--

ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF ENTITY

A. During the last ten year period, has the entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

— [REDACTED]

B. During the last ten year period, has the entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the entity 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?

— [REDACTED]

C. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

— [REDACTED]

D. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual 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?

— [REDACTED]

E. During the last ten year period, did the entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?

— [REDACTED]

F. During the last ten year period, has the entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the entity's books or records?

— [REDACTED]

G. During the last ten year period, has the entity, its parent or any subsidiary maintained any numbered account or any account in the name of a nominee for the entity?

— [REDACTED]

H. List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.

[REDACTED]

ITEM 32. FINANCIAL STATEMENTS

- A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.
- B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the entity and any exceptions taken to such statements by the independent auditor retained by the entity, and the management response thereto.

ITEM 33. ANNUAL REPORTS

- A. Provide as Attachment 33A a copy of all annual reports of the entity that were submitted to shareholders or other persons during the last five years.
- B. In addition to the information required in Item 33A, an entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

ITEM 34. QUARTERLY REPORTS

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the entity. If the entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

ITEM 35. INTERIM REPORTS

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the entity's certifying accountant or other material events. If the entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

ITEM 36. PROXY AND INFORMATION STATEMENT

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

ITEM 37. REGISTRATION STATEMENT

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

ITEM 38. REPORTS OF ACCOUNTANTS

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

ITEM 40. ORGANIZATIONAL CHART

- A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.
- B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions.

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Persons Forming the Entity	
2B	Other names and addresses of the entity (Presently used)	
2C	Other names and addresses of the entity (Past 10 years)	
3*	Description of business done and intended to be done	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$250,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting owners	
14	Non-voting owners	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Other ownership interests held by the entity	
23	Insider transactions	

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24*	Expungement or sealing orders	
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the entity	
39*	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for entity filing this form, job descriptions and names of employees	
41*	Copies of 1120 forms and 941 forms filed with the IRS in the last five years	

ITEM 43. AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Commission, 205 C.M.R. 111.02(2), this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself or herself date the signature of the affiant and indicate the basis of his or her authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

WAIVER OF LIABILITY

The President or any officer of the entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or any officer of the entity authorized to affirm and sign the documents.

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of WSI Investment, LLC,
(NAME OF ENTITY)

I, [REDACTED] have
(NAME OF PRESIDENT OR OFFICER)

authorized the Massachusetts Gaming Commission, its Investigations and Enforcement Bureau and its agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Massachusetts Gaming Commission and its Investigations and Enforcement Bureau provided that he or she certifies to you that said entity has an application pending before the Massachusetts Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 23K of the laws of the Commonwealth of Massachusetts.

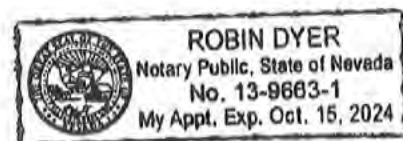
This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

11/17/22 [REDACTED]
DATE E

On this 17th day of November 2022 before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was known, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Robin Dyer
Notary Public
My Commission Expires: 10/15/2024



CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of WSI Investment, LLC

I, [REDACTED] (NAME OF ENTITY), hereby consent to all inspections, searches and
(NAME OF PRESIDENT OR OFFICER)

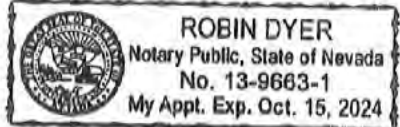
seizures and the supplying of handwriting exemplars as authorized by Chapter 23K of the laws of the Commonwealth of Massachusetts and by the rules and regulations of the Massachusetts Gaming Commission.

The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the Commonwealth of Massachusetts not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

11/17/22 [REDACTED]
DATE

On this 17th day of November, 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was Known, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Robin Dyer
Notary Public
My Commission Expires: 10/15/2024



WAIVER OF LIABILITY

On behalf of WSI Investment, LLC
(NAME OF ENTITY)

I, [REDACTED]
(NAME OF PRESIDENT OR OFFICER)

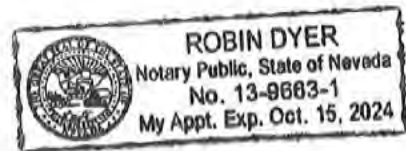
hereby waive liability as to the Commonwealth of Massachusetts and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

11/17/22
DATE

[REDACTED]

On this 17th day of November, 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was Known, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Robin Dyer
Notary Public
My Commission Expires: 10/15/2024





**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES
(SPORTS WAGERING OPERATORS)**

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each qualifying entity submit this Certification.

I, as the duly authorized representative of the Applicant or qualifying entity, do hereby certify that after inquiry and to the best of my knowledge and belief, that: [Check all boxes that apply.]

[REDACTED] The Applicant or qualifying entity has filed all U.S. Federal and State tax returns required during the 5 years preceding the application; AND

[REDACTED] The Applicant or the qualifying entity has not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and is not in default;

OR

[REDACTED] The Applicant or qualifying entity is not required to file U.S. Federal tax returns because [please explain reason(s), for example, taxes are filed in a non-U.S. jurisdiction]. Please provide specifics below:

Signature of Authorized Certifying Official

11-15-22

Date

Printed Name and Title

WSI Investment, LLC

Name of the Applicant



SPORTS WAGERING OPERATOR CERTIFICATION REGARDING SUITABILITY OF APPLICANT AND QUALIFIER

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR. ¹

Signature of Authorized Certifying Official: _____ Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: WSI US, LLC

Section 2 FOR EACH QUALIFIER:

I understand that the Massachusetts Gaming Commission may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Individual Qualifier: _____ Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: WSI Investment, LLC(Entity Qualifier)

ATTACHMENT 1B PERSONS FORMING THE ENTITY

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
Roxane Peper	3131 Las Vegas Boulevard South, Las Vegas, NV 89109	Corporate Records Officer	



CONFIDENTIAL

**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 3**

WSI Investment, LLC

ATTACHMENT 3: Description of Business



ATTACHMENT 7 OFFICERS

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
[REDACTED]	President	06/04/2019	Present	3131 Las Vegas Boulevard South Las Vegas, Nevada, 89109	[REDACTED]
	Treasurer	10/08/2018	Present		
[REDACTED]	Secretary	10/08/2018	Present	3131 Las Vegas Boulevard South Las Vegas, Nevada, 89109	[REDACTED]

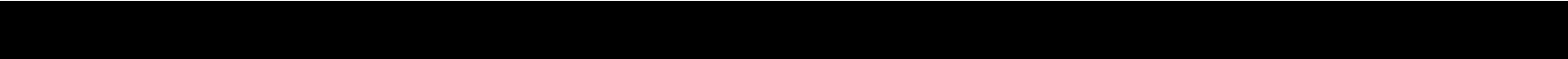
ATTACHMENT 8 FORMER OFFICERS

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
Matt Maddox	President	10/8/2018	6/3/2019		

ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

ATTACHMENT 13 VOTING OWNERS

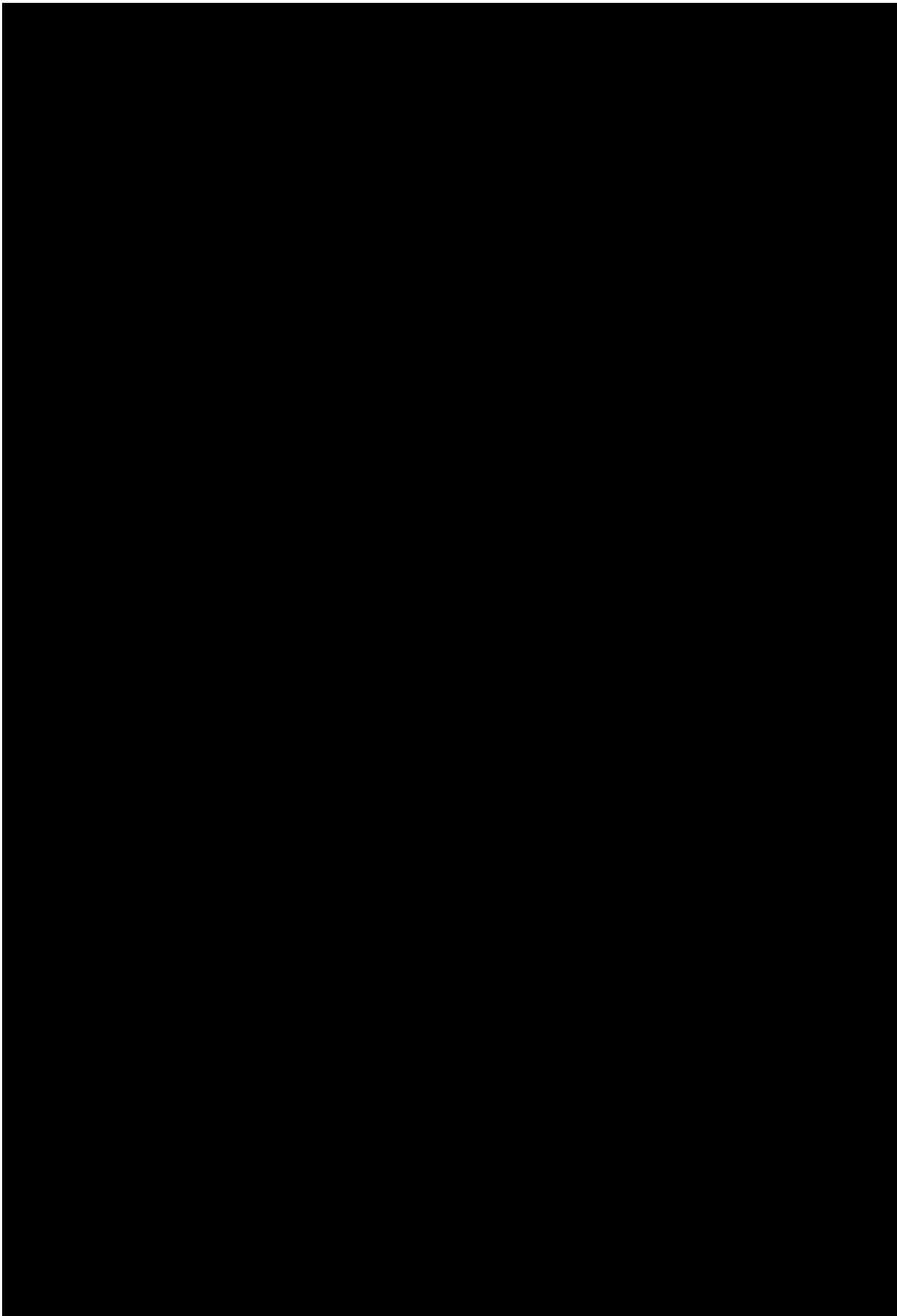
NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING STOCK HELD
				

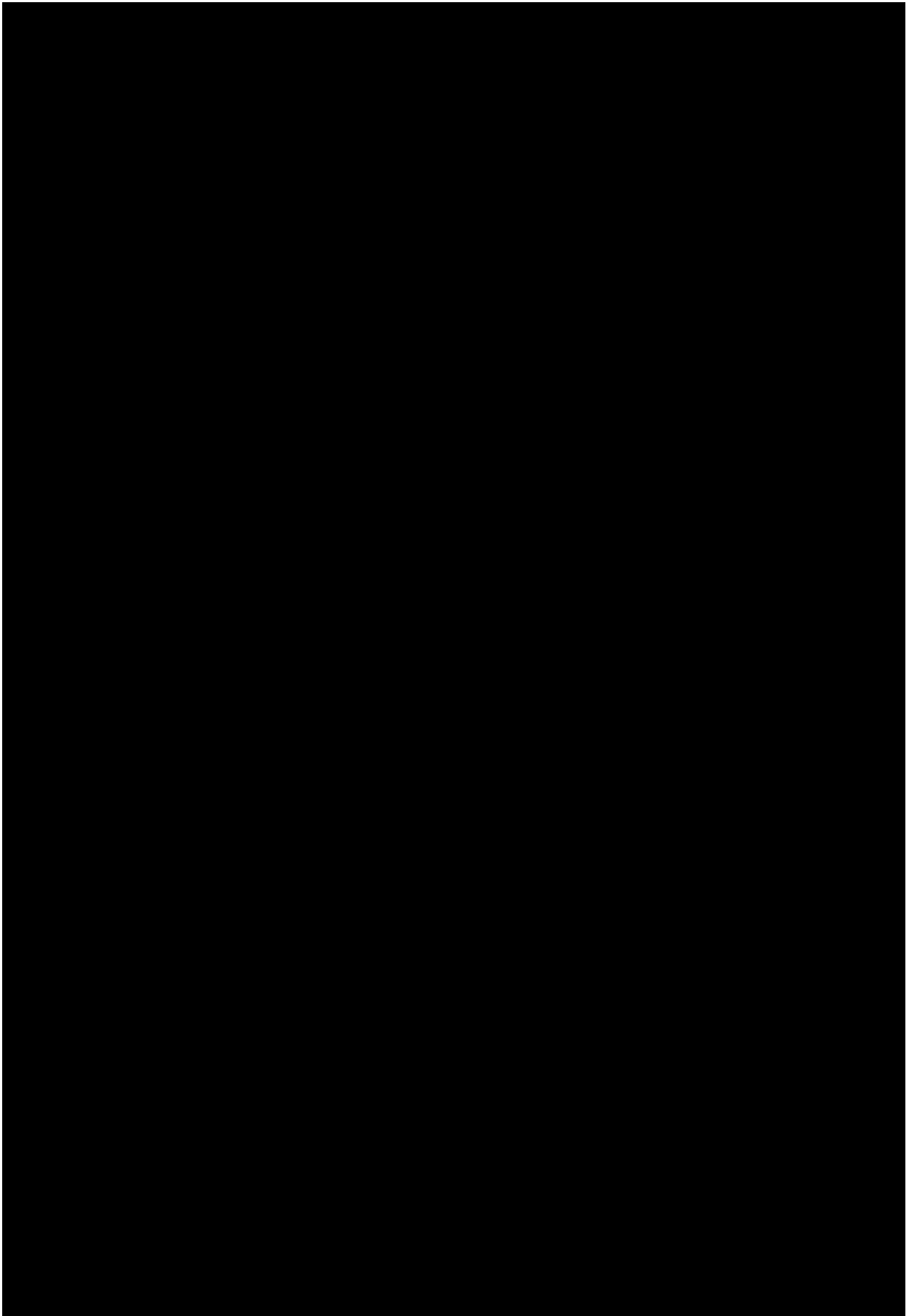
ATTACHMENT 20 **FINANCIAL INSTITUTIONS**

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:
Please refer to separate Attachment 20				




ATTACHMENT 20 FINANCIAL INSTITUTIONS






ATTACHMENT 22

OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD	PURCHASE PRICE PER INTEREST	NUMBER OF INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
				

ATTACHMENT 24A CRIMINAL HISTORY

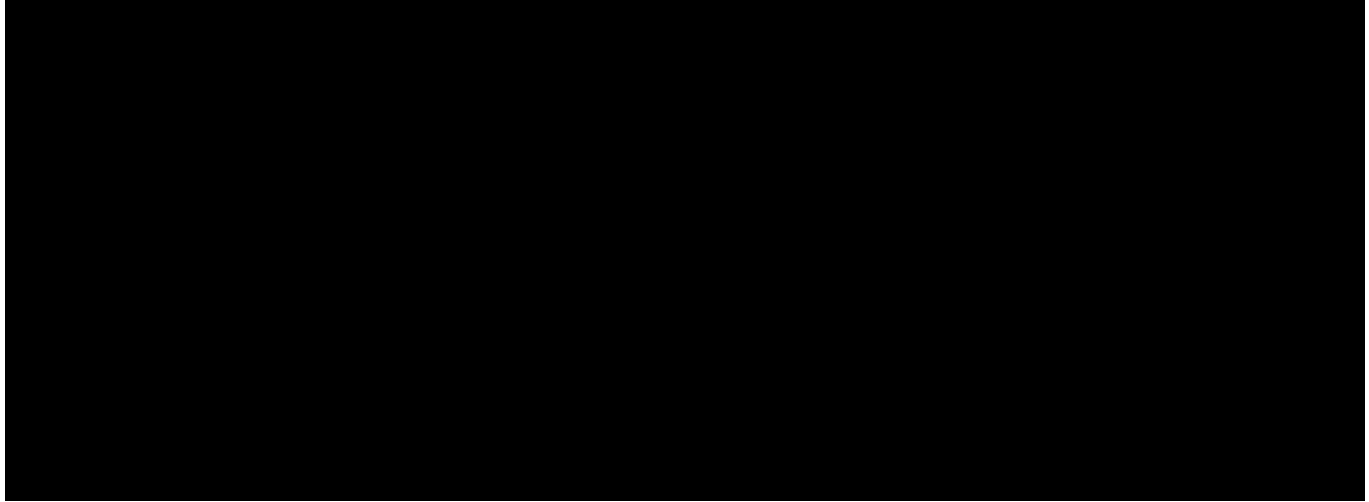
NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
					

ATTACHMENT 25

TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

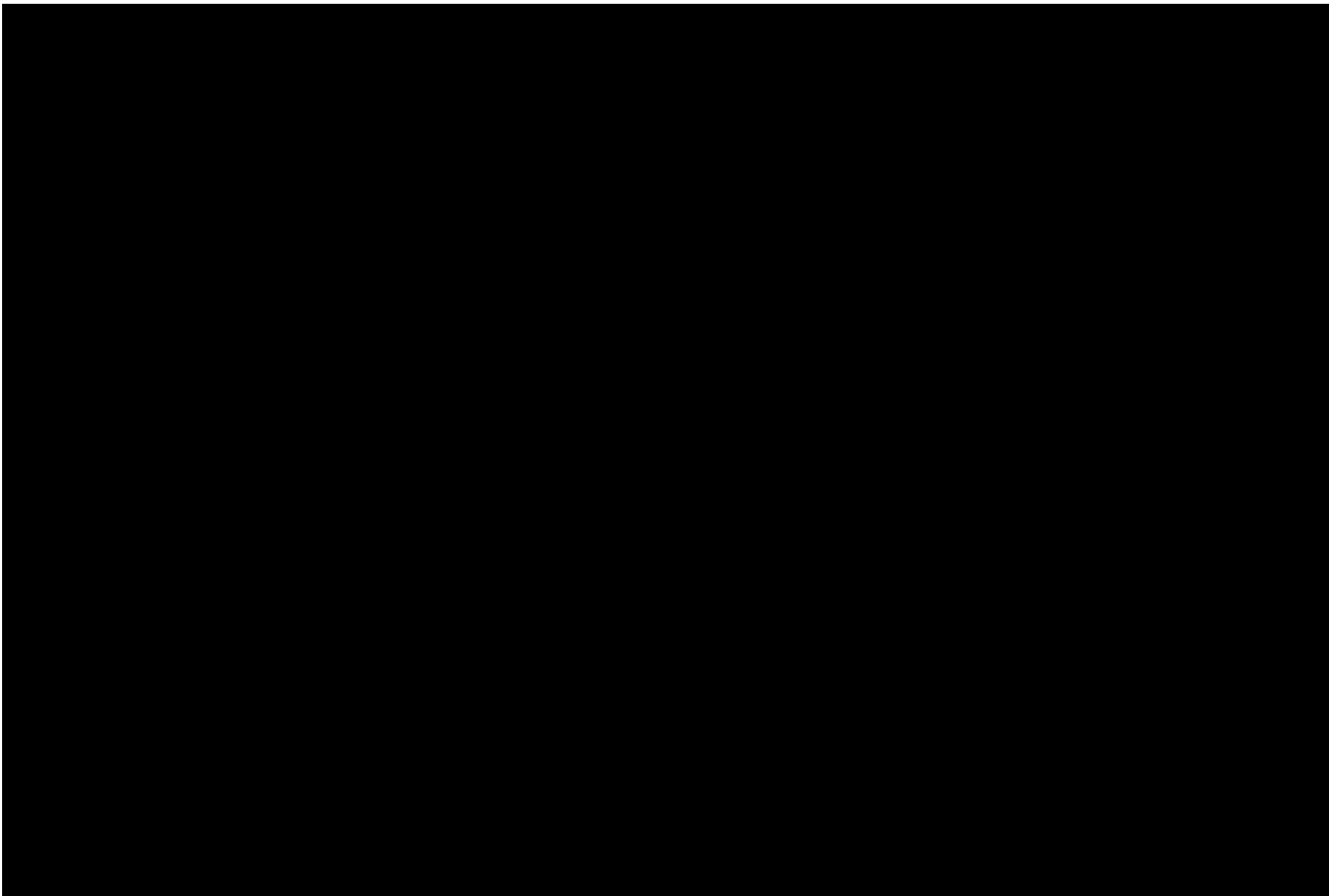
ATTACHMENT 27 - EXISTING LITIGATION

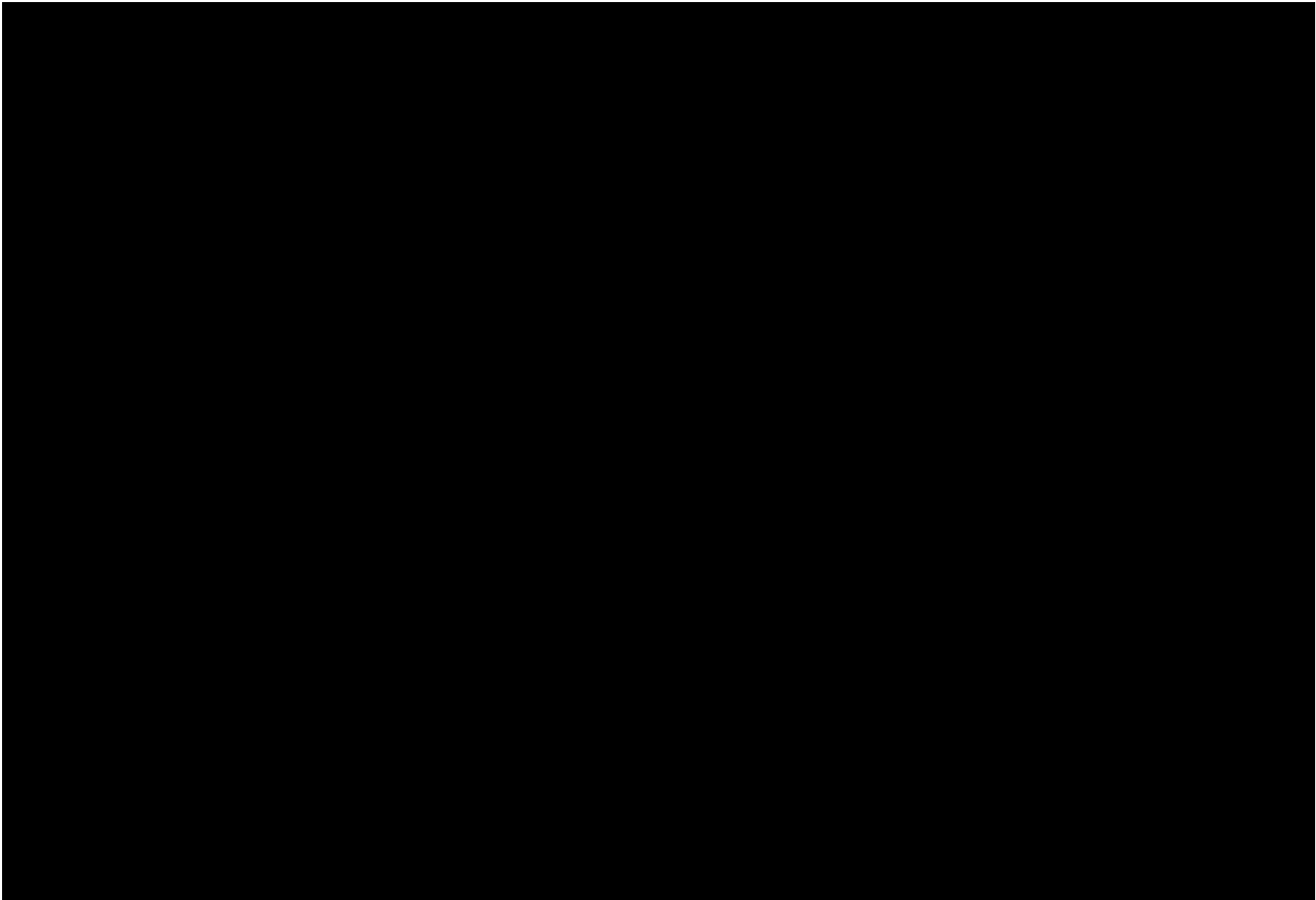


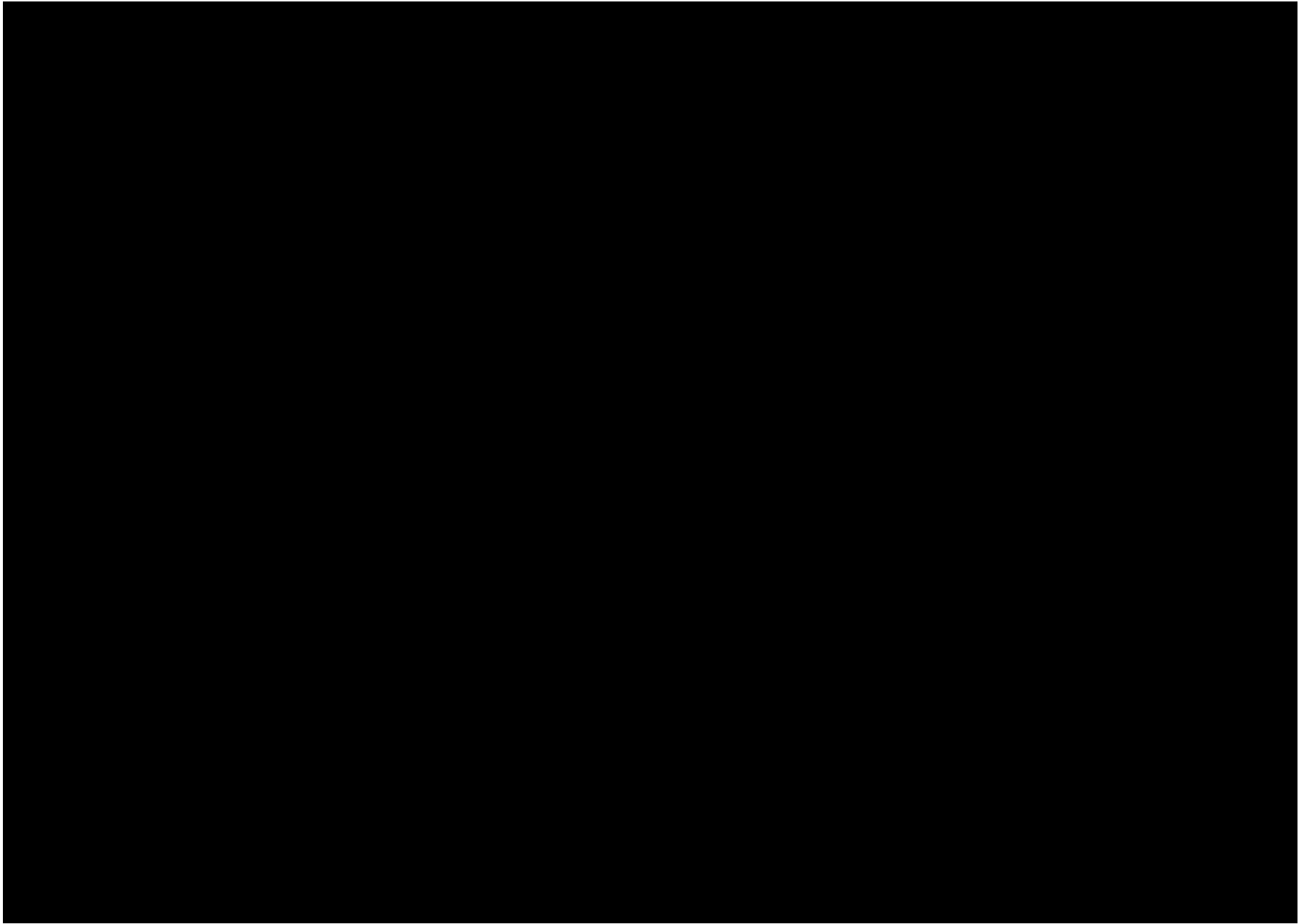
ATTACHMENT 30B LICENSES (Other gambling)

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE
Please refer to Attachment 30B				

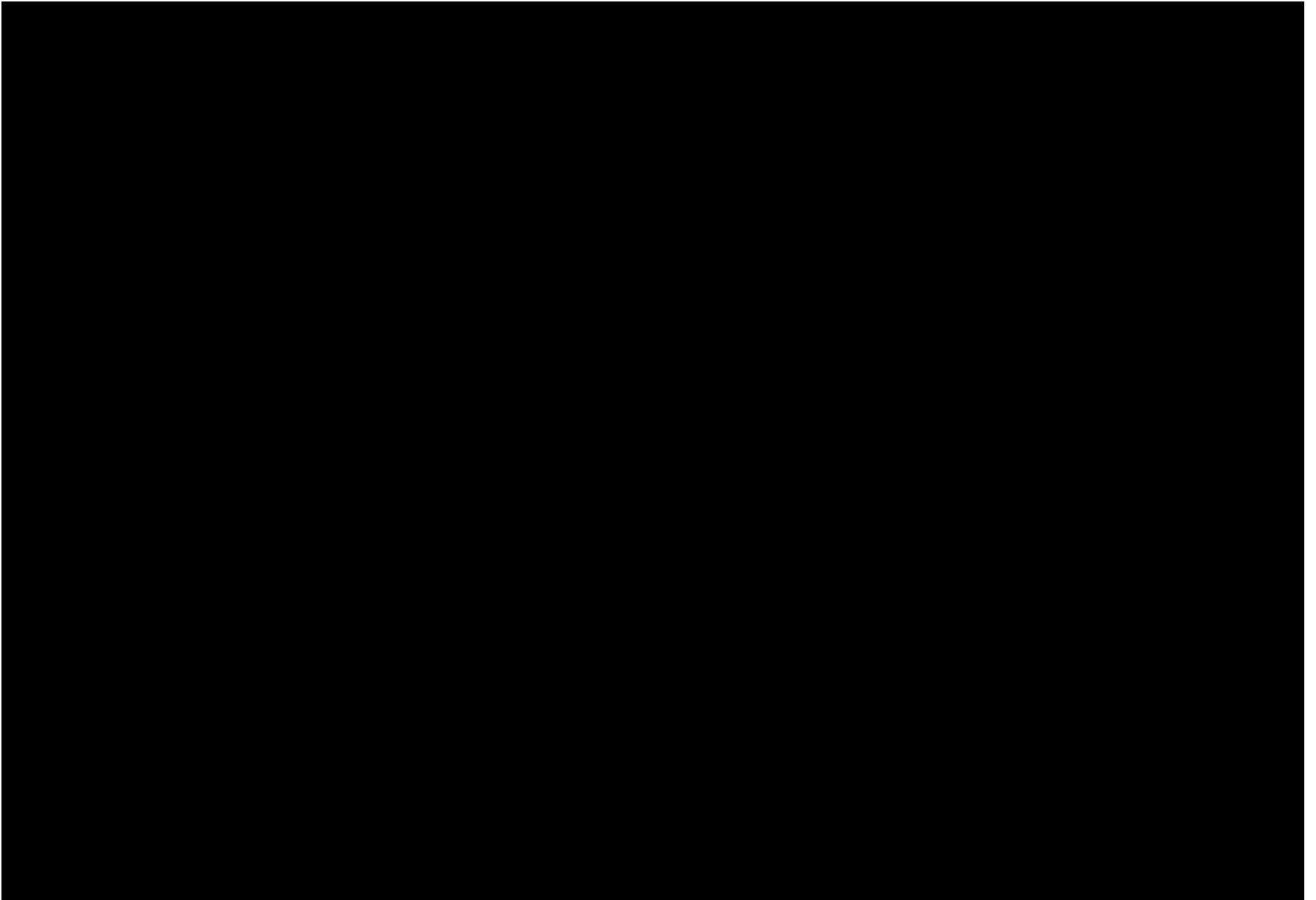
ATTACHMENT 30B

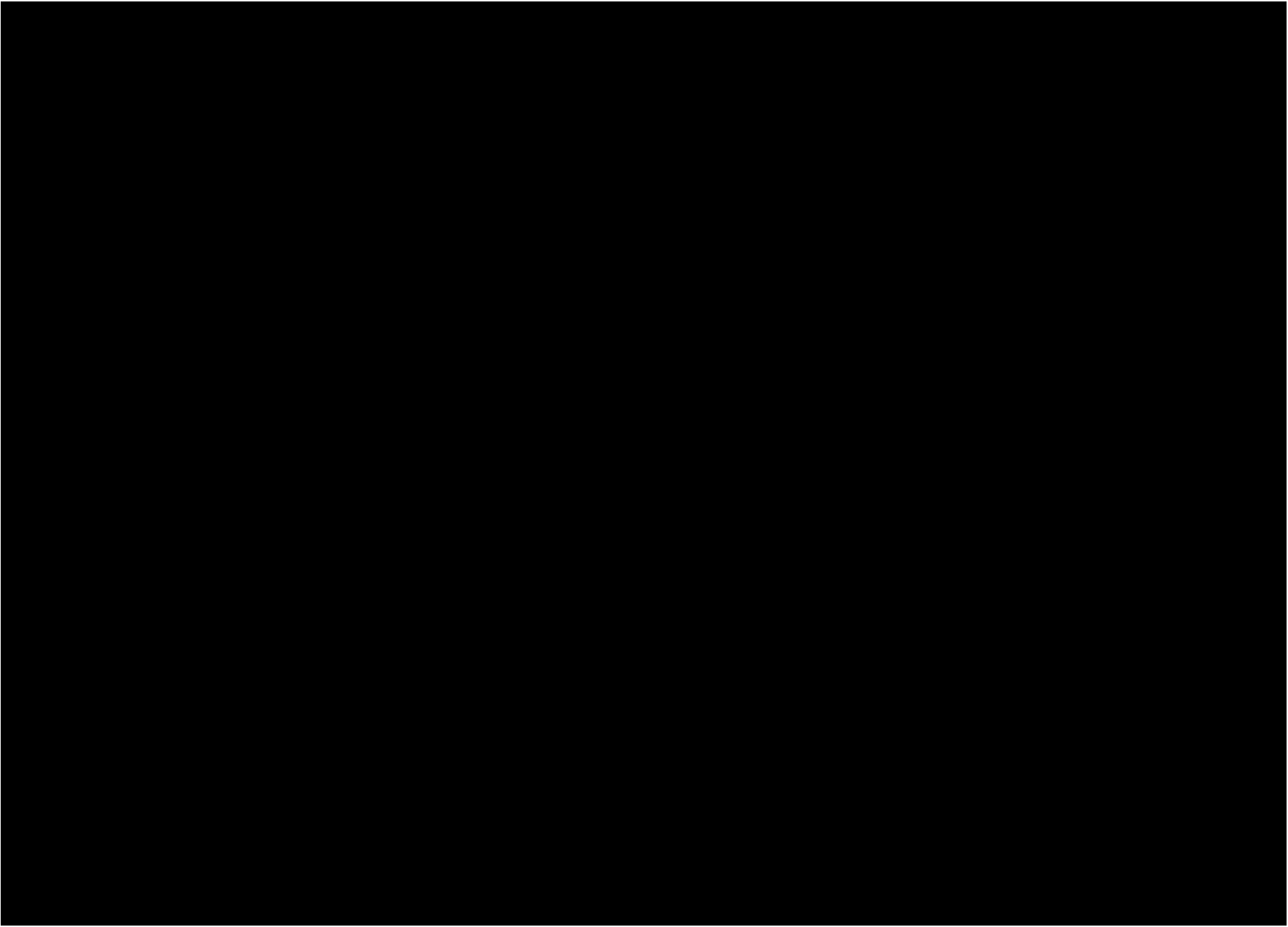


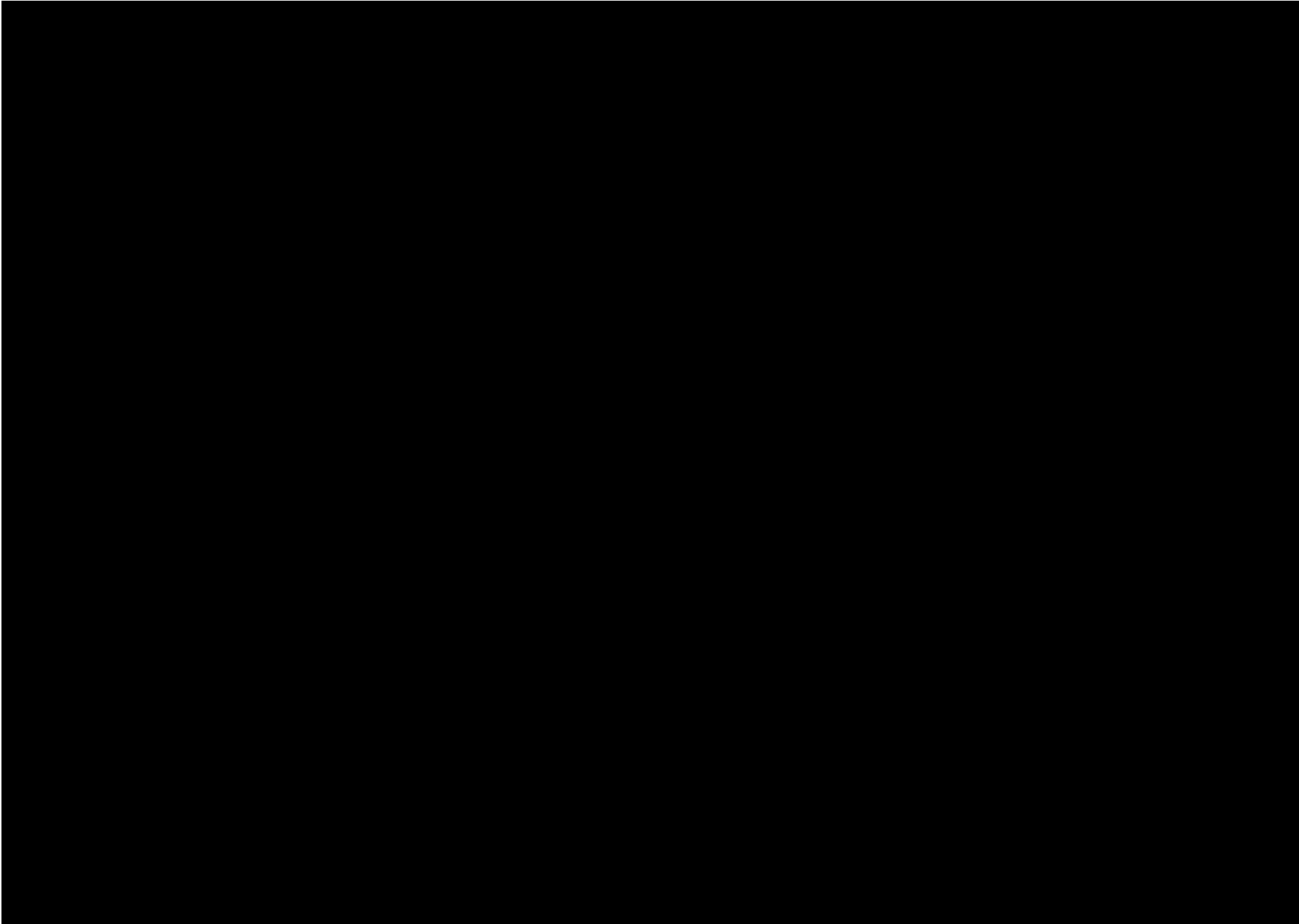


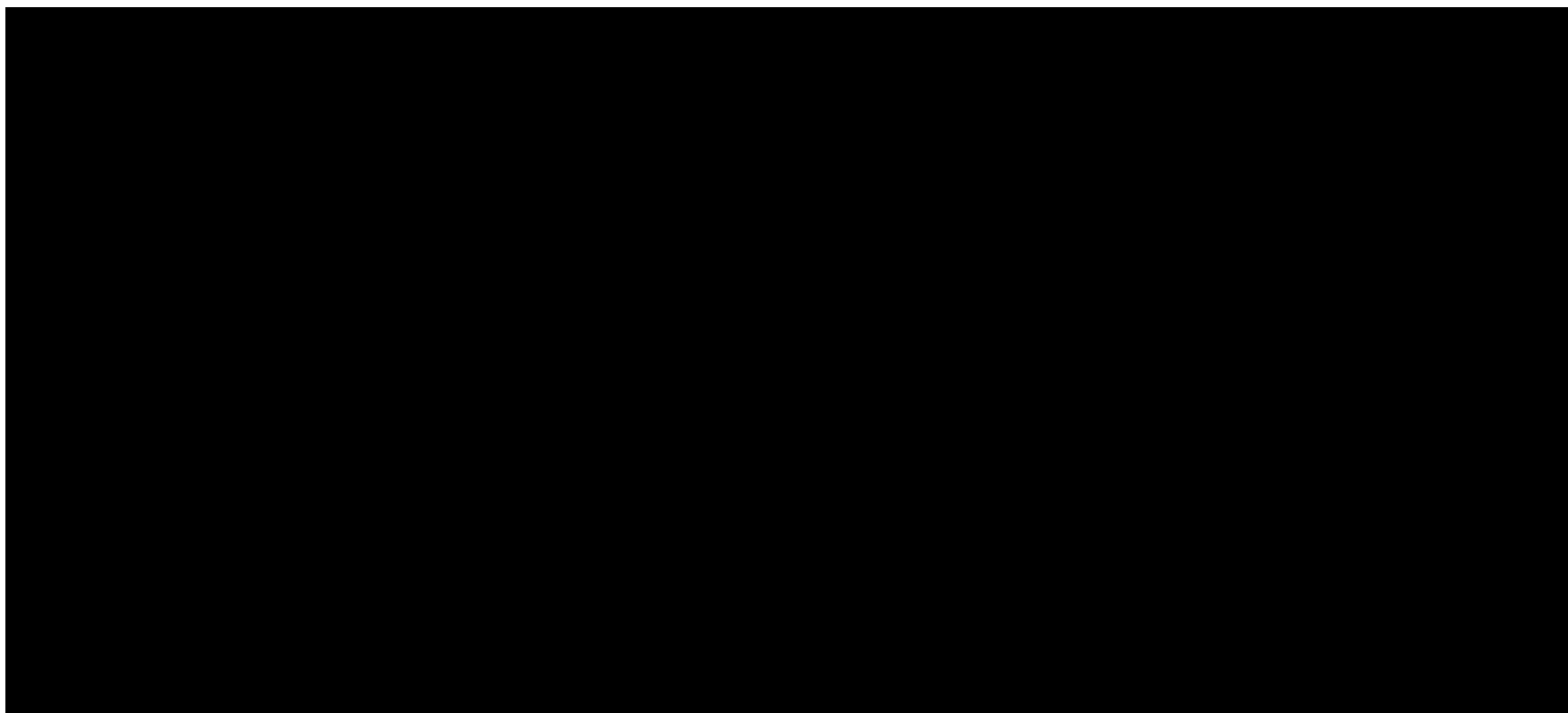














Attachment 39

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



050106

Articles of Organization
Limited-Liability Company
 (PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180440295-65
	Filing Date and Time 10/08/2018 12:46 PM
	Entity Number E0470482018-8

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	WSI INVESTMENT, LLC	Check box if a Series Limited-Liability Company	Check box if a Restricted Limited-Liability Company
		<input type="checkbox"/>	<input type="checkbox"/>

2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: ROXANE PEPER Name
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity
	Street Address City Nevada Zip Code
	Mailing Address (if different from street address) City Nevada Zip Code

3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):
--	--

4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) (check only one box)
----------------------------------	--

5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) WYNN RESORTS, LIMITED Name
	3131 LAS VEGAS BLVD. S0 LAS VEGAS NV 89109 Street Address City State Zip Code
	2) Name
	Street Address City State Zip Code
	3) Name
	Street Address City State Zip Code

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.
	ROXANE PEPER X ROXANE PEPER Name Organizer Signature
	3131 LAS VEGAS BLVD. S0 LAS VEGAS NV 89109 Address City State Zip Code

7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity.
	X ROXANE PEPER 10/8/2018 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

This form must be accompanied by appropriate fees.

ATTACHMENT TO
ARTICLES OF ORGANIZATION
OF
WSI INVESTMENT, LLC

The Articles of Organization of WSI Investment, LLC (the “Company”) consist of the articles set forth on the preceding page and the additional articles set forth on this attachment as follows:

8. Payment of Expenses.

In addition to any other rights of indemnification permitted by the laws of the State of Nevada as may be provided for by the Company in these Articles of Organization, the Company’s operating agreement or any other agreement, the expenses of any member incurred in defending a civil, criminal, administrative or investigative action, suit or proceeding arising by reason of the fact that such member is or was a member of the Company, must be paid by the Company, or through insurance purchased and maintained by the Company or through other financial arrangements made by the Company as permitted by the laws of the State of Nevada, as such expenses are incurred and in advance of the final disposition of the action, suit or proceeding, upon receipt of an unsecured undertaking by or on behalf of such member to repay the amount if it is ultimately determined by a court of competent jurisdiction that such member is not entitled to be indemnified by the Company.

Any repeal or modification of this Article 8 approved by the members of the Company shall be prospective only. In the event of any conflict between this Article 8 and any other article of the Company’s Articles of Organization, the terms and provisions of this Article 8 shall control.

9. Special Provision Regarding Distributions.

Notwithstanding anything to the contrary in these Articles of Organization or any operating agreement of the Company, the Company is hereby specifically permitted to make any distribution that otherwise would be prohibited by Nevada Revised Statutes 86.343(1)(b).

* * * *

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **WSI INVESTMENT, LLC** did on October 8, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

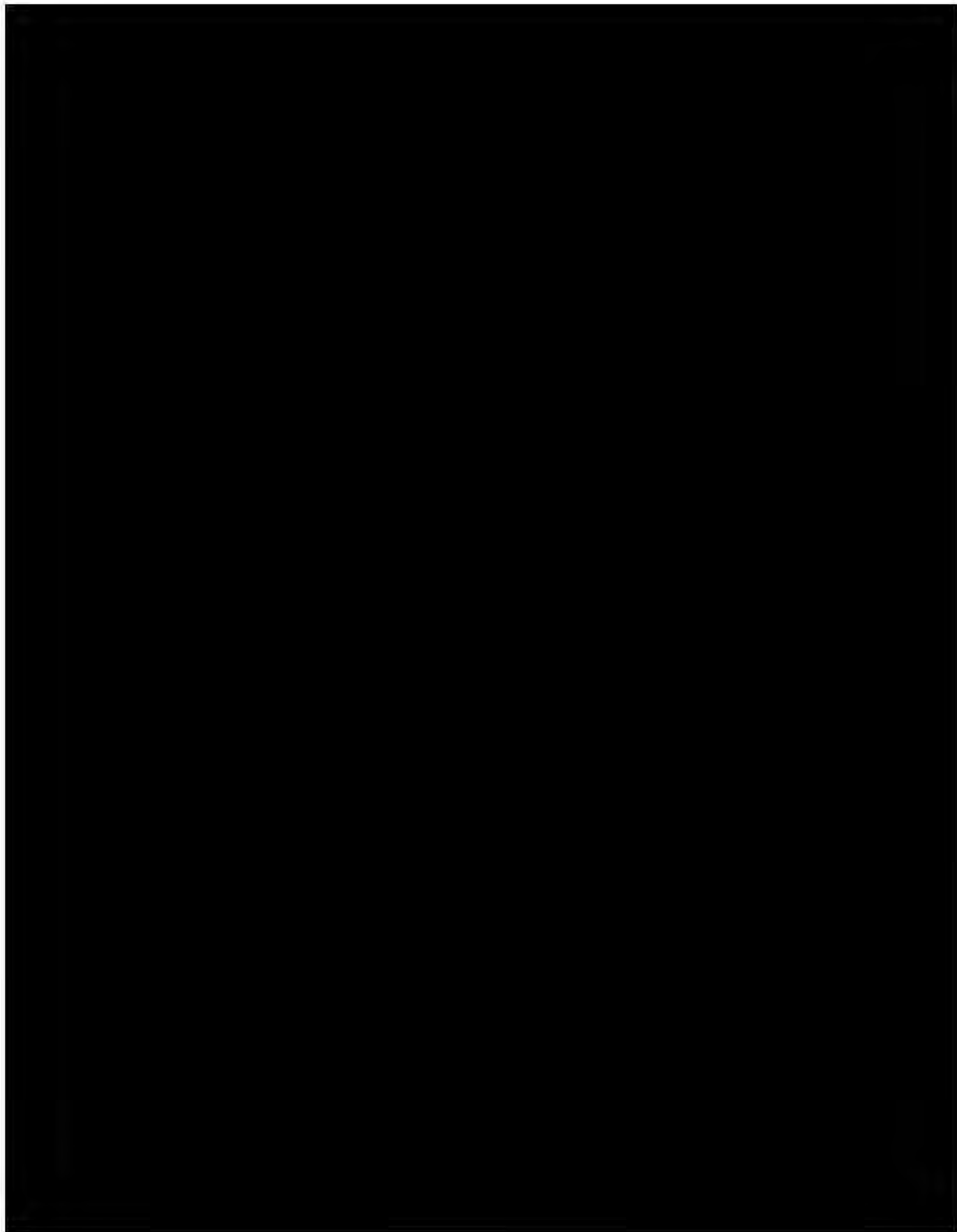


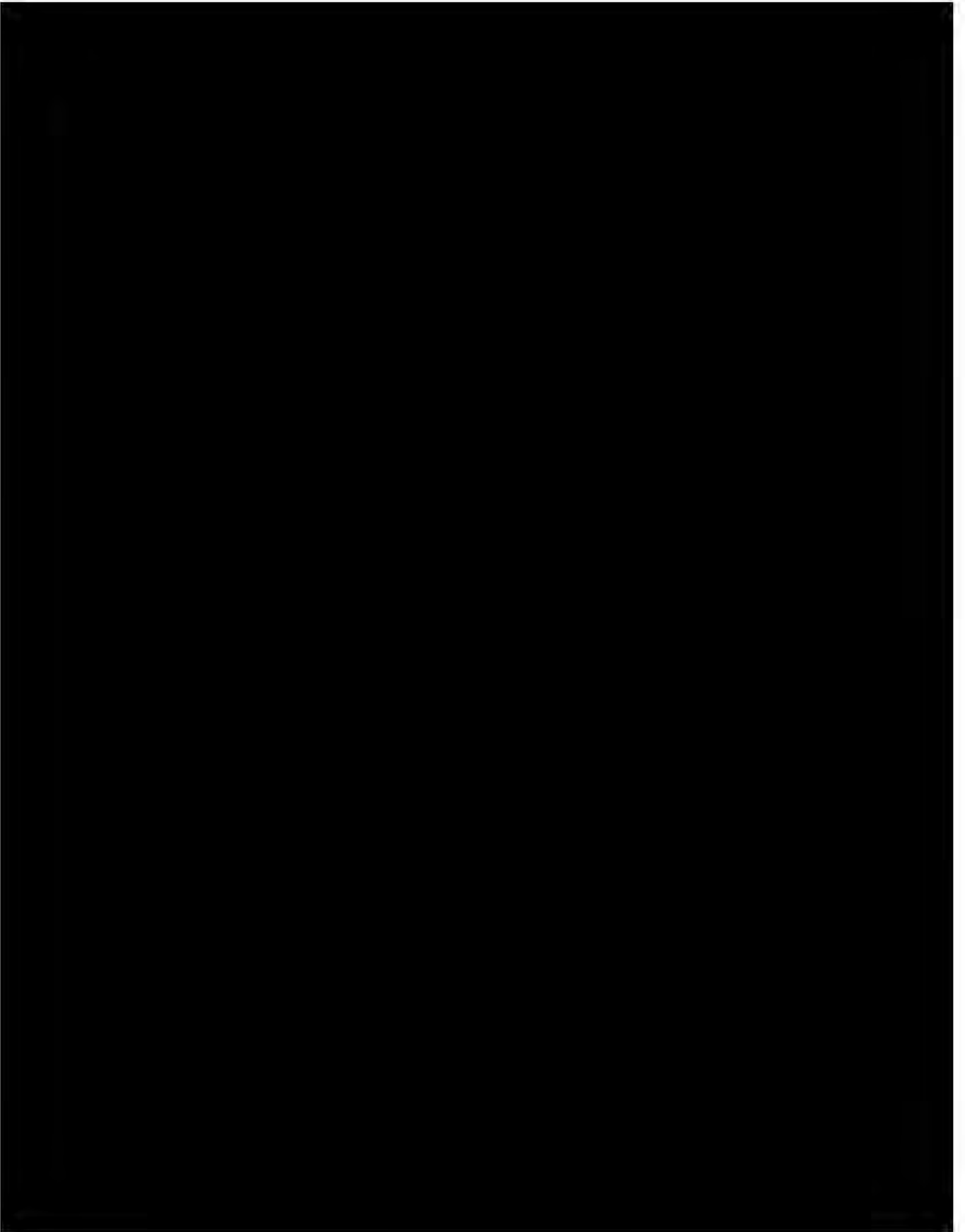
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 8, 2018.

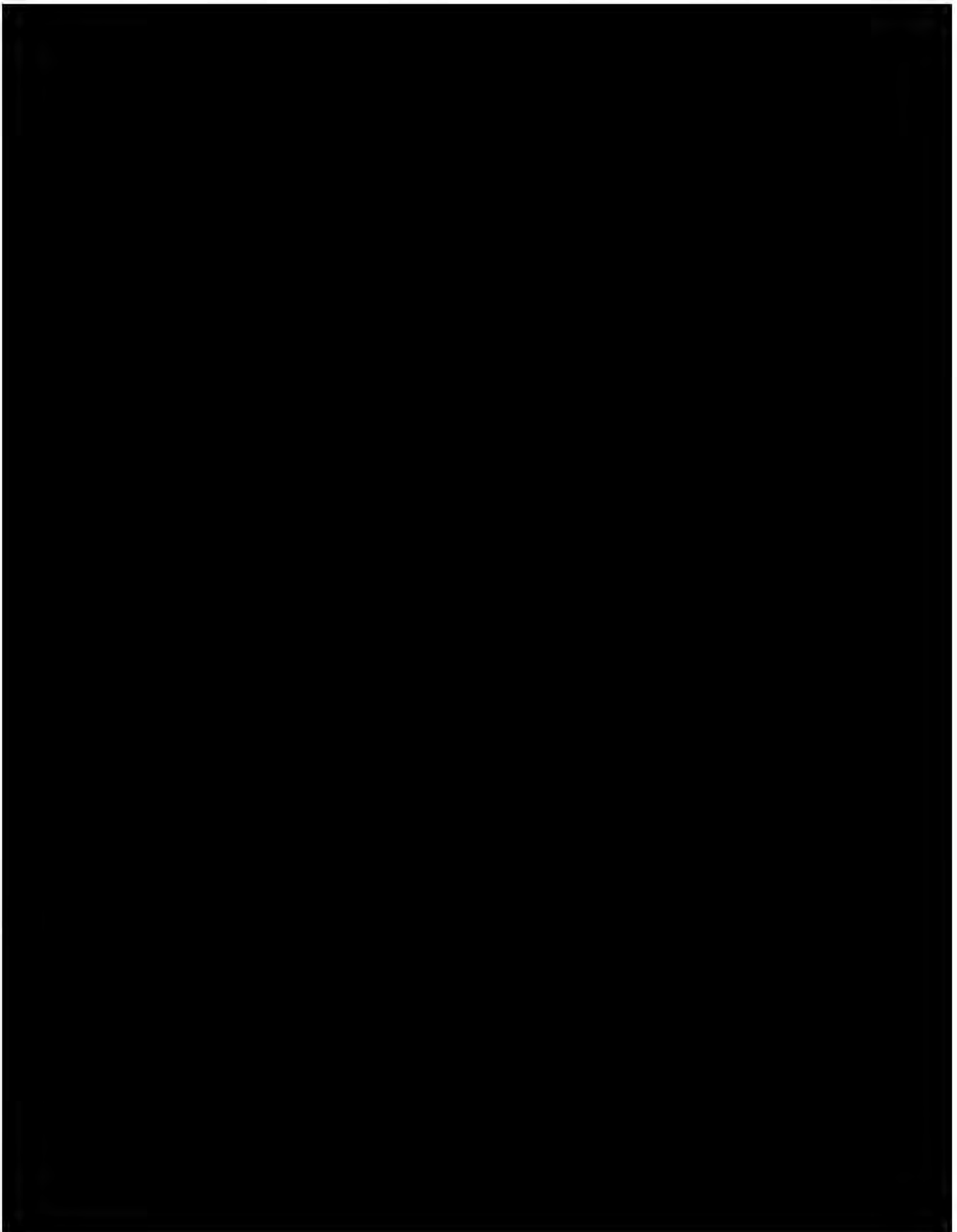
Barbara K. Cegavske

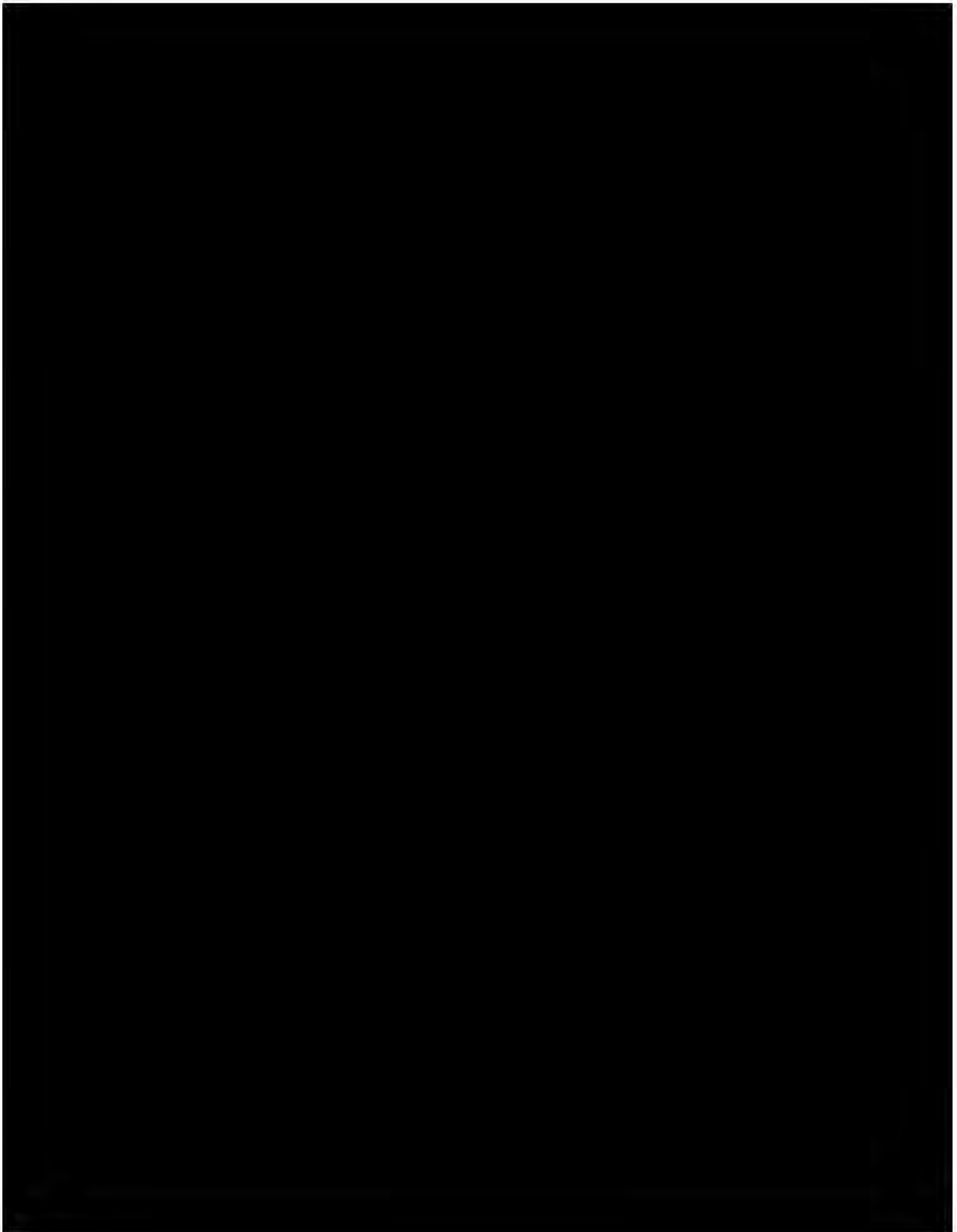
Barbara K. Cegavske
Secretary of State

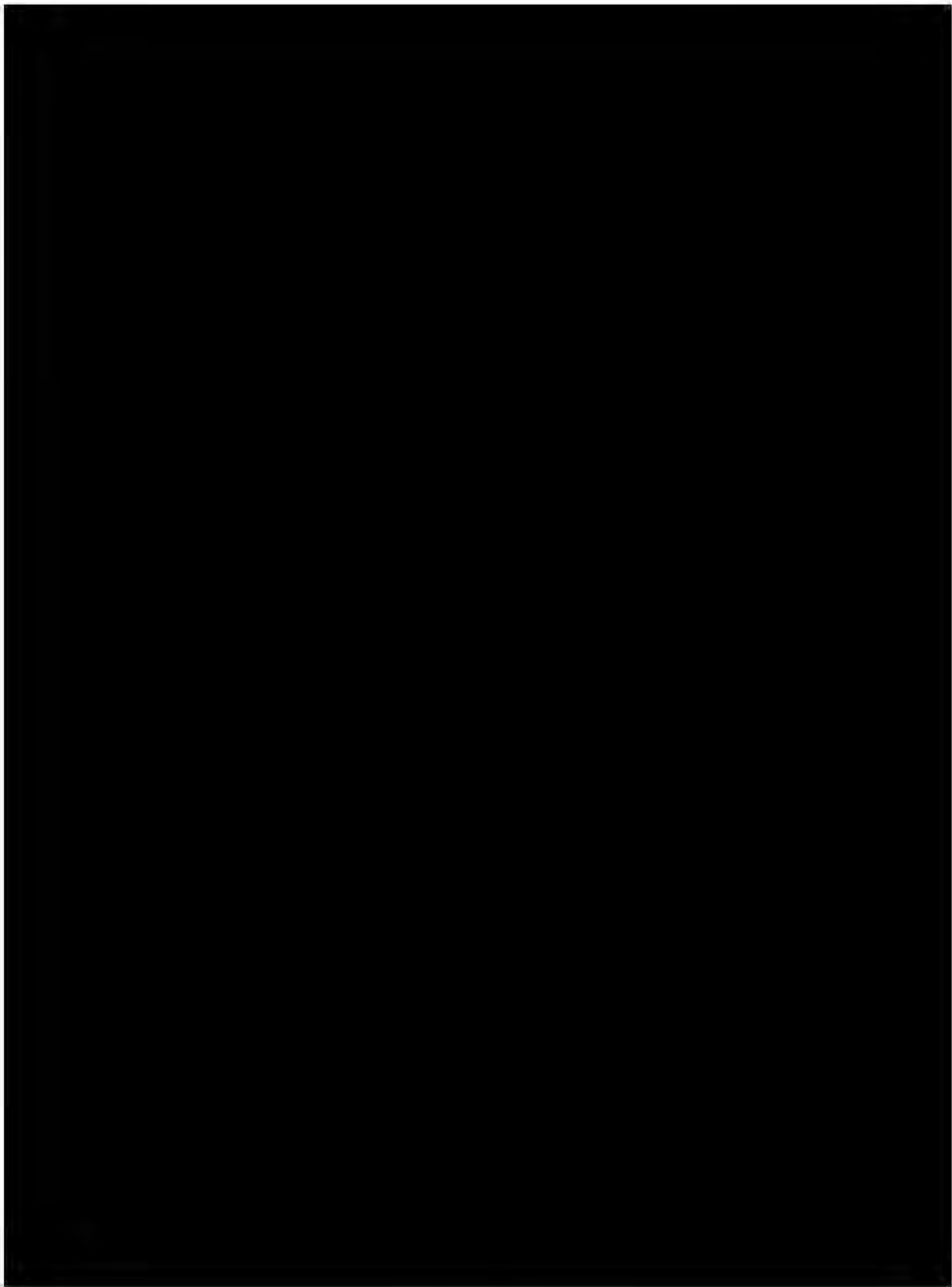
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Certificate Number: C20181008-0979

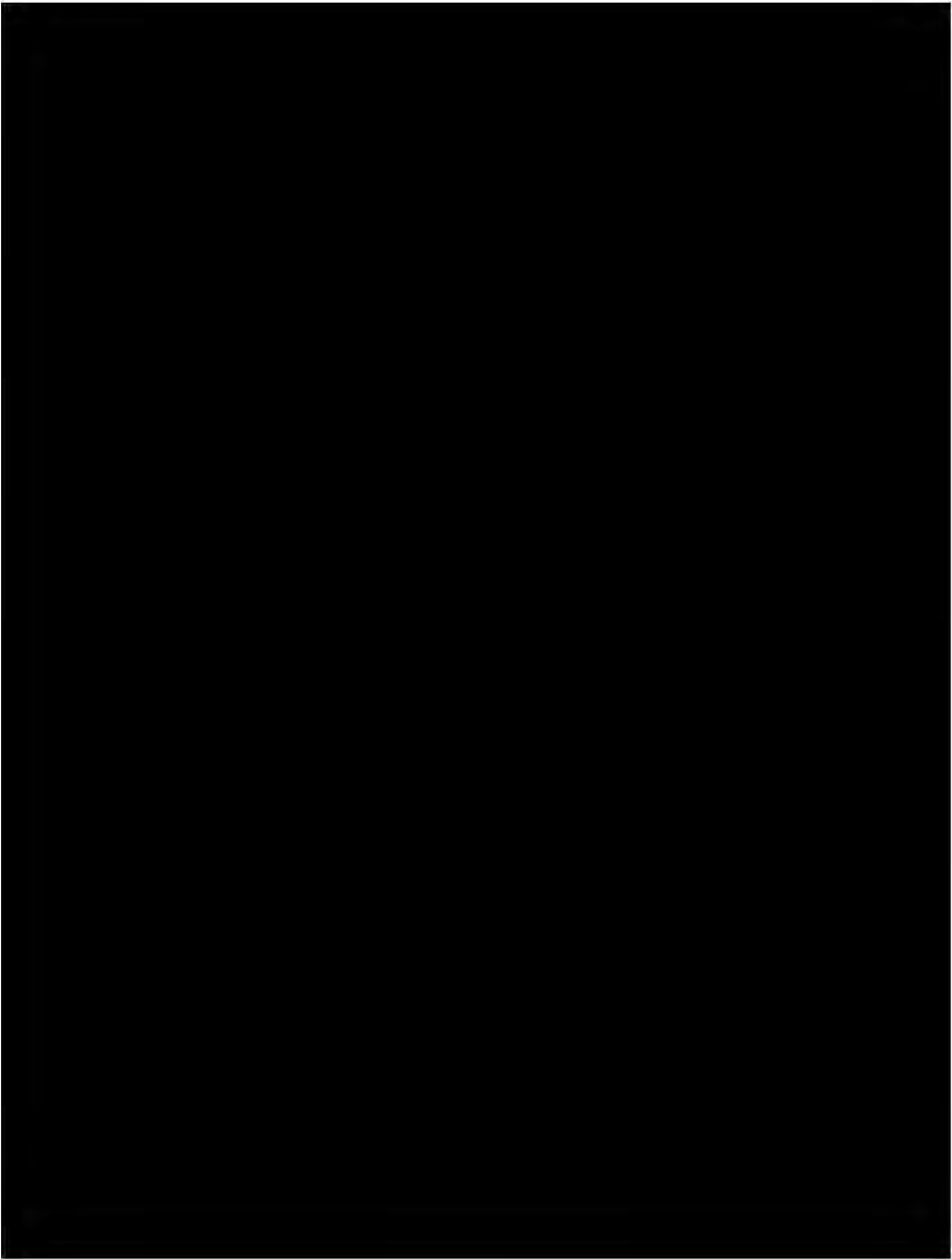


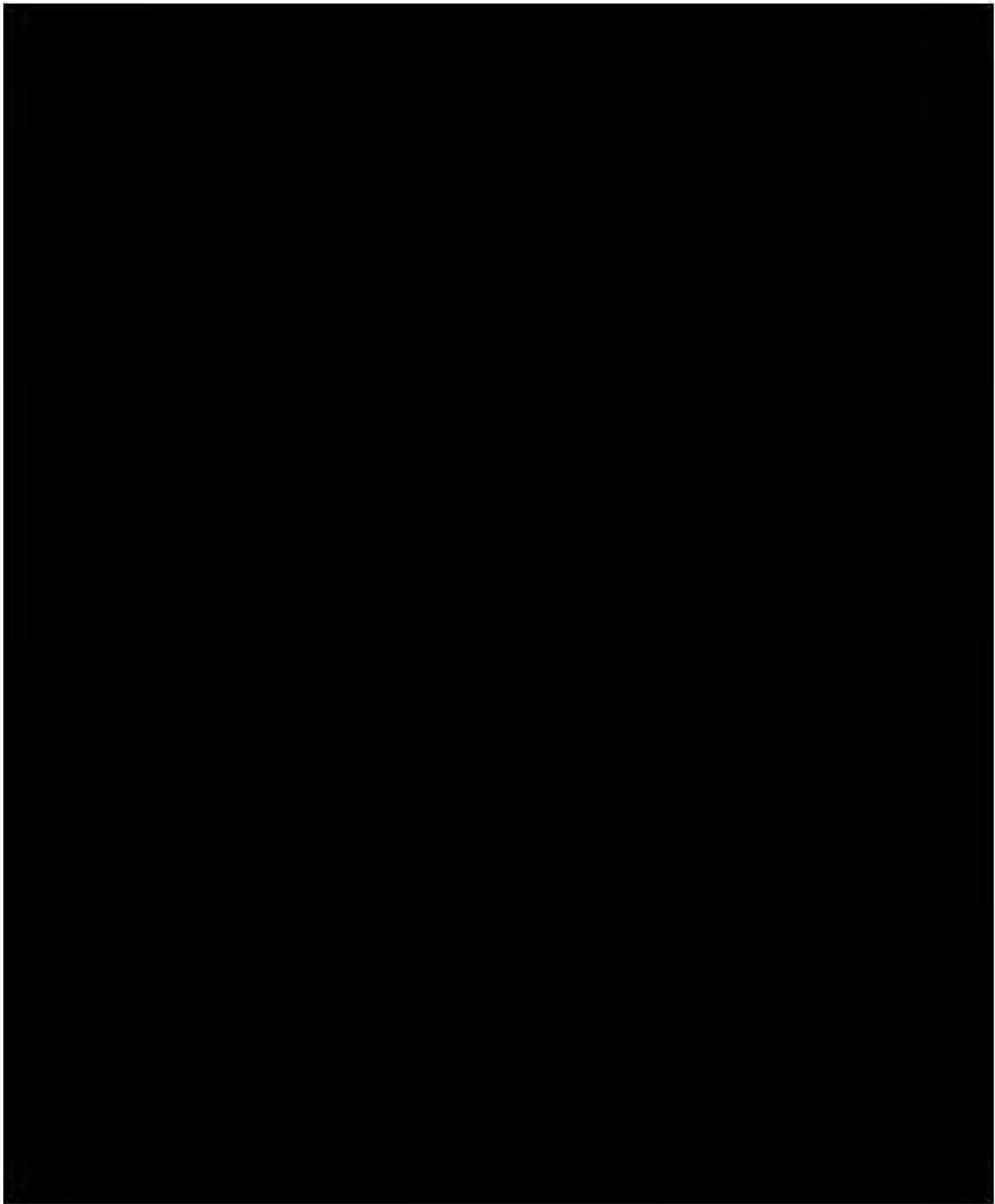


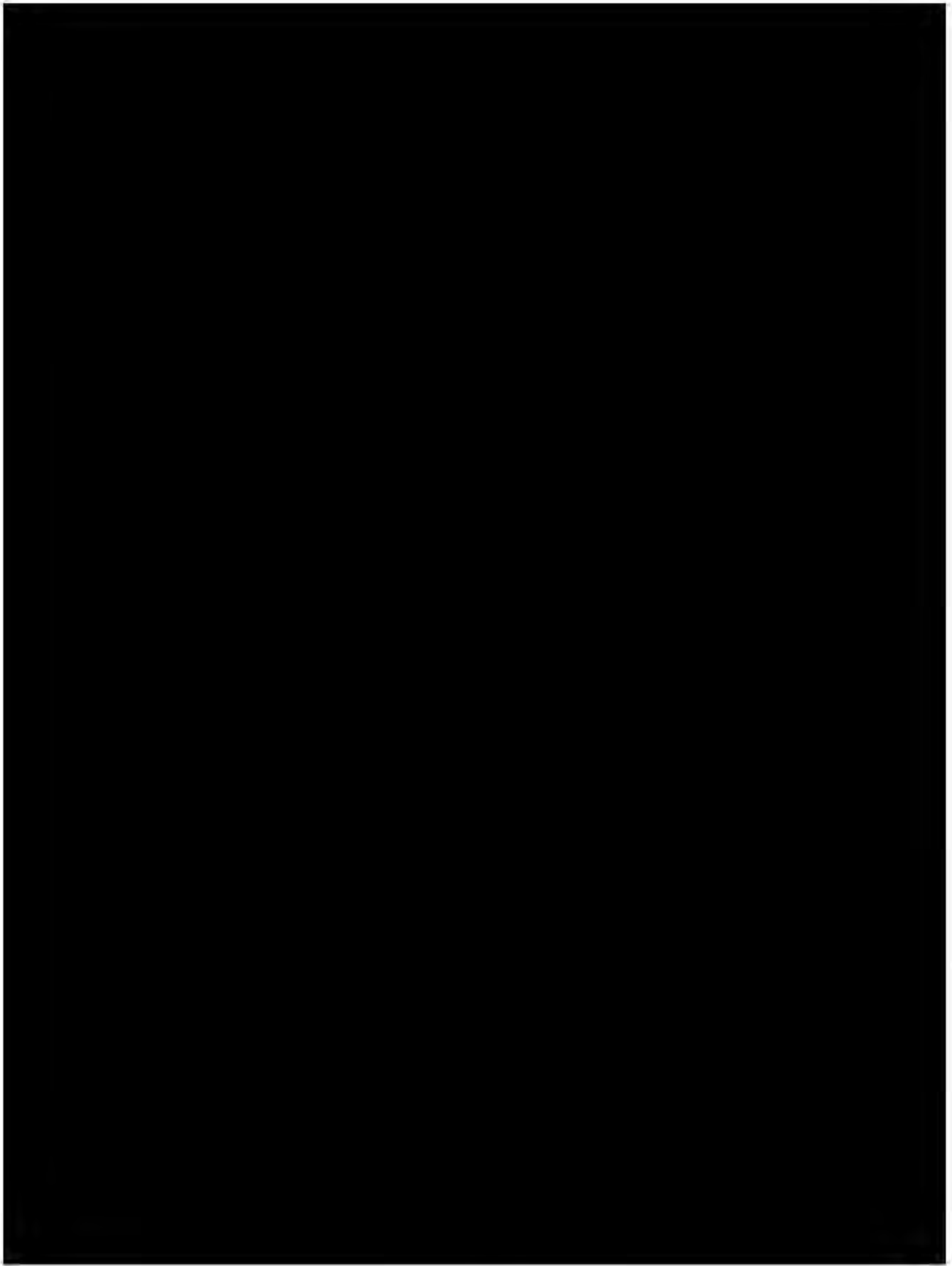


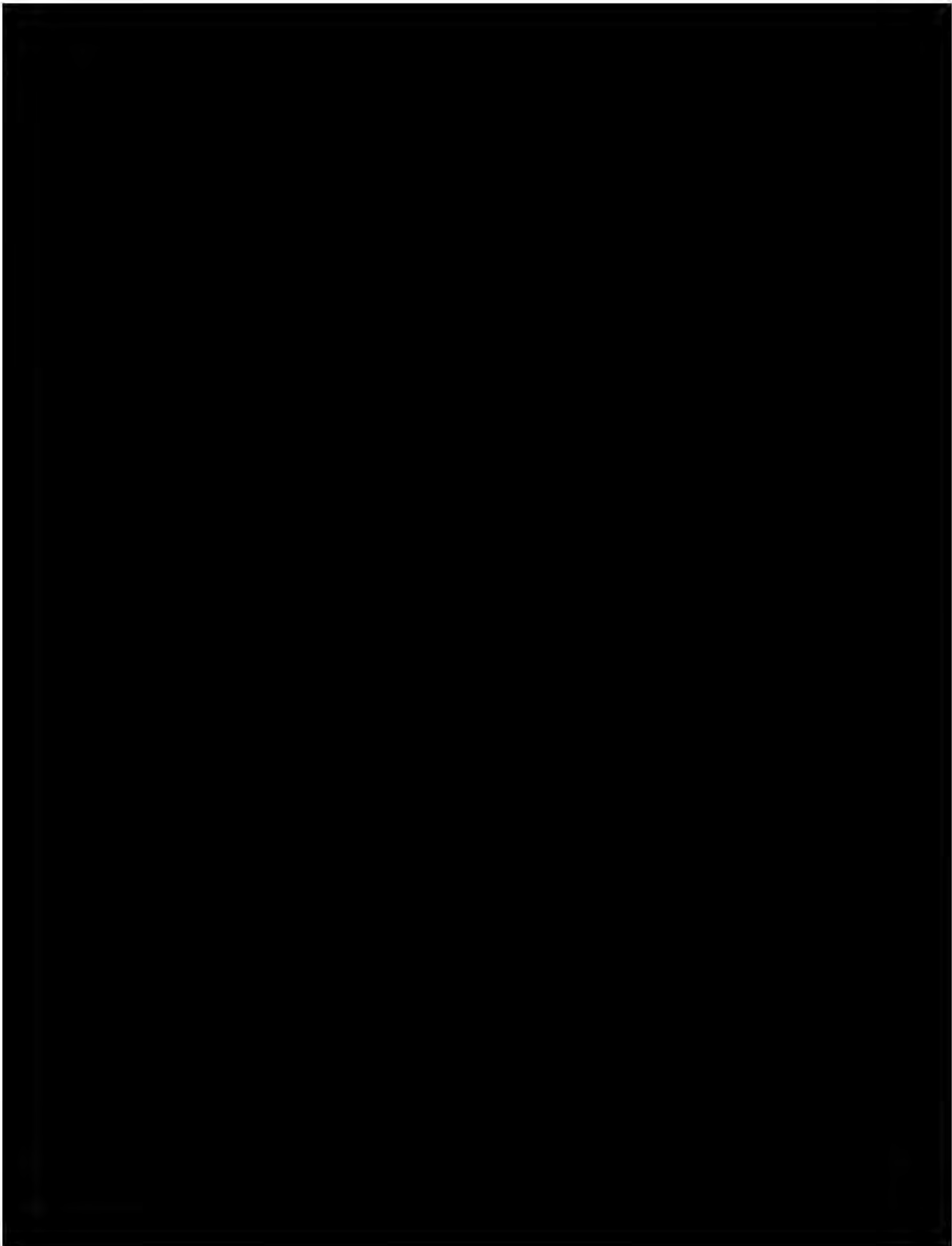


















Attachment 40A

ITEM 40. ORGANIZATIONAL CHART

A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.

Attachment 41

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

MASSACHUSETTS GAMING COMMISSION



BUSINESS ENTITY DISCLOSURE FORM

ENTITY: WSI US, LLC

BUSINESS ENTITY DISCLOSURE FORM

WSI US, LLC

NAME OF ENTITY*

(DO NOT ABBREVIATE)

WSI US, LLC

*Name as it appears on the certificate of incorporation, charter, by-laws or other official document.

WynnBET

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Jennifer Roberts

VP & General Counsel - WSI US, LLC

Name

Title

Jennifer.Roberts@Wynnbet.com 702-770-7592

E-Mail Address

Telephone: (Area code) Number

FAX Number

THE PRINCIPAL BUSINESS ADDRESS OF THE ENTITY

6600 Bermuda Rd

Las Vegas

NV

89119

Street Location (Number/Street)

City

State

Zip

United States

702-770-7000

Country

Telephone: (Area Code) Number

FAX Number

Mailing address (if different)

City

State

Zip

www.wynnbet.com

Web Site (URL)

Check the appropriate box:

<input checked="" type="checkbox"/>	This form is being submitted as an initial application for a gaming license.
<input type="checkbox"/>	This form is being submitted as an application for the renewal of a gaming license. The current gaming facility license expires on: _____
<input type="checkbox"/>	The above named entity holds stock in _____, which is an applicant for an initial gaming license or renewal.
<input type="checkbox"/>	Other. Explain: _____

ITEM 1. FORMATION

A. Provide the date and place of formation.

Date: 10-08-2018

Place of formation: Nevada

B. Persons Forming the Entity

Use Attachment 1B to provide the following information for each incorporator of the corporation:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
------	--------------------	---------------	---------------

ITEM 2. OTHER NAMES AND ADDRESSES OF THE ENTITY

A. List all other names under which the entity has done business and give the approximate time periods during which these names were being used.

Wynn Sports ~10/2018 - 10/2020

WynnBET: 10/2018 - Present

B. Use Attachment 2B to provide the following information about all other addresses presently used by the entity and all addresses from which the entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM	TO:

ITEM 3. DESCRIPTION OF PRESENT BUSINESS

Provide as Attachment 3 a description of the business done and intended to be done by the entity and its parent, holding, subsidiary and intermediary entities and the general development of such business during the past five years, or such shorter period as the entity or its parent, subsidiary and intermediary entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the entity, if known.
- B. The principal products produced and services rendered by the entity and its parent, intermediary and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the entity or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

ITEM 4. DESCRIPTION OF FORMER BUSINESS

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

ITEM 5. DIRECTORS AND TRUSTEES

Use Attachment 5 to provide the following information for each director and trustee of the corporation. (NOTE: Each director and trustee of the entity must complete a PHD-MA and PHD-MA-SUPP.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE CORPORATION	DATE OF BIRTH
		FROM:	TO:		

ITEM 6. FORMER DIRECTORS AND TRUSTEES

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee of the entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ITEM 7. OFFICERS

Use Attachment 7 to provide the following information for each officer of the entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the entity’s governing documents. (NOTE: A PHD-MA and PHD-MA-SUPP must be completed by every person noted below. In addition, the Commission may, in its discretion, order additional persons associated with the entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of Chapter 23K.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8. FORMER OFFICERS

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the entity's governing documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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ITEM 10. COMPENSATION OVER \$250,000

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$250,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
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ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS


Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

ITEM 12. STOCK/OWNERSHIP DESCRIPTION

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, or other similar indicia of ownership by the entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) or other similar information applicable to other indicia of ownership as of this date.

If the rights of holders of any class of stock or other indicia of ownership may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.



ITEM 13. VOTING OWNERS

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock or other indicia of ownership issued by the entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING RIGHTS HELD
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ITEM 14. NON-VOTING OWNERS

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting indicia of ownership issued by the entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP INTERESTS HELD	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING RIGHTS HELD
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ITEM 15. DESCRIPTION OF LONG TERM DEBT

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 16. HOLDERS OF LONG TERM DEBT

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by either the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA or PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the entity other than those described in response to Items 15 and 16 (OR, in the space below provide a specific cross-reference to the

applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 18. HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 19. SECURITIES OPTIONS

- A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) (NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities or other form of ownership issued by the entity.)
- B. Use Attachment 19B to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE
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ITEM 20. FINANCIAL INSTITUTIONS

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 21. CONTRACTS AND SUPPLIERS

Use Attachment 21 to provide the following information with respect to all persons with whom the entity has contracts or agreements of \$250,000 or more in value or from whom the entity has received \$250,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

ITEM 22. OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

Use Attachment 22 to provide the following information about each entity in which the entity holds stock:

NAME AND ADDRESS OF ENTITY	TYPE OF OWNERSHIP HELD	PURCHASE PRICE PER INTEREST	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
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ITEM 23. INSIDER TRANSACTIONS

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of interest in the entity or who is or was within that

period a director or officer of the entity. [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.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF OWNERSHIP INTERESTS INVOLVED
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ITEM 24. CRIMINAL HISTORY

The next question asks about any charges or offenses the entity or any of its directors, trustees or officers 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 question:

- A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- B. “Offense” includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS:

- 1. Answer “yes” and provide all information to the best of your ability EVEN IF:
 - A. The entity, its directors, trustees, or officers did not commit the offense charged;
 - B. The charges were dismissed;
 - C. The entity, its directors, trustees, or officers were not convicted; or
 - D. The charges or offenses happened a long time ago.
- 2. Answer “no” IF:
 - A. The records relating to the charges have been expunged or sealed by court order; **AND**
 - B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the entity or any of its subsidiaries, directors, trustees or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this commonwealth or any other jurisdiction?



If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
--------------------------------	-------------------------------	-----------------------------	--	---	----------

ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the entity, any of its subsidiaries, directors, trustees or officers 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?



If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

Has the entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?



If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

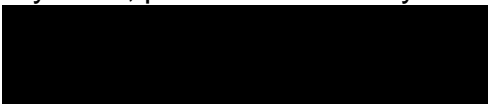
NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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ITEM 27. EXISTING LITIGATION

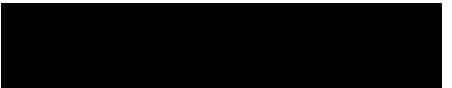
Provide as Attachment 27 a description of all existing civil litigation to which the entity, its parent or any subsidiary is presently a party whether in this commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involve claims against the entity which are fully and completely covered under an insurance policy held by the entity 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.

ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the entity 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?

— 

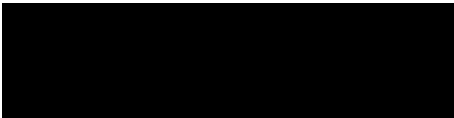
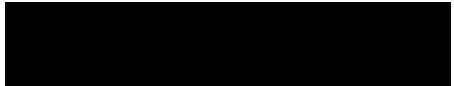
B. In the past ten years, has the entity had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$50,000 or more entered against it?

— 

If yes to either question, use Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
-----------------	-------------------	---------------------------------	-------------------------------------	-------------------------------------	--------------

ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

- A. Has the entity, its parent or any intermediary entities 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 _____ 
- B. Has the entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period? _____ 

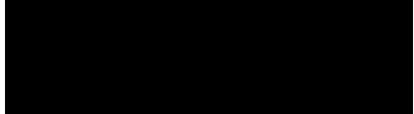
If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

(Cont.)

- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the entity or its parent, holding, intermediary or subsidiary entities?

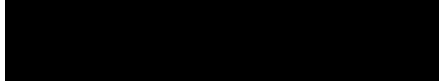
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If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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ITEM 30. LICENSES

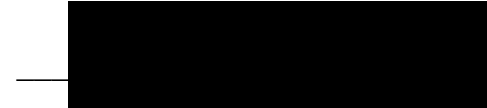
- A. During the last ten year period, has the entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this commonwealth or any other jurisdiction, denied, suspended or

— 

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
--------------------------------	--	--------------	------	-------------------------

B. Has the entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?



If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
--------------------------------------	---------------------	--	---------------------------	--

ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF ENTITY

A. During the last ten year period, has the entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

— [REDACTED]

B. During the last ten year period, has the entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the entity 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?

— [REDACTED]

C. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

— [REDACTED]

D. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual 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?

— [REDACTED]

E. During the last ten year period, did the entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?

— [REDACTED]

F. During the last ten year period, has the entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the entity's books or records?

— [REDACTED]

G. During the last ten year period, has the entity, its parent or any subsidiary maintained any numbered account or any account in the name of a nominee for the entity?

— [REDACTED]

H. List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.

[REDACTED] _____

ITEM 32. FINANCIAL STATEMENTS

- A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.
- B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the entity and any exceptions taken to such statements by the independent auditor retained by the entity, and the management response thereto.

ITEM 33. ANNUAL REPORTS

- A. Provide as Attachment 33A a copy of all annual reports of the entity that were submitted to shareholders or other persons during the last five years.
- B. In addition to the information required in Item 33A, an entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

ITEM 34. QUARTERLY REPORTS

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the entity. If the entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

ITEM 35. INTERIM REPORTS

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the entity's certifying accountant or other material events. If the entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

ITEM 36. PROXY AND INFORMATION STATEMENT

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

ITEM 37. REGISTRATION STATEMENT

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

ITEM 38. REPORTS OF ACCOUNTANTS

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

ITEM 40. ORGANIZATIONAL CHART

- A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.
- B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions.

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Persons Forming the Entity	
2B	Other names and addresses of the entity (Presently used)	
2C	Other names and addresses of the entity (Past 10 years)	
3*	Description of business done and intended to be done	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$250,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting owners	
14	Non-voting owners	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Other ownership interests held by the entity	
23	Insider transactions	

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24*	Expungement or sealing orders	
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the entity	
39*	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for entity filing this form, job descriptions and names of employees	
41*	Copies of 1120 forms and 941 forms filed with the IRS in the last five years	

ITEM 43. AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Commission, *205 C.M.R. 111.02(2)*, this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself or herself date the signature of the affiant and indicate the basis of his or her authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND
SEIZURES

WAIVER OF LIABILITY

The President or any officer of the entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or any officer of the entity authorized to affirm and sign the documents.

AFFIDAVIT

STATE OF Nevada _____ :

SS:

COUNTY OF Clark _____ :

I, [REDACTED] _____, the [REDACTED] _____ of
(Name) (TITLE/POSITION)

the entity identified below, being duly sworn according to law, on my oath, depose and say that I make this statement on behalf of the entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

WSI US, LLC
NAME OF ENTITY

By [REDACTED] _____
_____ [REDACTED] _____
Title

Date

Accountant Preparing Form, if any

Date

Attorney Preparing Form, if any

On this 16th day of November, 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification which was passport, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

Notary Public
My Commission Expires: 11/19/22



RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of WSI US, LLC,
(NAME OF ENTITY)

I, [REDACTED] have
(NAME OF PRESIDENT OR OFFICER)

authorized the Massachusetts Gaming Commission, its Investigations and Enforcement Bureau and its agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Massachusetts Gaming Commission and its Investigations and Enforcement Bureau provided that he or she certifies to you that said entity has an application pending before the Massachusetts Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 23K of the laws of the Commonwealth of Massachusetts.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

11/16/2022
DATE [REDACTED]

On this 16th day of Nov 2022 before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires: 11/19/22



CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of WSI US, LLC
(NAME OF ENTITY)

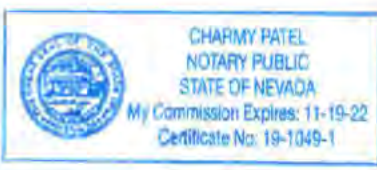
I, [REDACTED]
(NAME OF PRESIDENT OR OFFICER), hereby consent to all inspections, searches and seizures and the supplying of handwriting exemplars as authorized by Chapter 23K of the laws of the Commonwealth of Massachusetts and by the rules and regulations of the Massachusetts Gaming Commission.

The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the Commonwealth of Massachusetts not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

11/16/2022 DATE
[REDACTED] SIGNATURE

On this 16th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires: 11/19/22



WAIVER OF LIABILITY

On behalf of WSI US, LLC

(NAME OF ENTITY)

[Redacted]

(NAME OF PRESIDENT OR OFFICER)

hereby waive liability as to the Commonwealth of Massachusetts and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

11/16/2022

DATE

[Redacted Signature]

SIGNATURE

On this 16th day of Nov 2022, before me, the undersigned notary public, personally appeared [Redacted] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Handwritten Signature]

Notary Public

My Commission Expires:

11/19/22





**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES
(SPORTS WAGERING OPERATORS)**

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each qualifying entity submit this Certification.

I, as the duly authorized representative of the Applicant or qualifying entity, do hereby certify that after inquiry and to the best of my knowledge and belief, that: [Check all boxes that apply.]

[REDACTED] The Applicant or qualifying entity has filed all U.S. Federal and State tax returns required during the 5 years preceding the application; AND

The Applicant or the qualifying entity has not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and is not in default;

OR

[REDACTED] The Applicant or qualifying entity is not required to file U.S. Federal tax returns because [please explain reason(s), for example, taxes are filed in a non-U.S. jurisdiction]. Please provide specifics below:

[REDACTED]

Signature of Authorized Certifying Official

11-15-22

Date

[REDACTED]

Printed Name and Title

WSI US, LLC

Name of the Applicant



SPORTS WAGERING OPERATOR CERTIFICATION REGARDING SUITABILITY OF APPLICANT AND QUALIFIER

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Authorized Certifying Official: _____ Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: WSI US, LLC

Section 2 FOR EACH QUALIFIER:

I understand that the Massachusetts Gaming Commission may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Individual Qualifier: _____ Date: 11-15-22

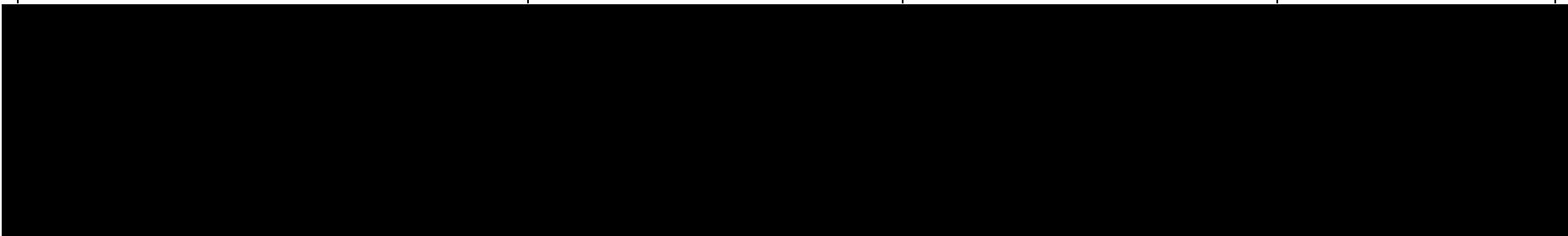
Printed Name and Title: _____

Name of Applicant for Operator License: WSI US, LLC

ATTACHMENT 1B PERSONS FORMING THE ENTITY

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
Roxane Peper	3131 Las Vegas Boulevard South, Las Vegas, NV 89109	Corporate Records Officer	

ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE ENTITY (Presently Used)

NUMBER AND STREET	CITY	STATE	ZIP
			



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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 3**

WSI US, LLC

ATTACHMENT 3: Description of Business

WSI US, LLC d/b/a WynnBET is the online sports betting and iGaming operation in the Wynn Resorts family of businesses. WynnBET currently operates in Arizona, Colorado, Indiana, Louisiana, Michigan, New Jersey, New York, Tennessee, and Virginia, [REDACTED]
[REDACTED]

WynnBET operates through its websites and mobile apps for Android and iOS platforms. Depending on the state, WynnBET may offer a wide range of sports betting options and casino games.

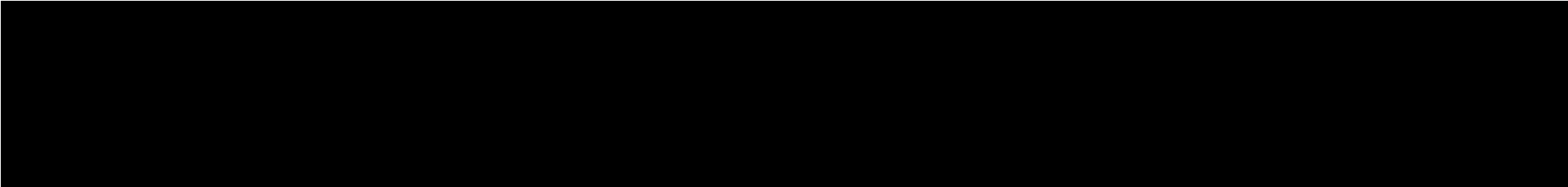
ATTACHMENT 7 OFFICERS

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
[REDACTED]	Treasurer	10/8/2018	7/30/2021	3131 Las Vegas Boulevard South Las Vegas, Nevada 89109	[REDACTED]
[REDACTED]	President	6/4/2019	7/30/2019		[REDACTED]
[REDACTED]	CEO	7/30/2019	Present		[REDACTED]
[REDACTED]	Treasurer	1/3/2022	Present		[REDACTED]
[REDACTED]	President	11/2/2021	Present	6600 Bermuda Rd, Las Vegas, Nevada 89119	[REDACTED]
[REDACTED]	Secretary	10/8/2018	Present	3131 Las Vegas Boulevard South, Las Vegas, Nevada 89109	[REDACTED]

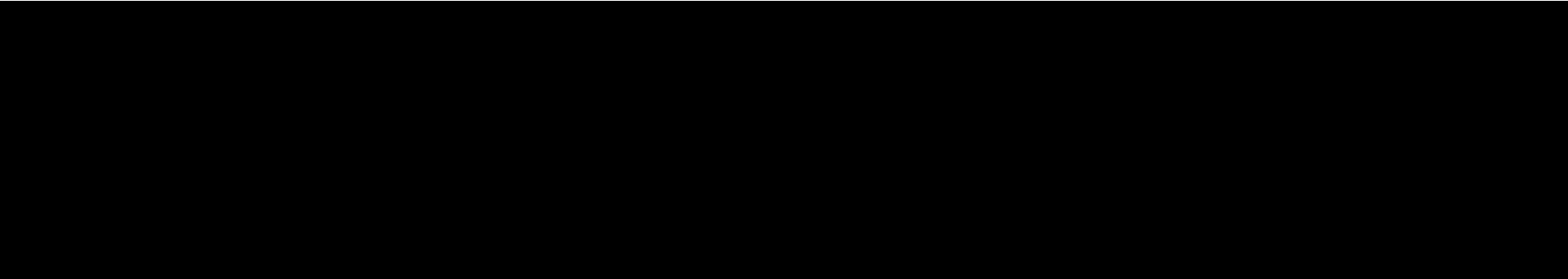
ATTACHMENT 8 FORMER OFFICERS

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
Sadok Kohen [REDACTED]	President	07/30/2021	12/17/2021	Chief Product Officer, 6600 Bermuda Rd, Las Vegas, Nevada 89119	[REDACTED]
[REDACTED]	Chief Financial Officer	07/30/2021	01/03/2022	CFO at Disperse / 64 Great Eastern Street, London, EC2A 3QR, UK	[REDACTED]

ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
			

ATTACHMENT 10 COMPENSATION OVER \$250,000

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
				



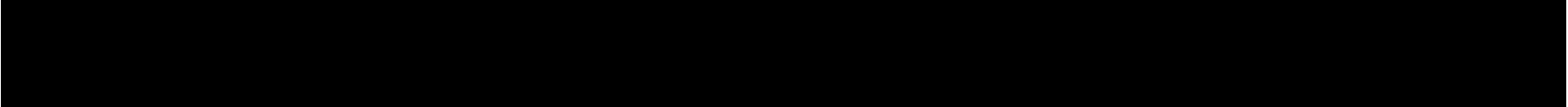
***Attachment - 11 -BONUS, PROFIT SHARING, PENSION,
RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS**

[Redacted text]

[Redacted text]



ATTACHMENT 13 VOTING OWNERS

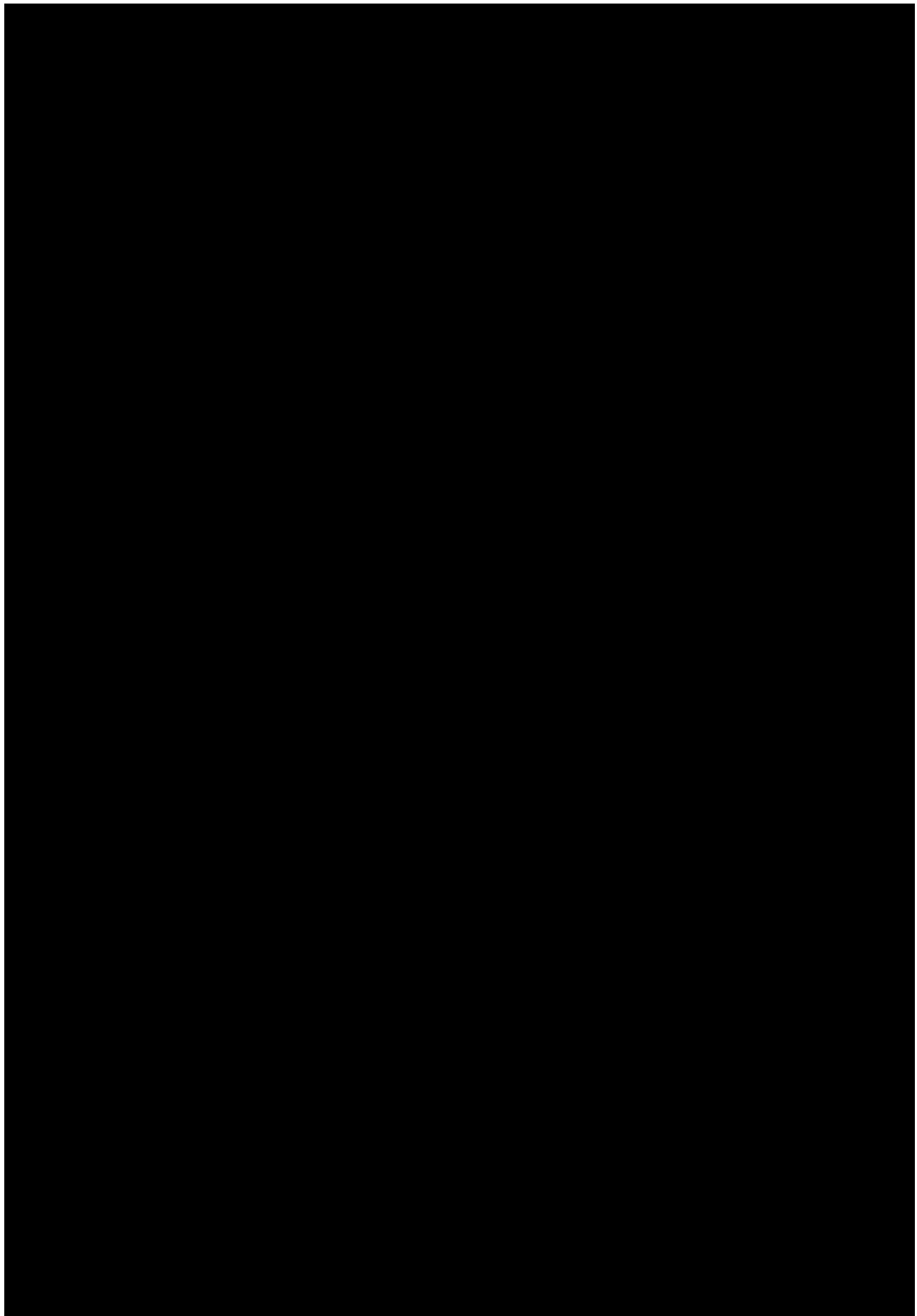
NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING STOCK HELD
				

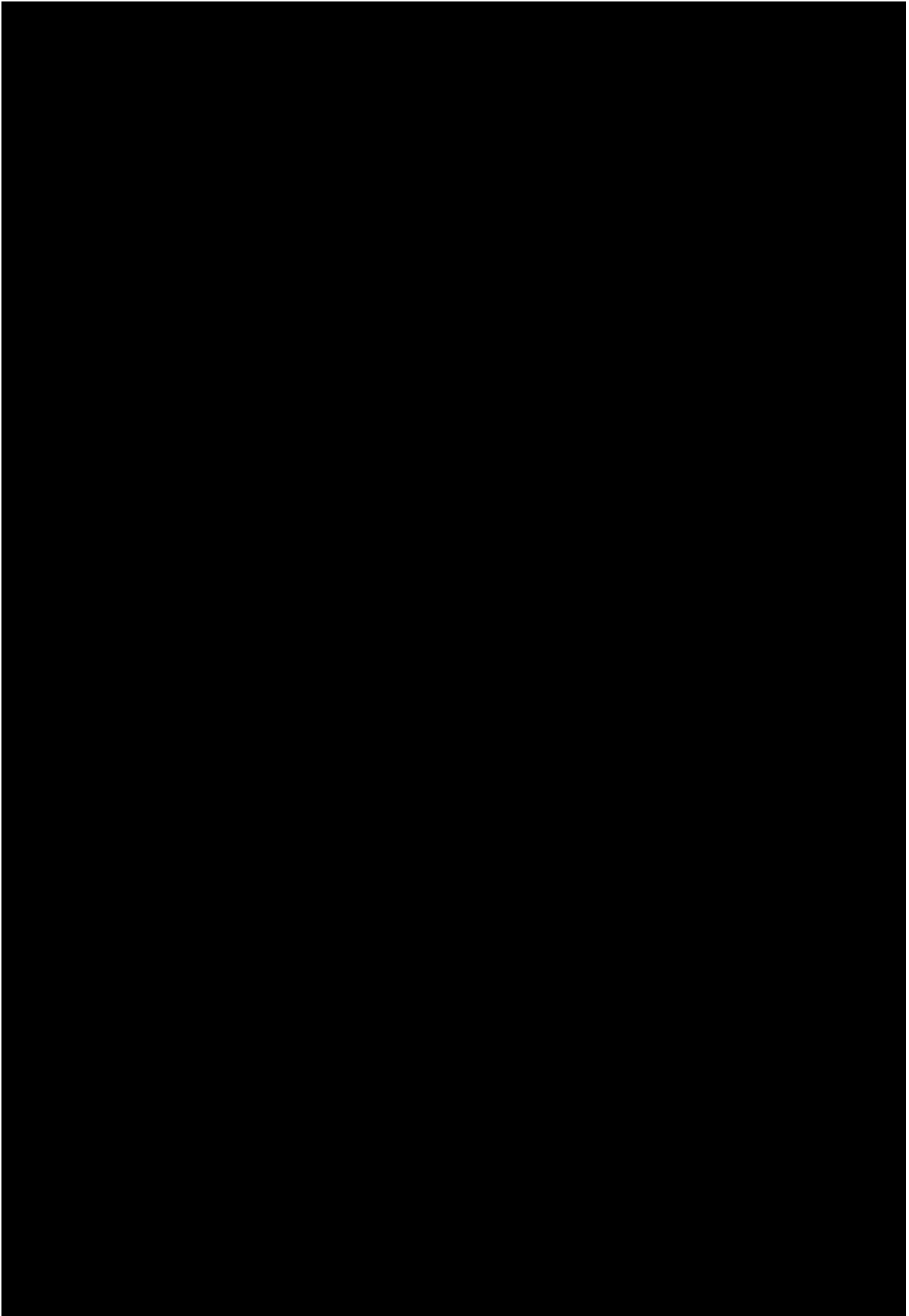
ATTACHMENT 20 **FINANCIAL INSTITUTIONS**

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:
Please see separate Attachment 20				



ATTACHMENT 20 FINANCIAL INSTITUTIONS





ATTACHMENT 21 **CONTRACTS AND SUPPLIERS**

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED
Please see separate Attachment 21		



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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Entity: WSI US, LLC
Item 21 – Contracts and Suppliers**

ATTACHMENT 21 - CONTRACTS AND SUPPLIERS

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

ATTACHMENT 22 **OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY**

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD	PURCHASE PRICE PER INTEREST	NUMBER OF INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%

ATTACHMENT 24A CRIMINAL HISTORY

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

ATTACHMENT 25

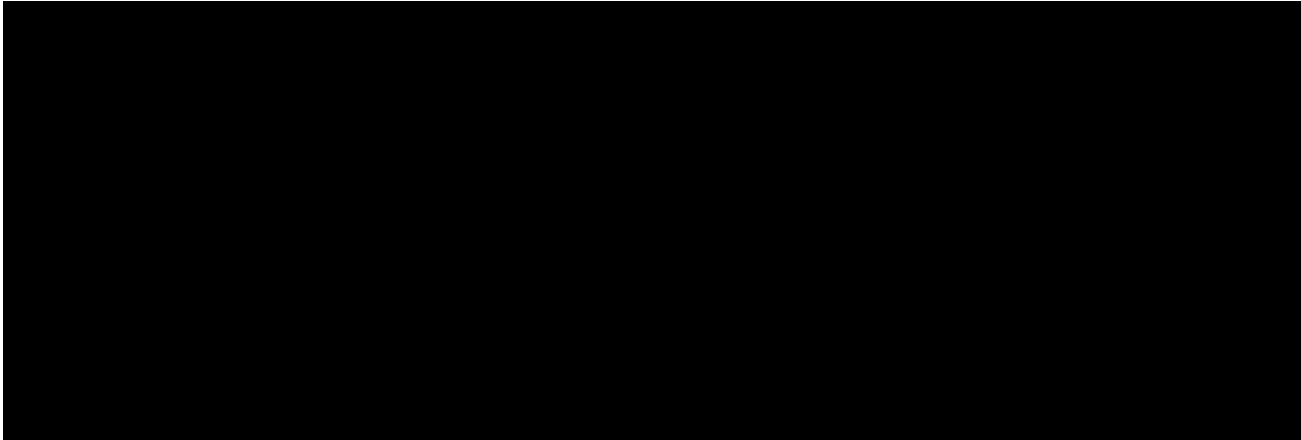
TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION



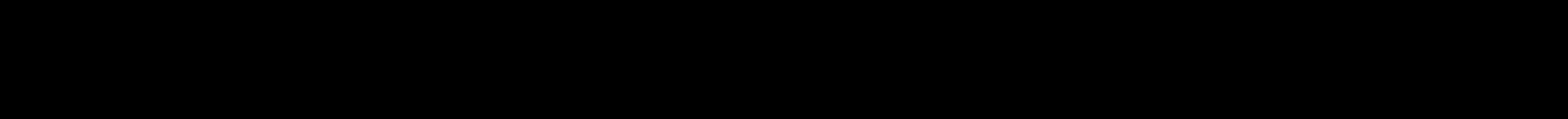
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ATTACHMENT 27 - EXISTING LITIGATION



ATTACHMENT 28

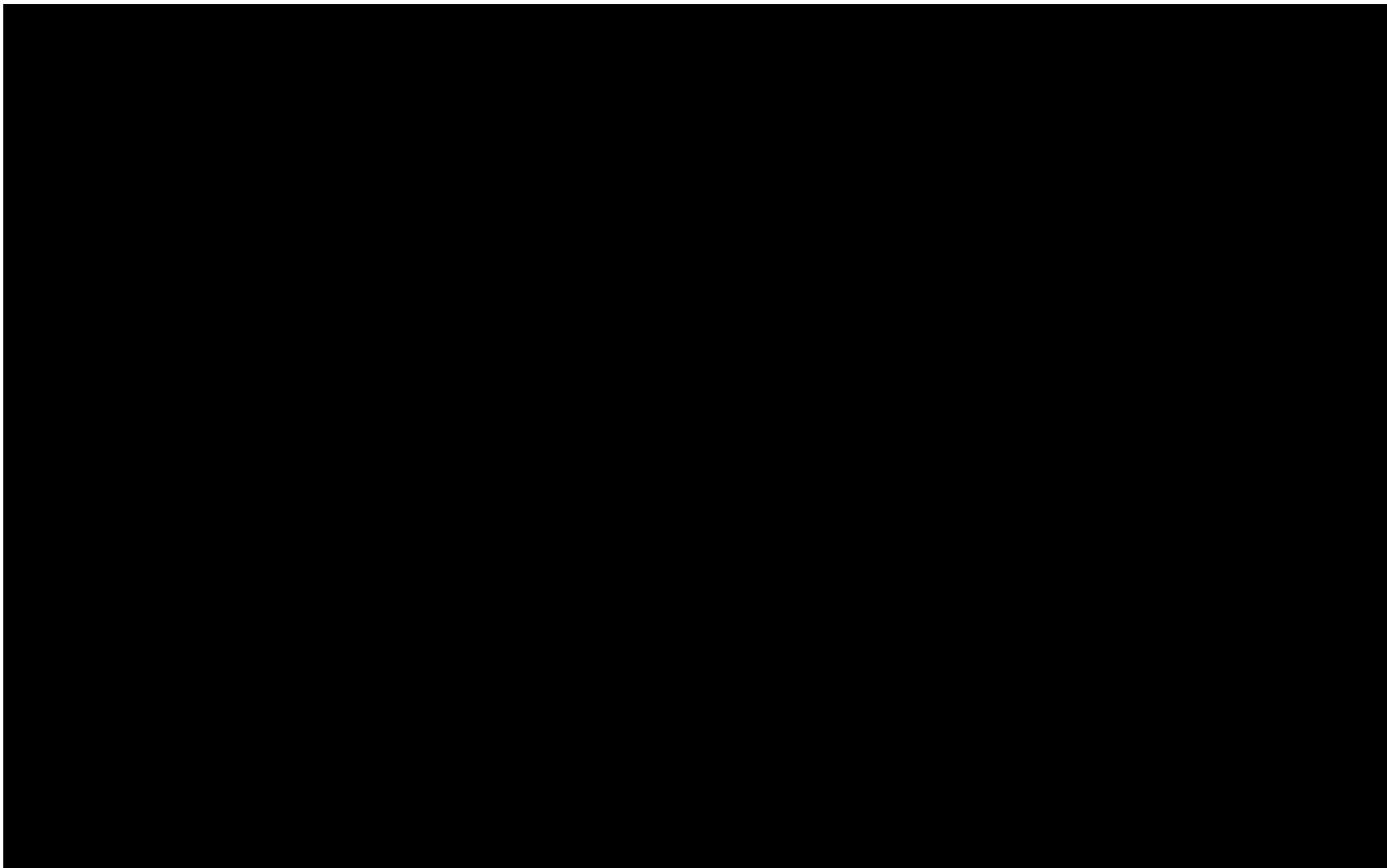
ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

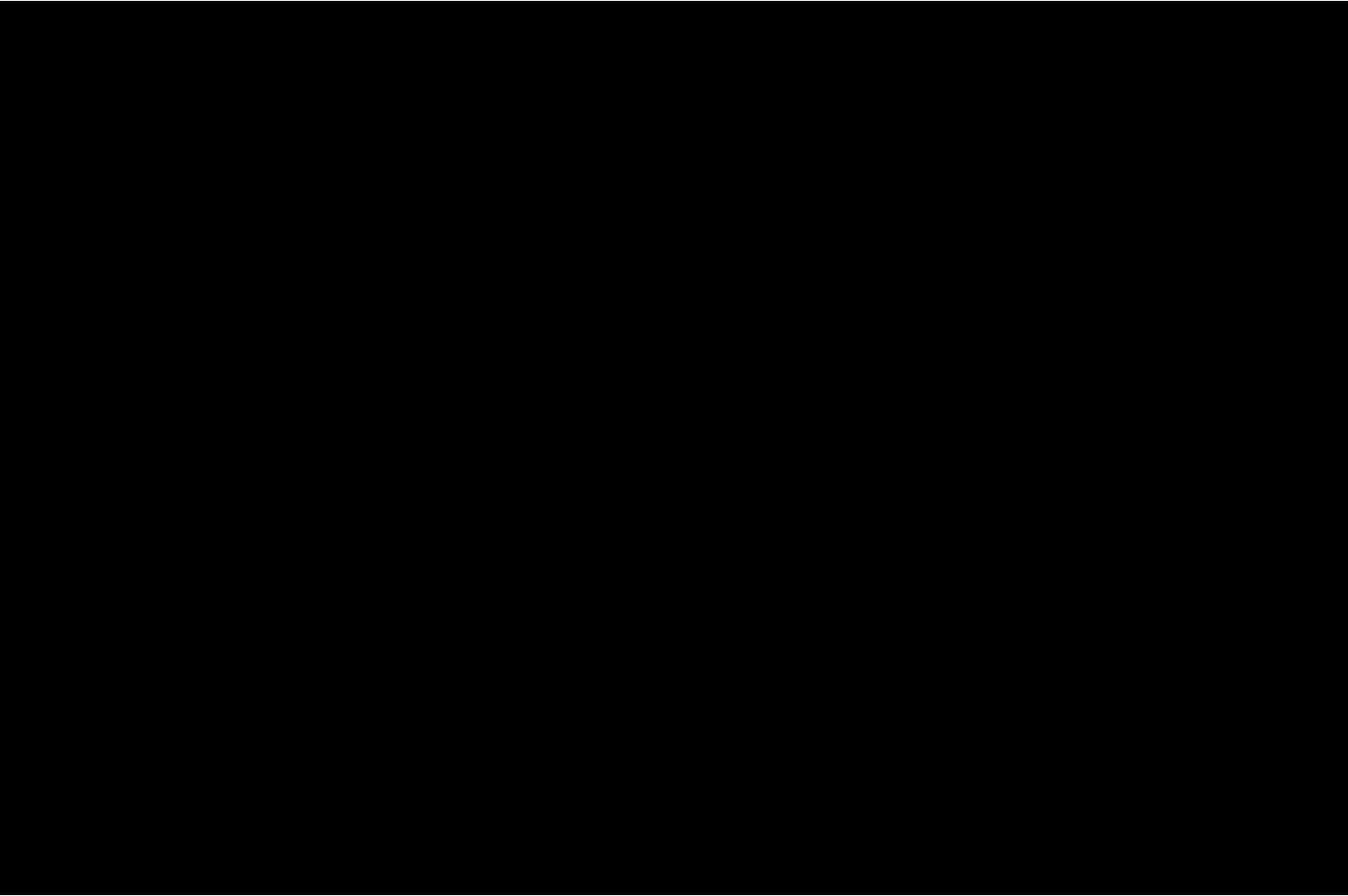
DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
					

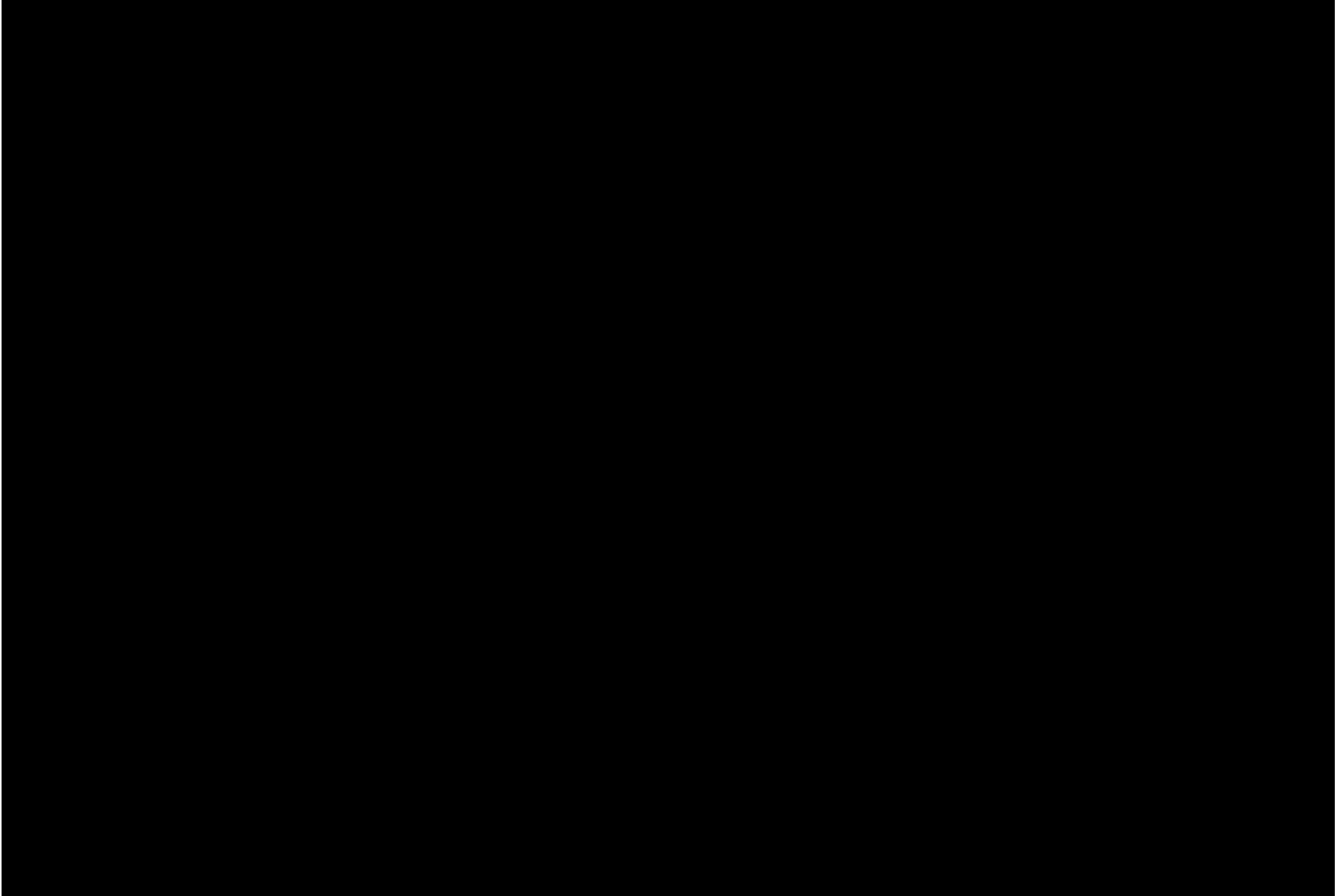
ATTACHMENT 30B LICENSES (Other gambling)

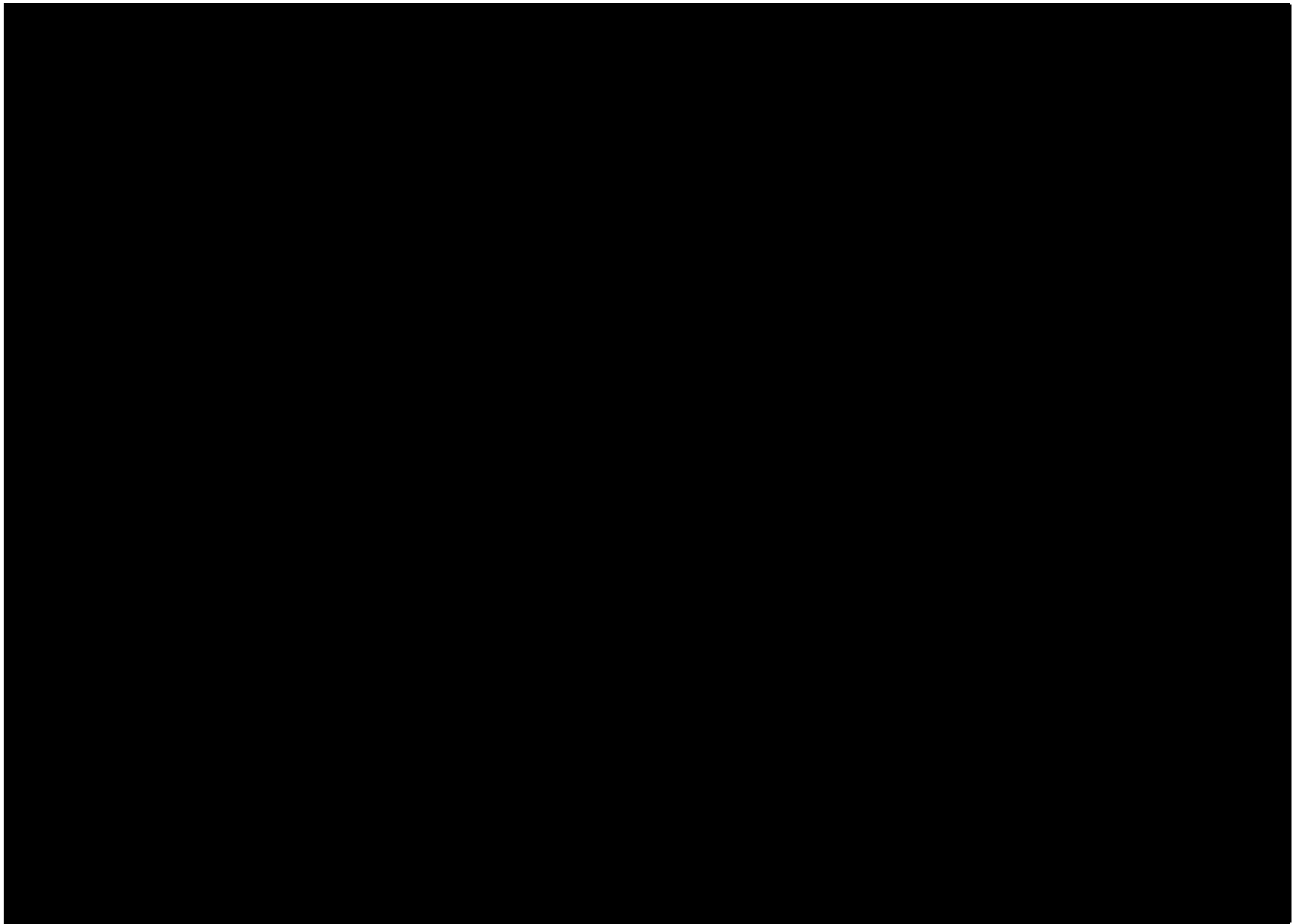
NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE
Please see separate Attachment 30B				

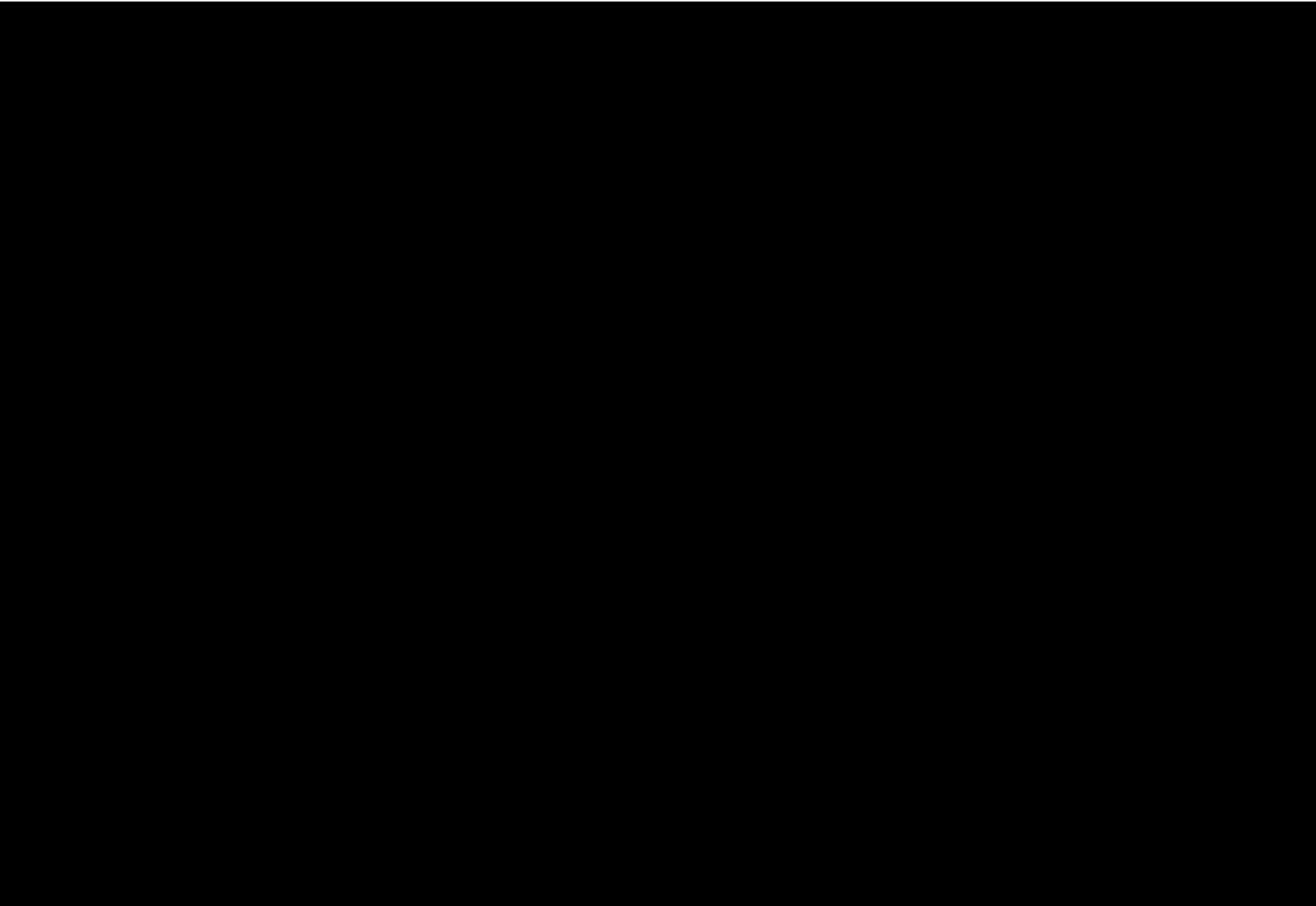
ATTACHMENT 30B

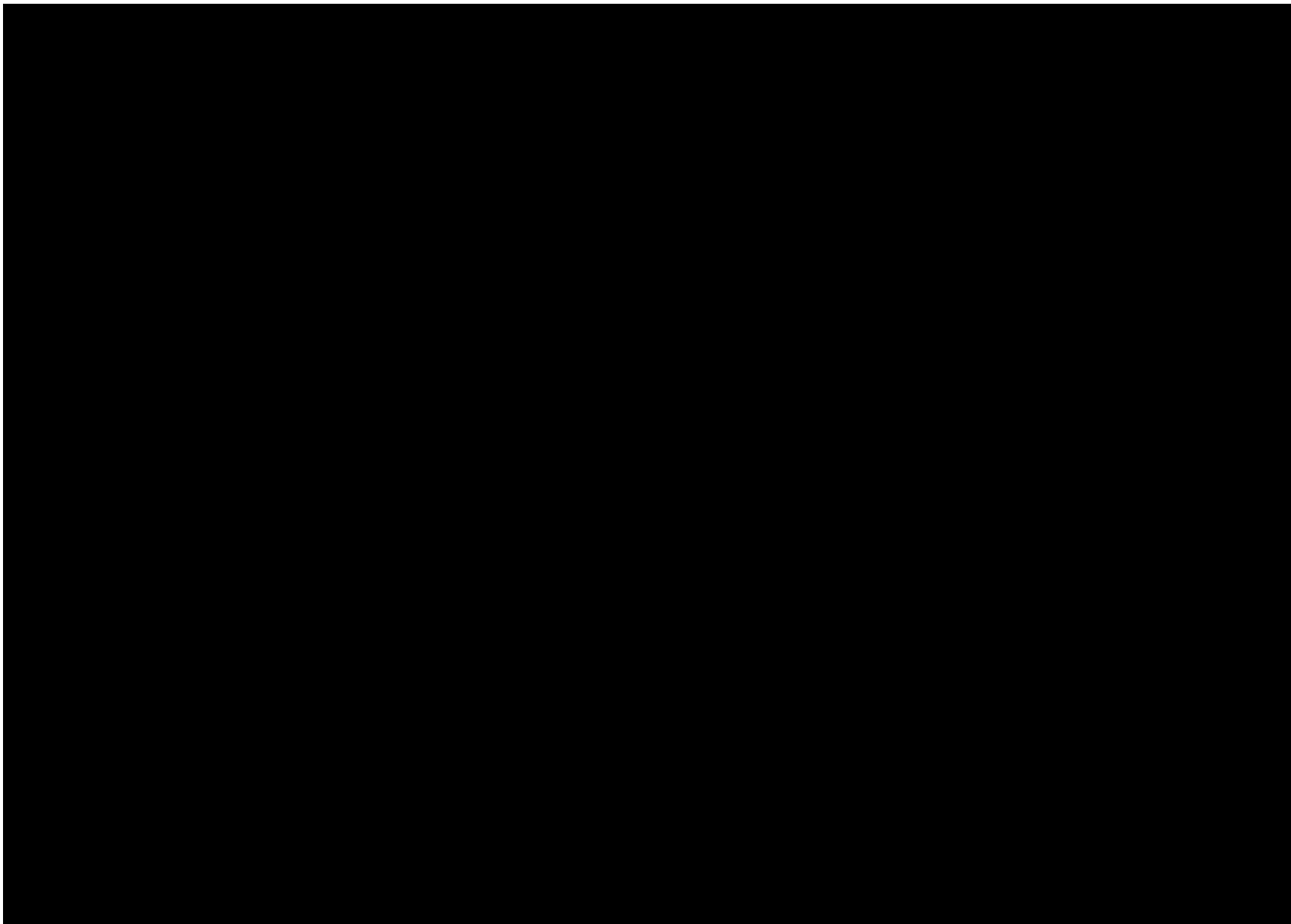


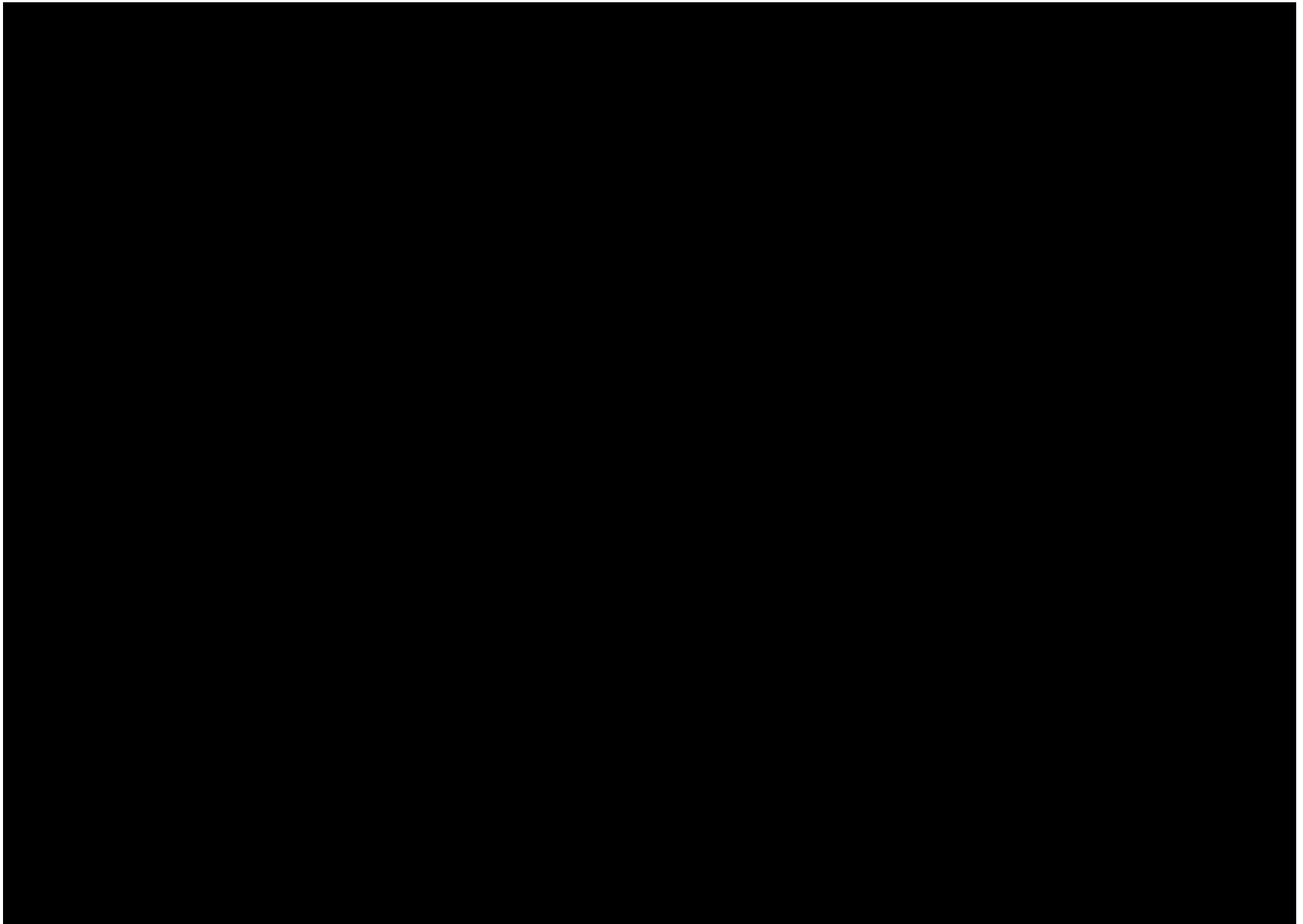












[REDACTED]

[REDACTED]

[REDACTED]





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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 32**

WSI US, LLC

ATTACHMENT 32A/B: Audited Financial Statements





ATTACHMENT 39



050106



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Articles of Organization
Limited-Liability Company
 (PURSUANT TO NRS CHAPTER 86)

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E0470942018-4
Secretary of State State Of Nevada	Filing Number 20180440477-67
	Filed On 10/08/2018
	Number of Pages 2

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ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: <small>(must contain approved limited-liability company wording; see instructions)</small>	WSI US, LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: <small>(check only one box)</small>	<input checked="" type="checkbox"/> Commercial Registered Agent: ROXANE PEPER <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent <u>OR</u> <input type="checkbox"/> Office or Position with Entity <small>(name and address below)</small> Name of Noncommercial Registered Agent <u>OR</u> Name of Title of Office or Other Position with Entity Street Address City Nevada Zip Code Mailing Address (if different from street address) City Nevada Zip Code		
3. Dissolution Date: <small>(optional)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual):		
4. Management: <small>(required)</small>	Company shall be managed by: <input type="checkbox"/> Manager(s) <u>OR</u> <input checked="" type="checkbox"/> Member(s) <small>(check only one box)</small>		
5. Name and Address of each Manager or Managing Member: <small>(attach additional page if more than 3)</small>	1) WSI HOLDCO, LLC <small>Name</small> 3131 LAS VEGAS BLVD. SO LAS VEGAS NV 89109 <small>Street Address City State Zip Code</small> 2) <small>Name</small> Street Address City State Zip Code 3) <small>Name</small> Street Address City State Zip Code		
6. Name, Address and Signature of Organizer: <small>(attach additional page if more than 1 organizer)</small>	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. ROXANE PEPER <input checked="" type="checkbox"/> ROXANE PEPER <small>Name Organizer Signature</small> 3131 LAS VEGAS BLVD. SO LAS VEGAS NV 89109 <small>Address City State Zip Code</small>		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> ROXANE PEPER 10/8/2018 <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</small>		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles
 Revised: 10 1-15

ATTACHMENT TO
ARTICLES OF ORGANIZATION
OF
WSI US, LLC

The Articles of Organization of WSI US, LLC (the “Company”) consist of the articles set forth on the preceding page and the additional articles set forth on this attachment as follows:

8. Payment of Expenses.

In addition to any other rights of indemnification permitted by the laws of the State of Nevada as may be provided for by the Company in these Articles of Organization, the Company’s operating agreement or any other agreement, the expenses of any member incurred in defending a civil, criminal, administrative or investigative action, suit or proceeding arising by reason of the fact that such member is or was a member of the Company, must be paid by the Company, or through insurance purchased and maintained by the Company or through other financial arrangements made by the Company as permitted by the laws of the State of Nevada, as such expenses are incurred and in advance of the final disposition of the action, suit or proceeding, upon receipt of an unsecured undertaking by or on behalf of such member to repay the amount if it is ultimately determined by a court of competent jurisdiction that such member is not entitled to be indemnified by the Company.

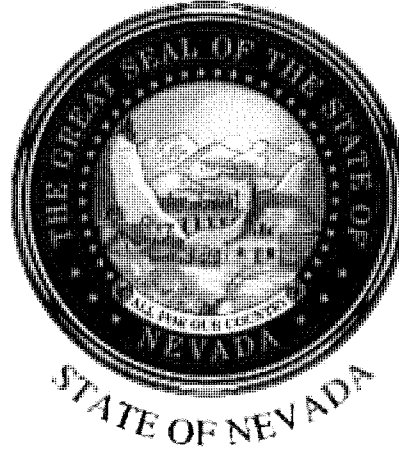
Any repeal or modification of this Article 8 approved by the members of the Company shall be prospective only. In the event of any conflict between this Article 8 and any other article of the Company’s Articles of Organization, the terms and provisions of this Article 8 shall control.

9. Special Provision Regarding Distributions.

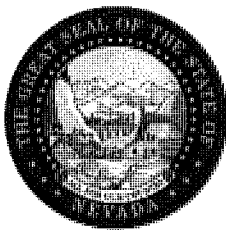
Notwithstanding anything to the contrary in these Articles of Organization or any operating agreement of the Company, the Company is hereby specifically permitted to make any distribution that otherwise would be prohibited by Nevada Revised Statutes 86.343(1)(b).

* * * *

SECRETARY OF STATE

**LIMITED LIABILITY COMPANY CHARTER**

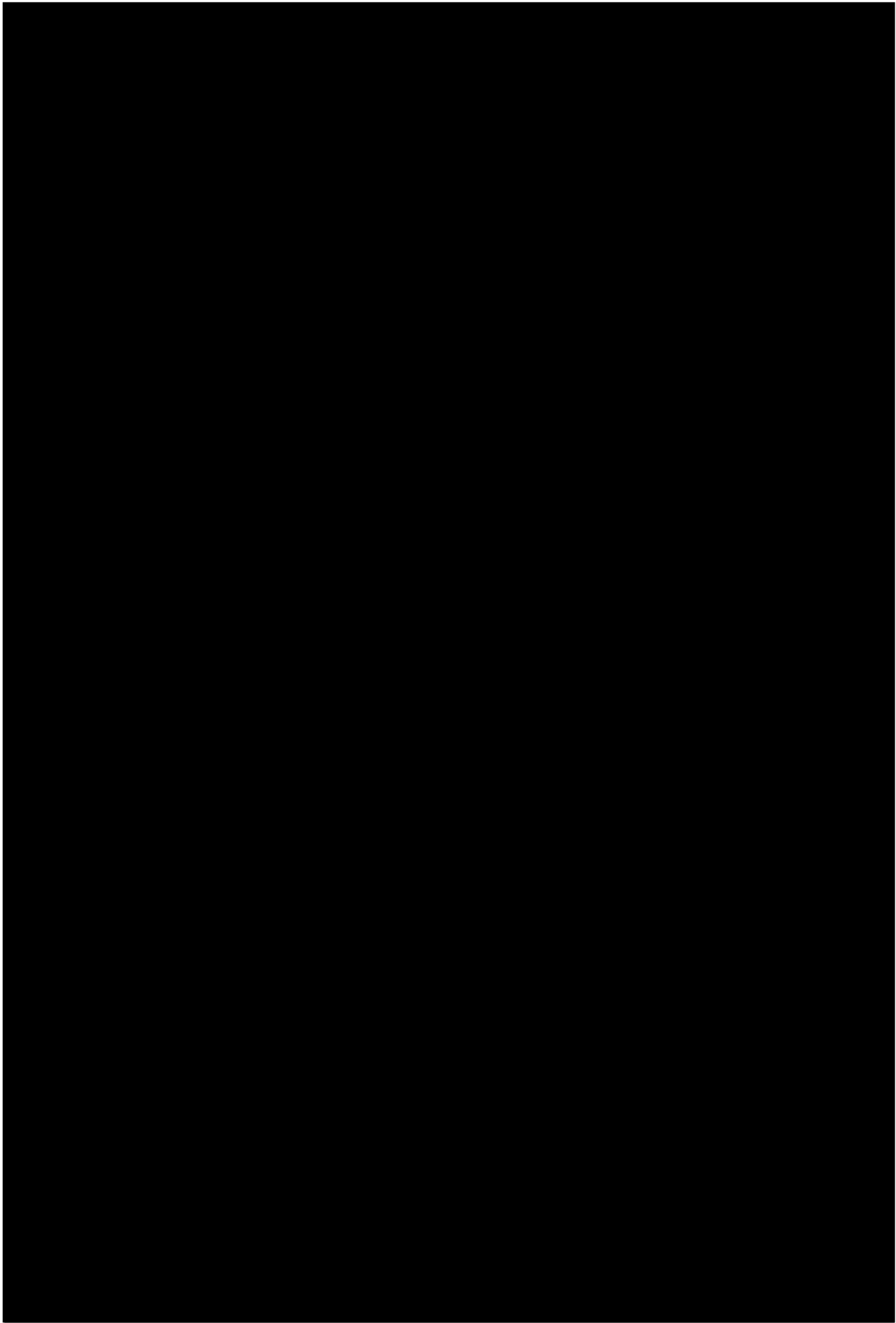
I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **WSI US, LLC** did on October 8, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

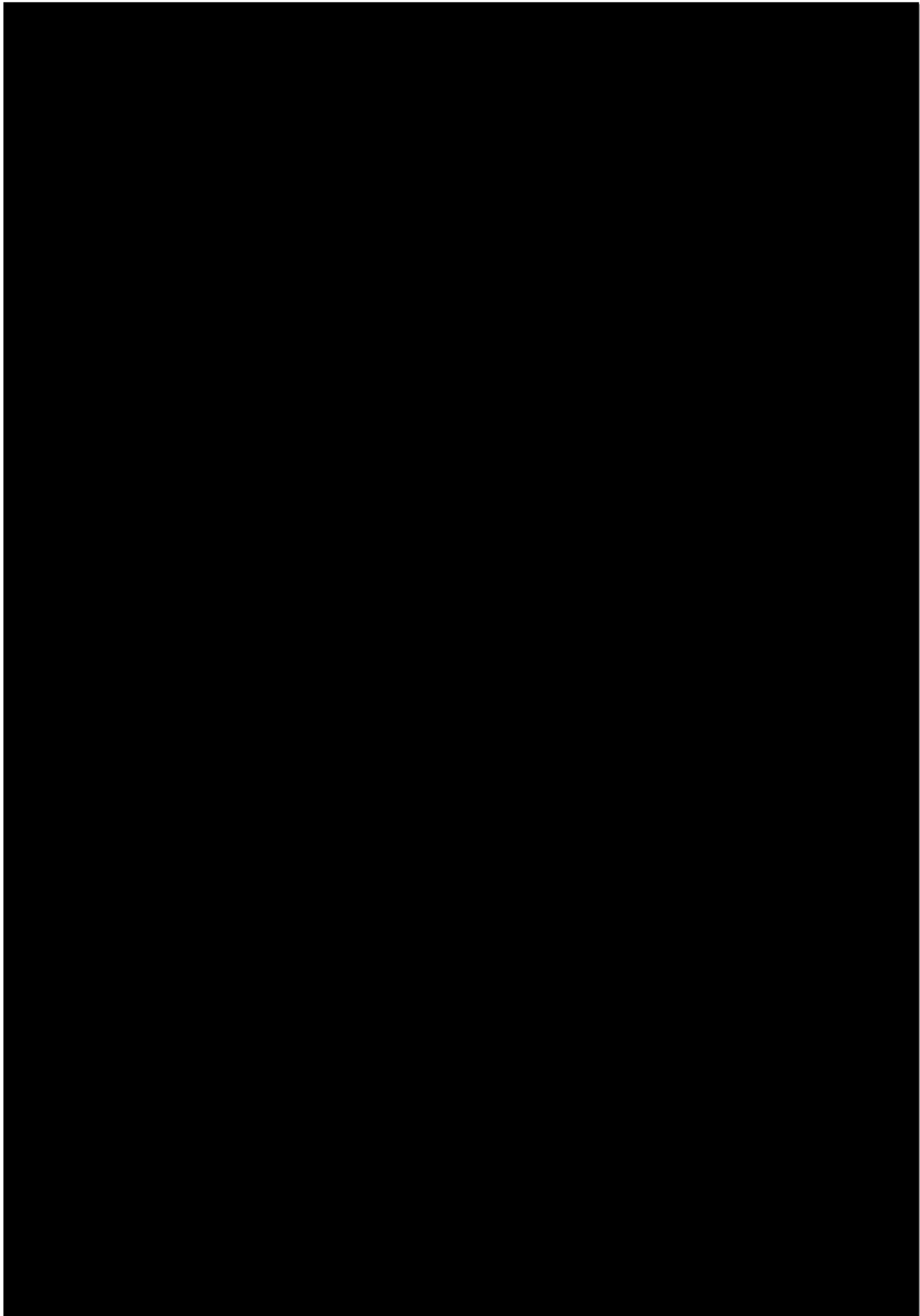


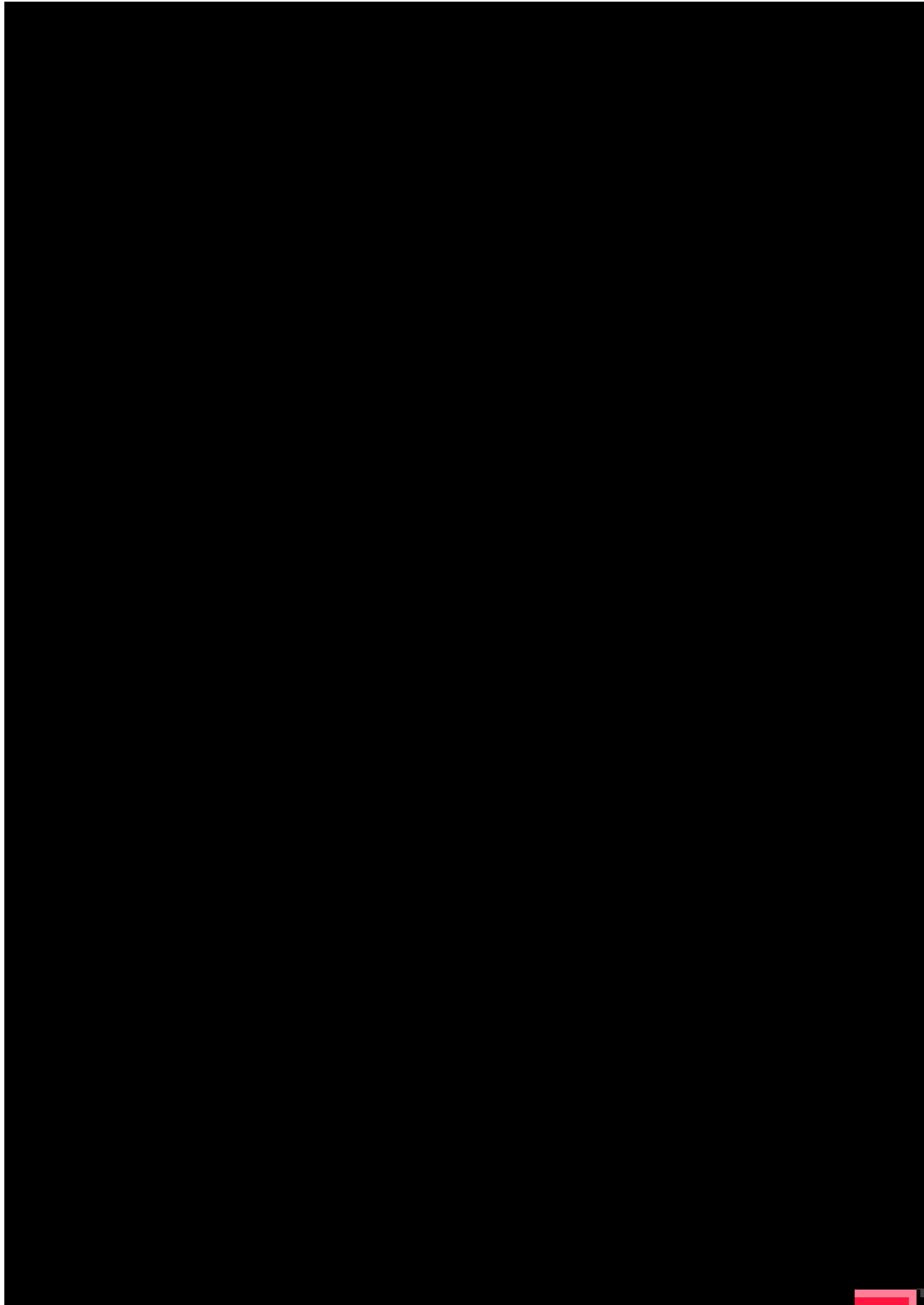
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 8, 2018.

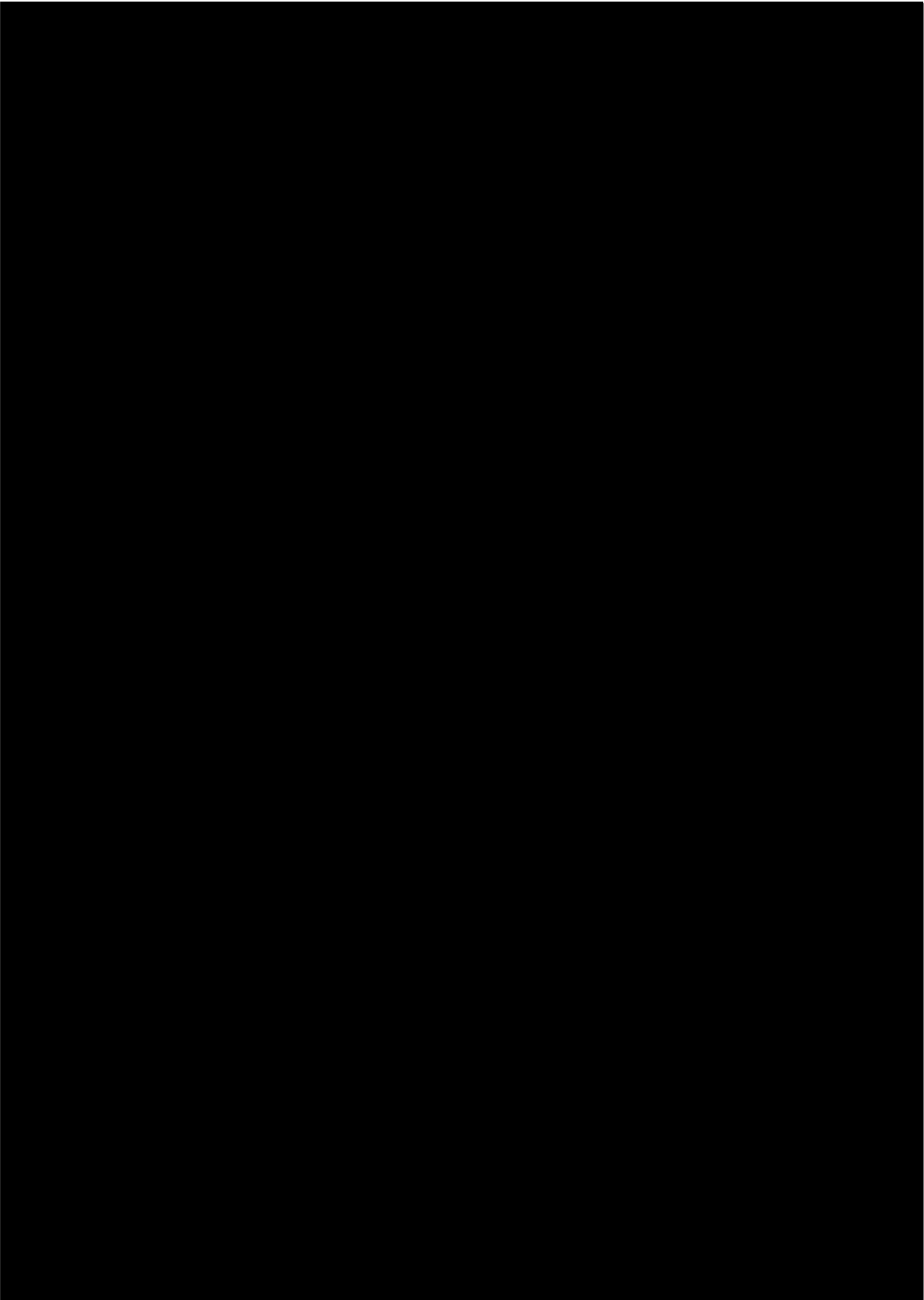
Barbara K. Cegavske
Secretary of State

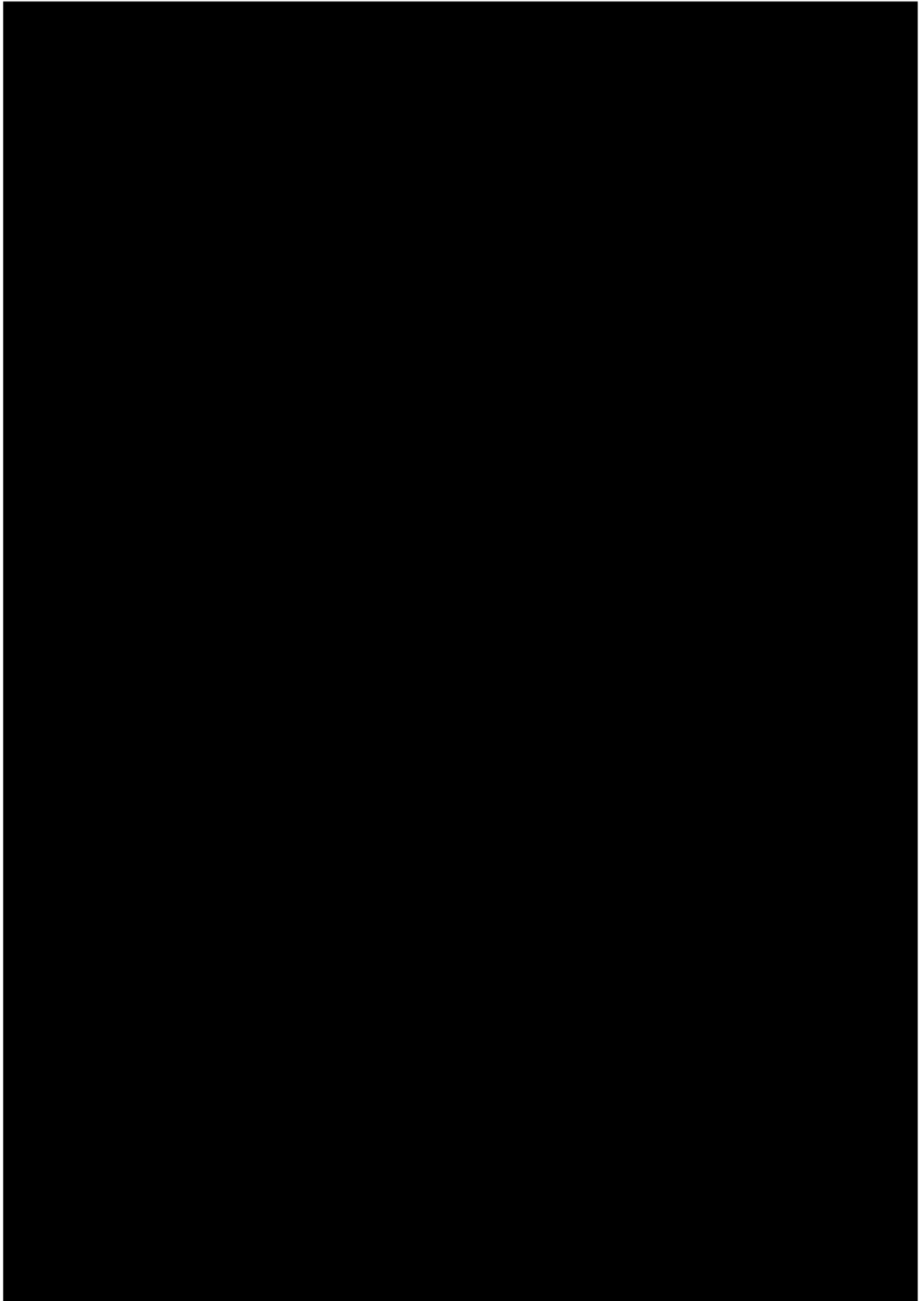
Certified By: Electronic Filing
Certificate Number: C20181008-1175

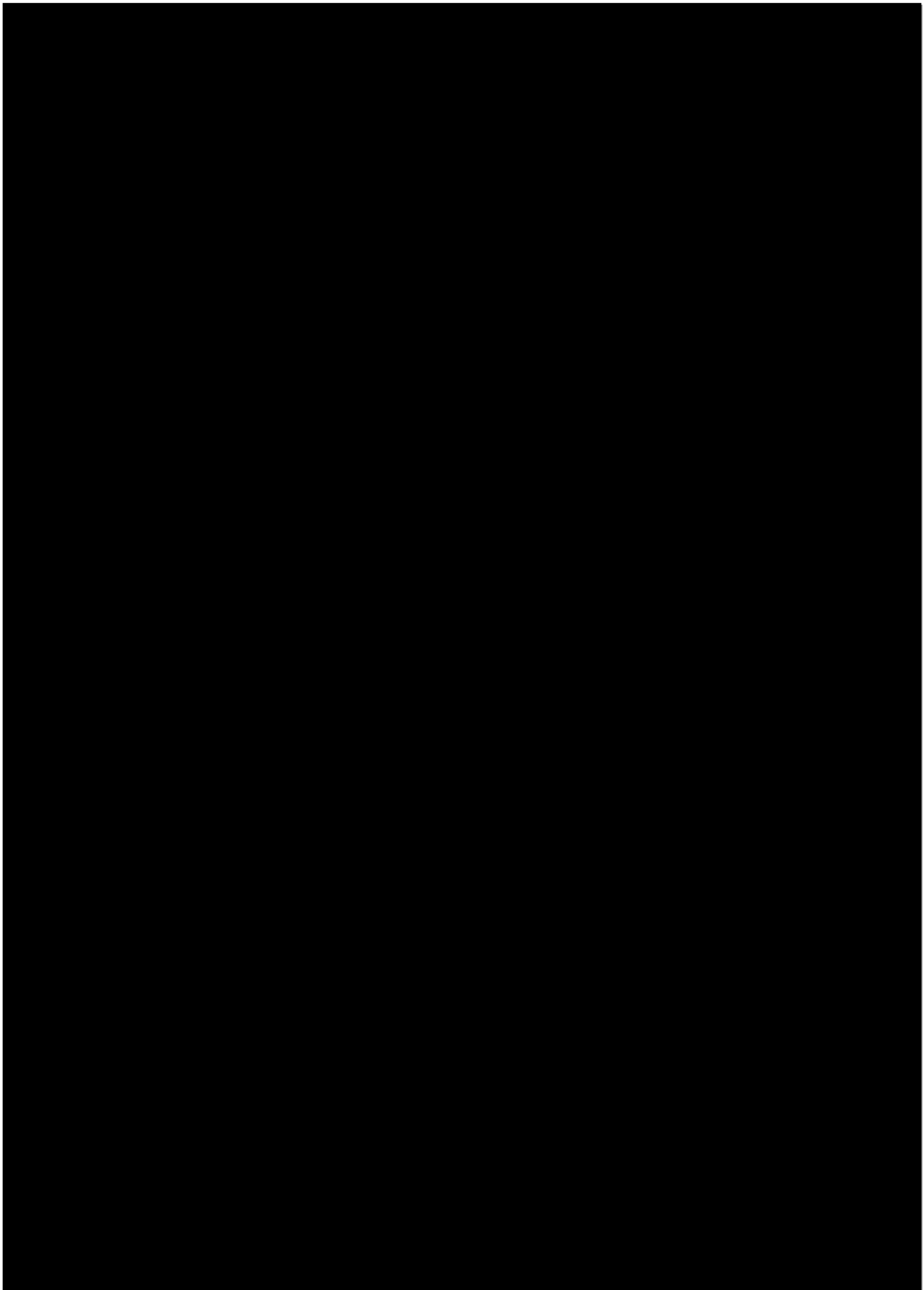


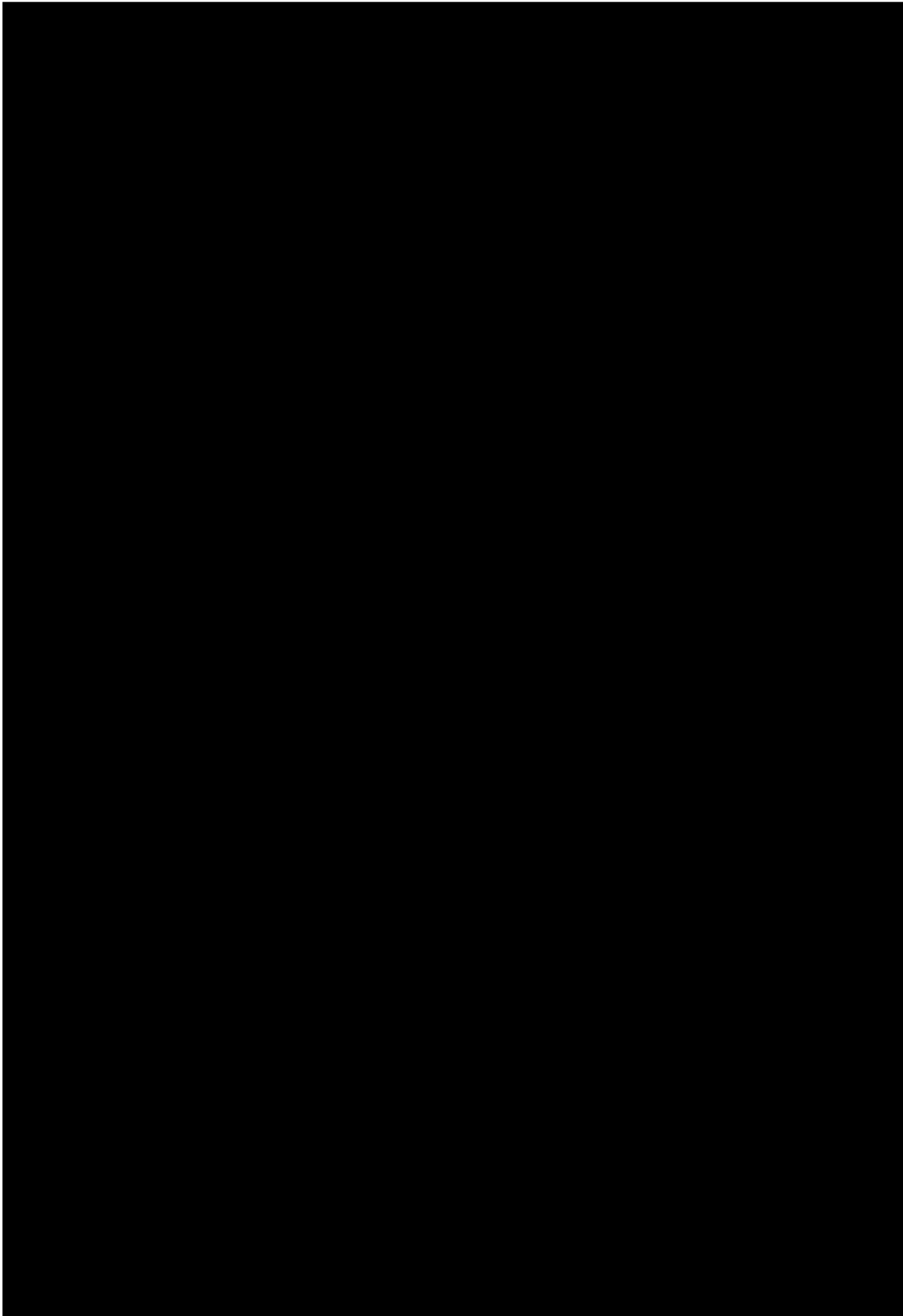


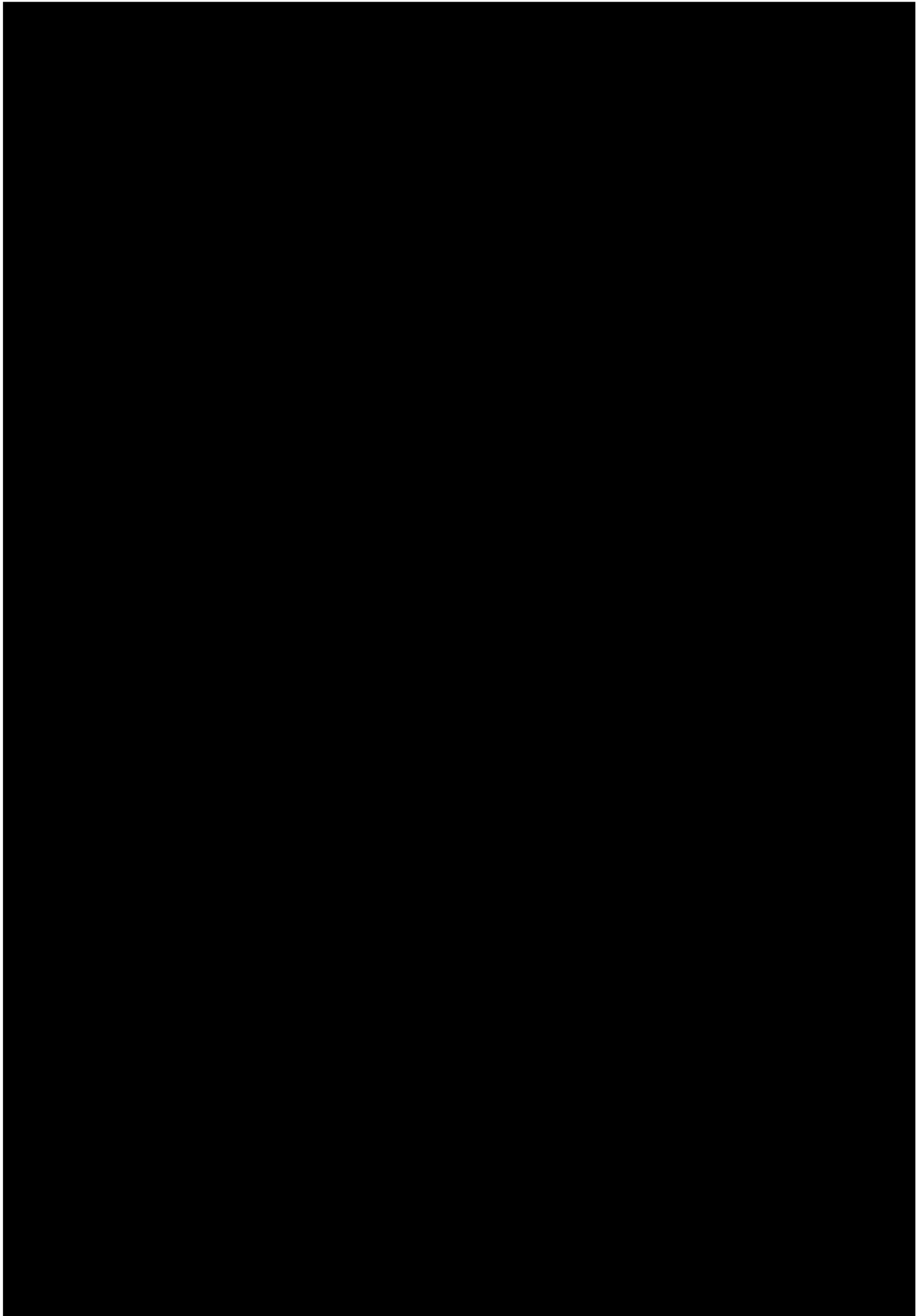


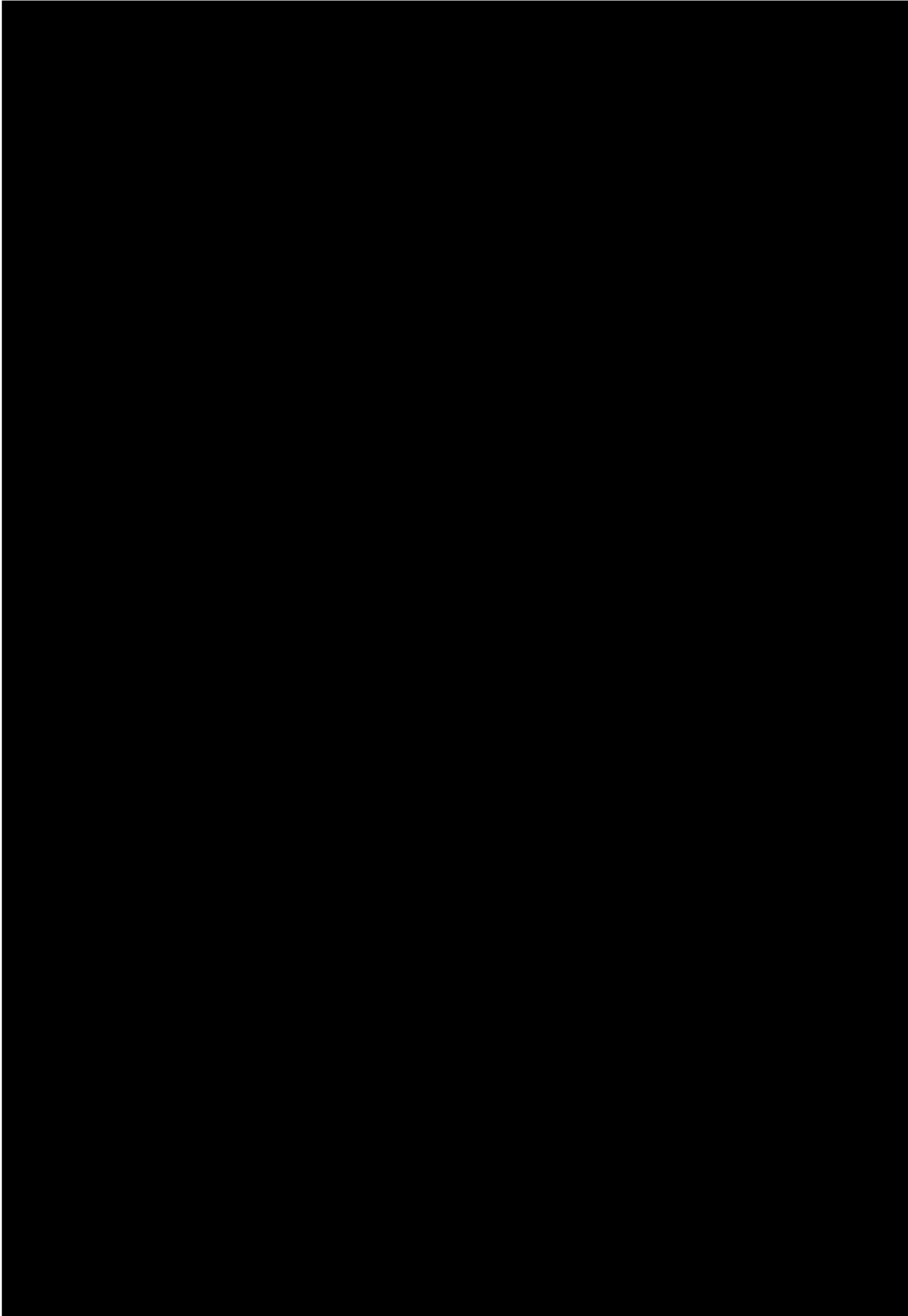


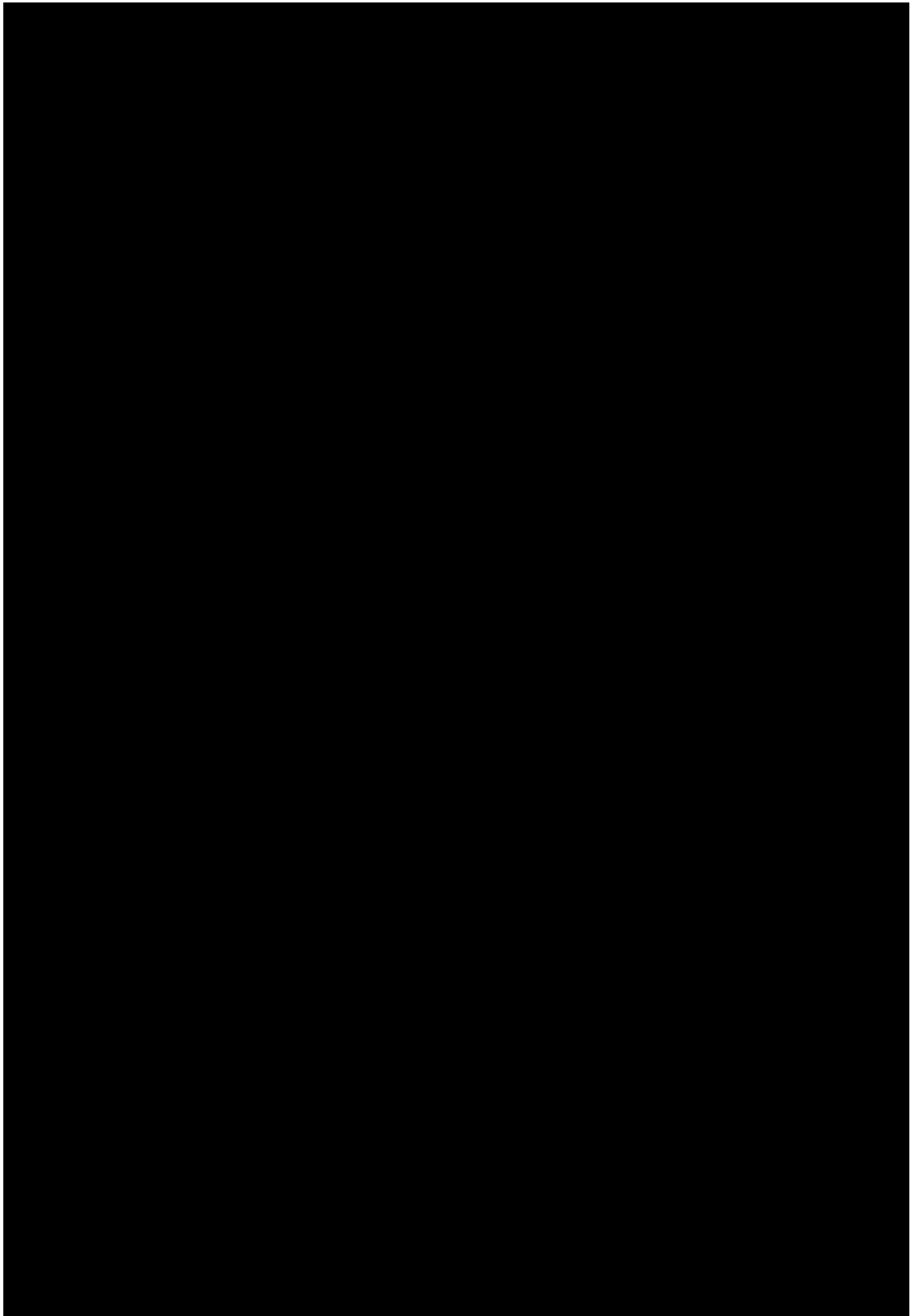


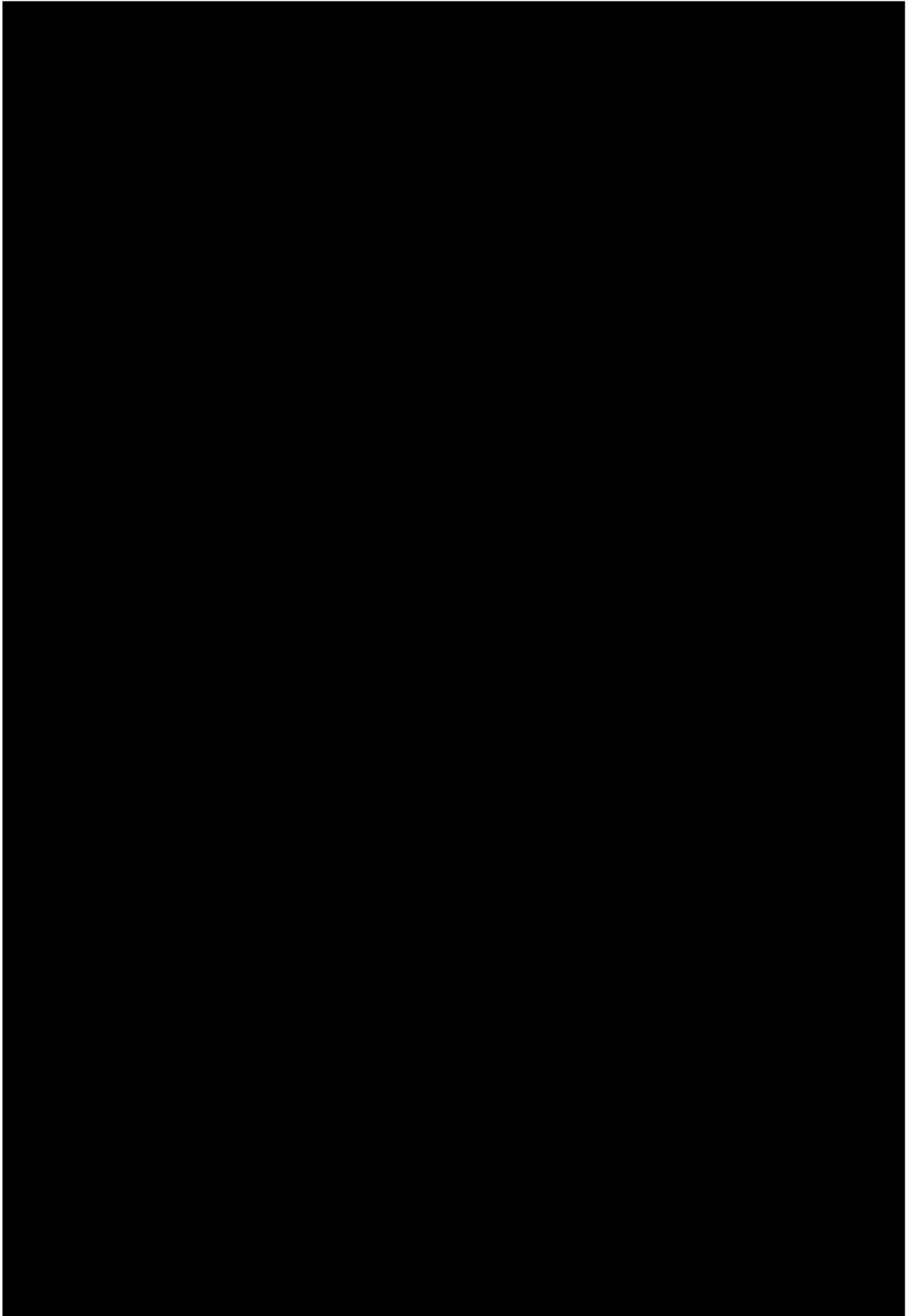


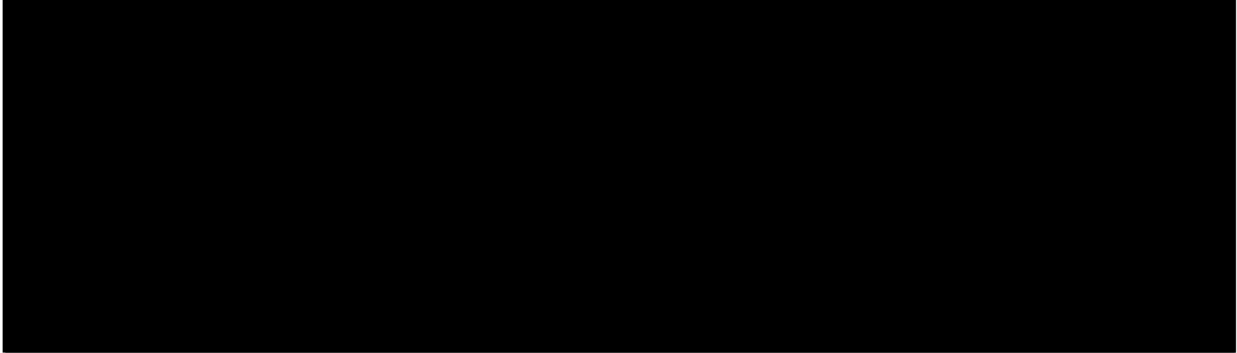






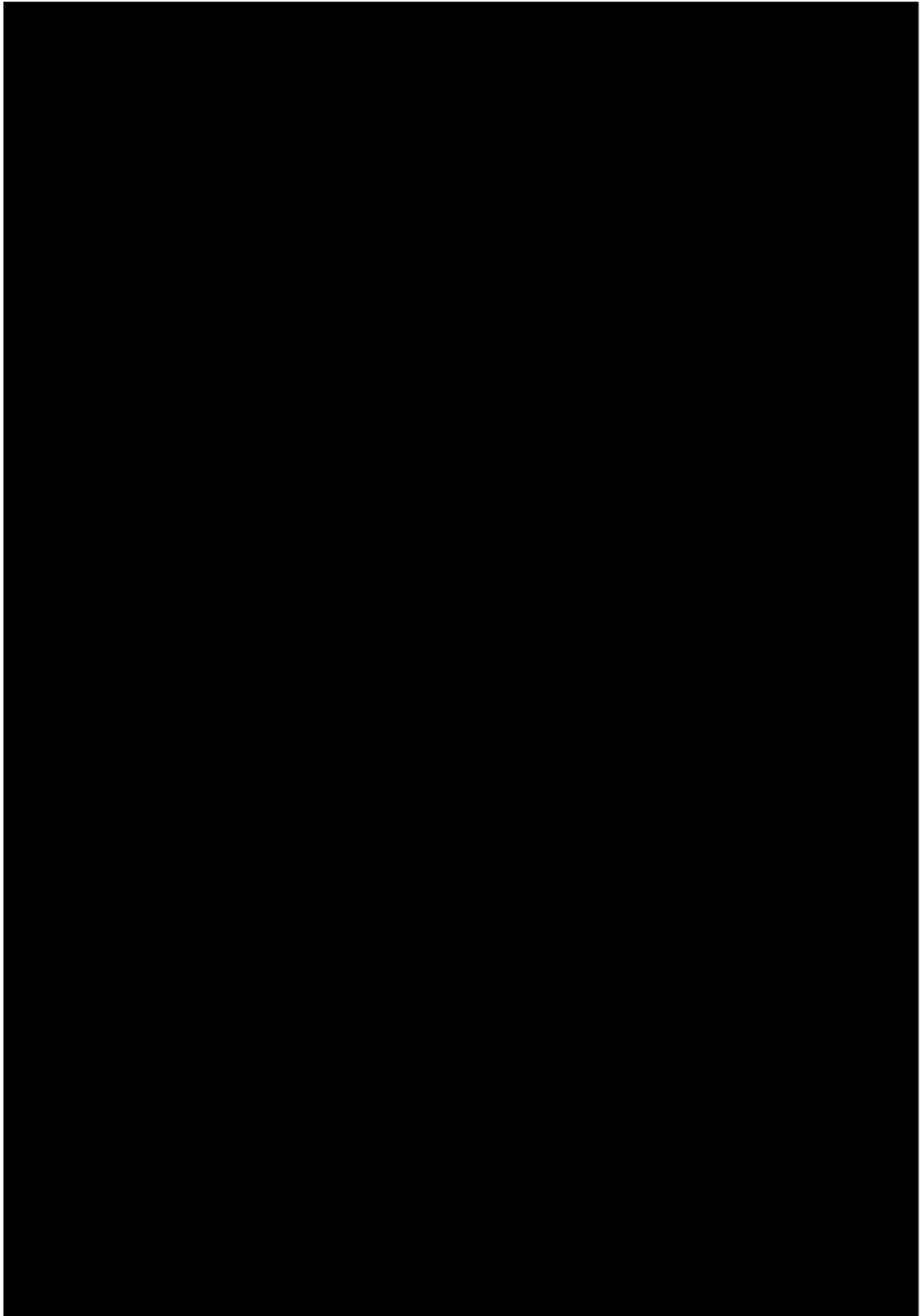


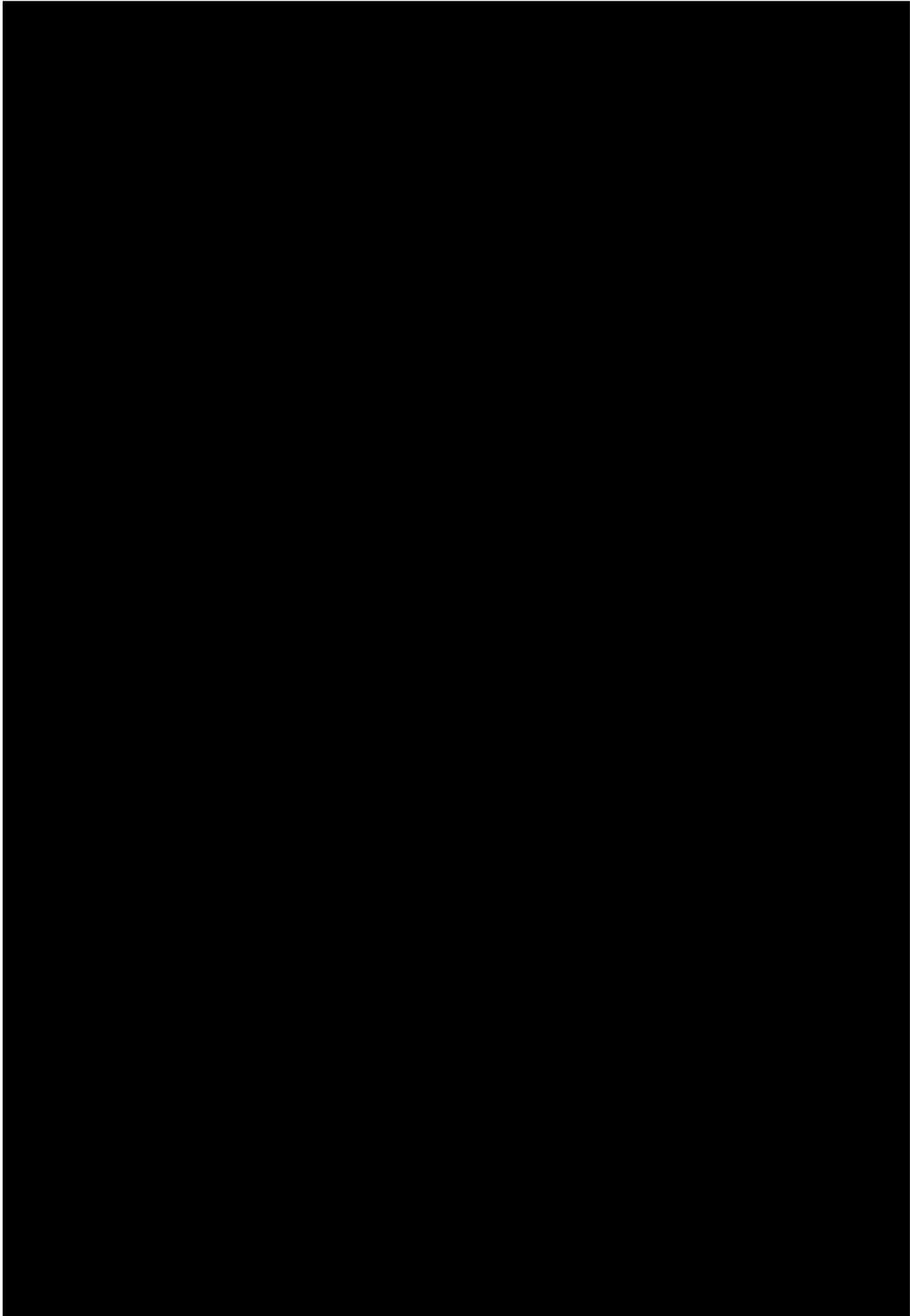


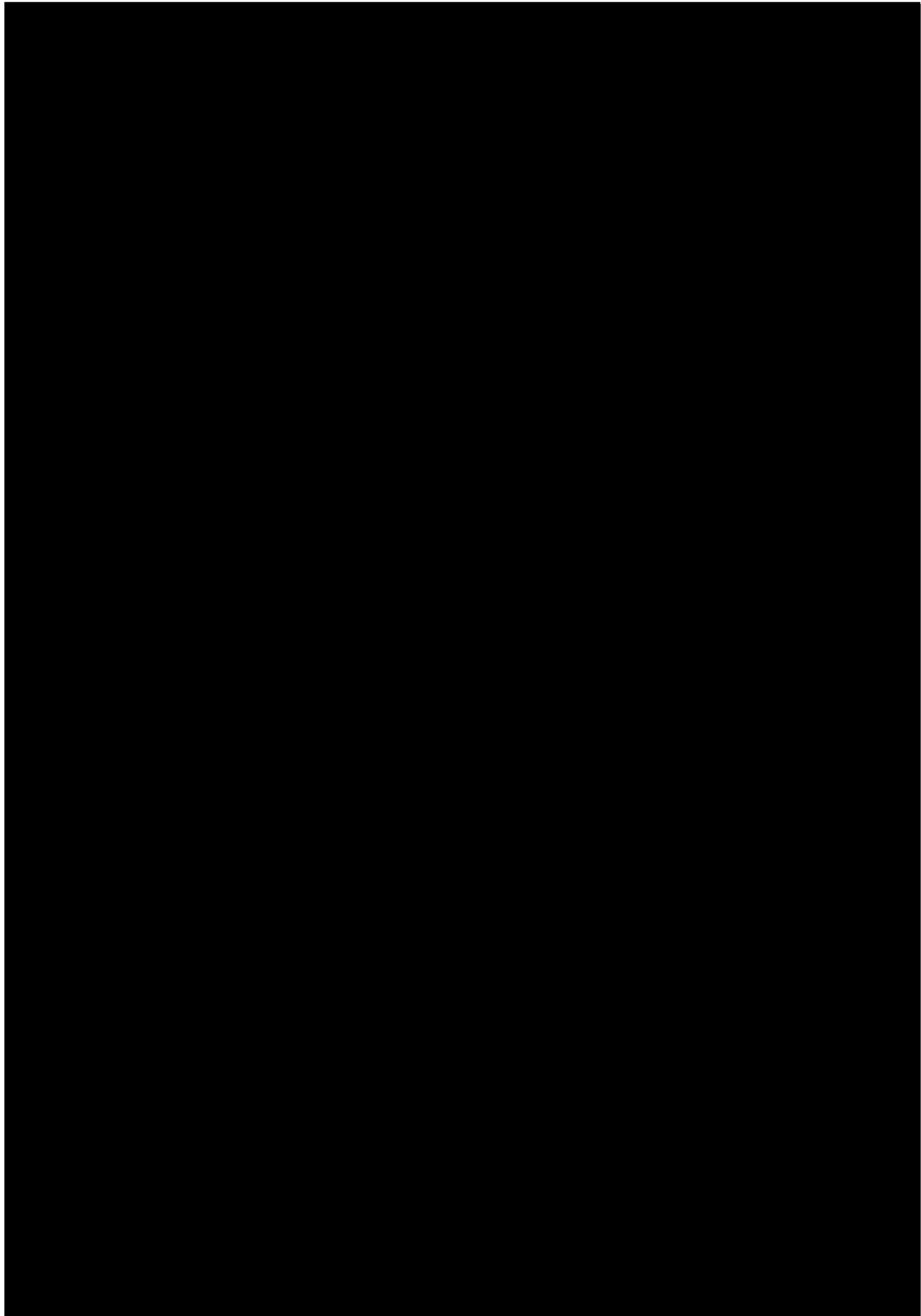


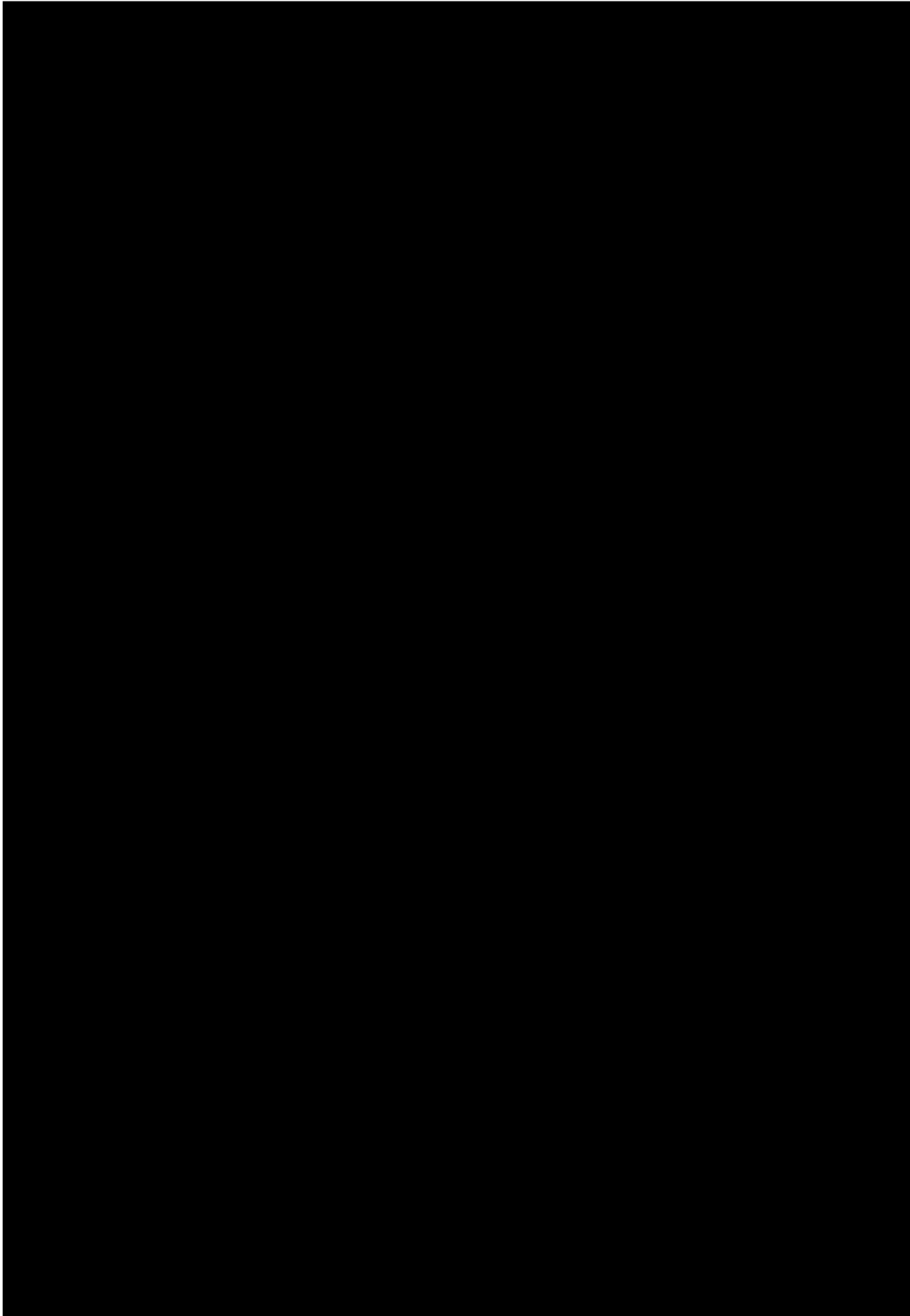


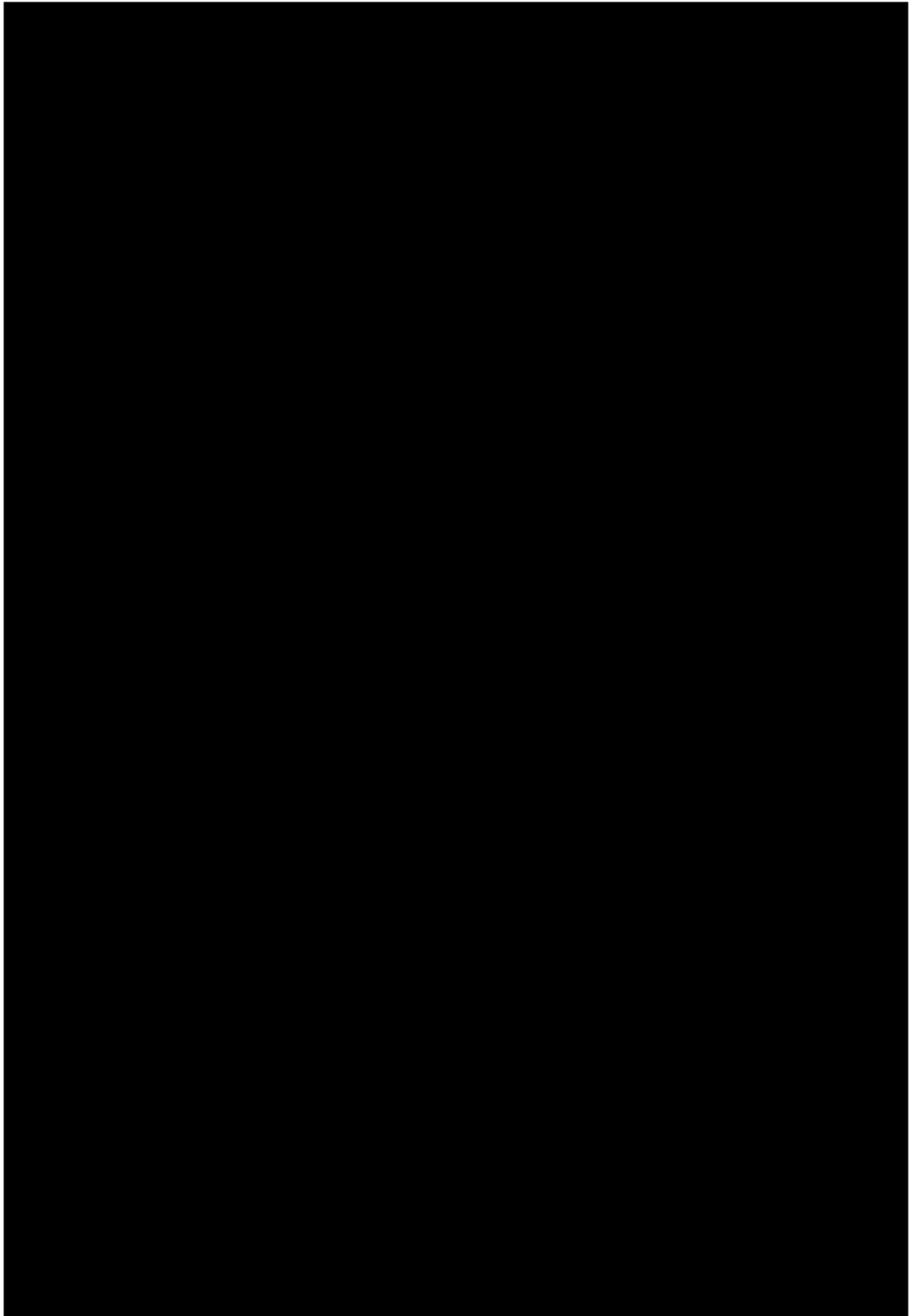


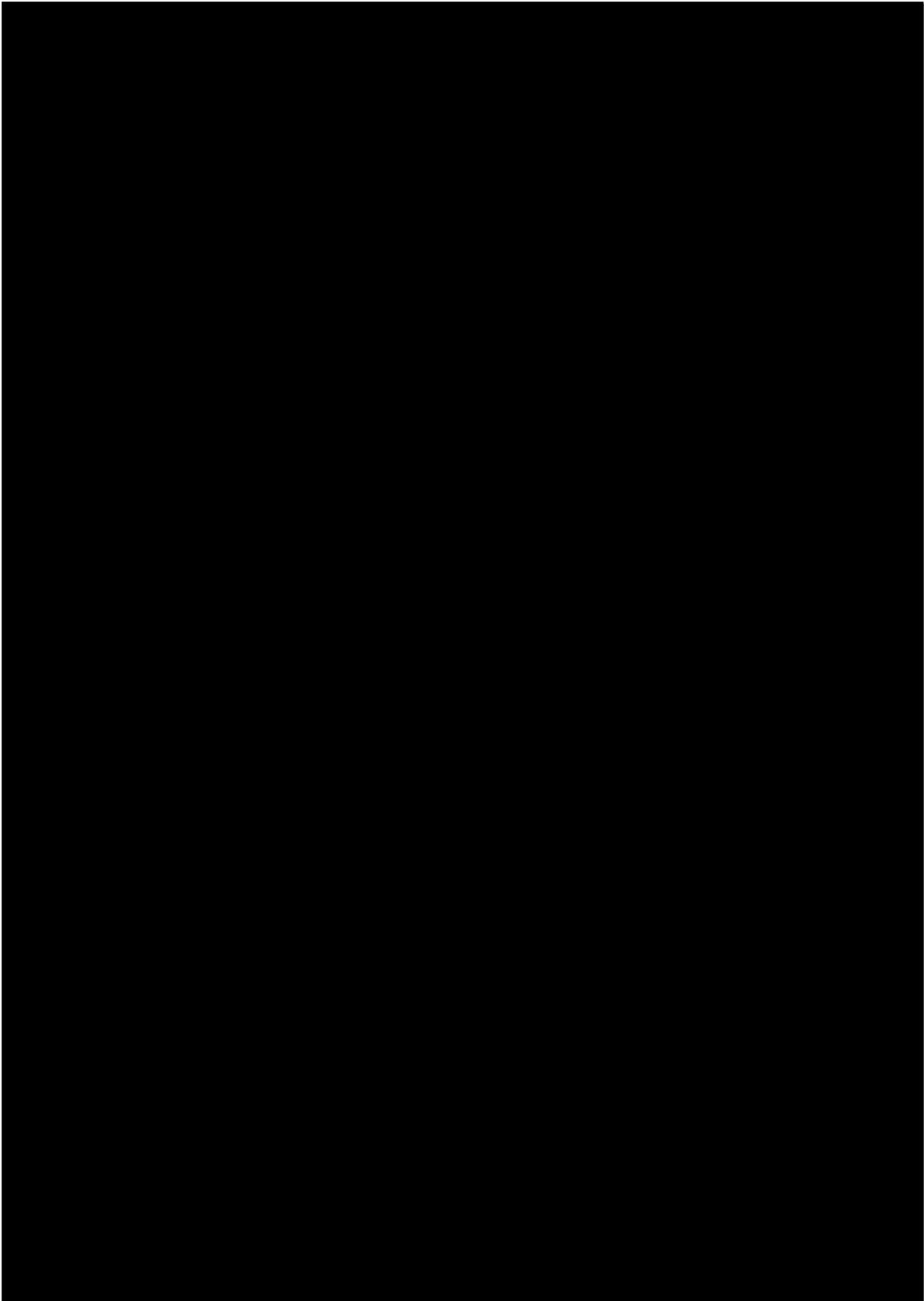


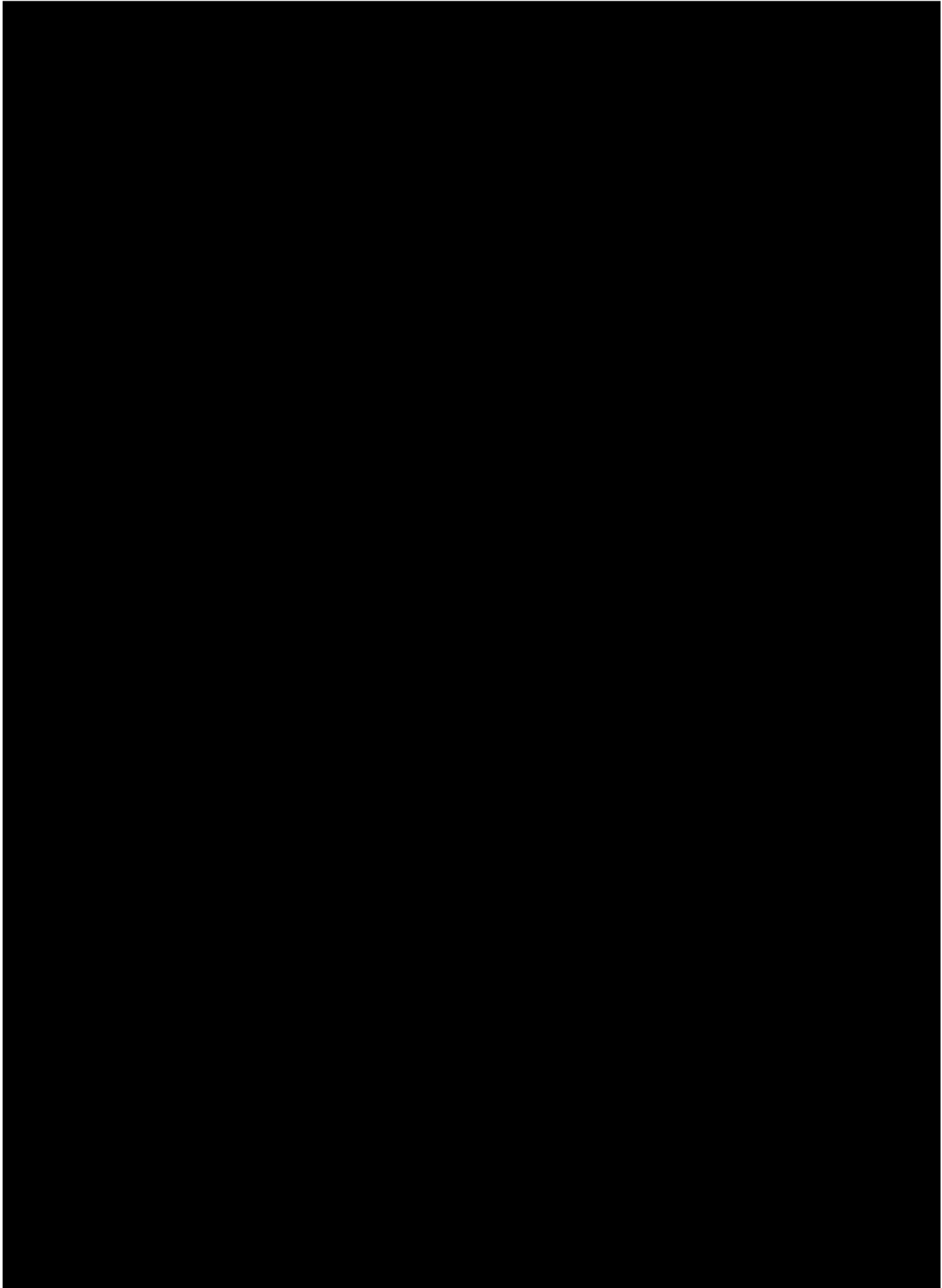


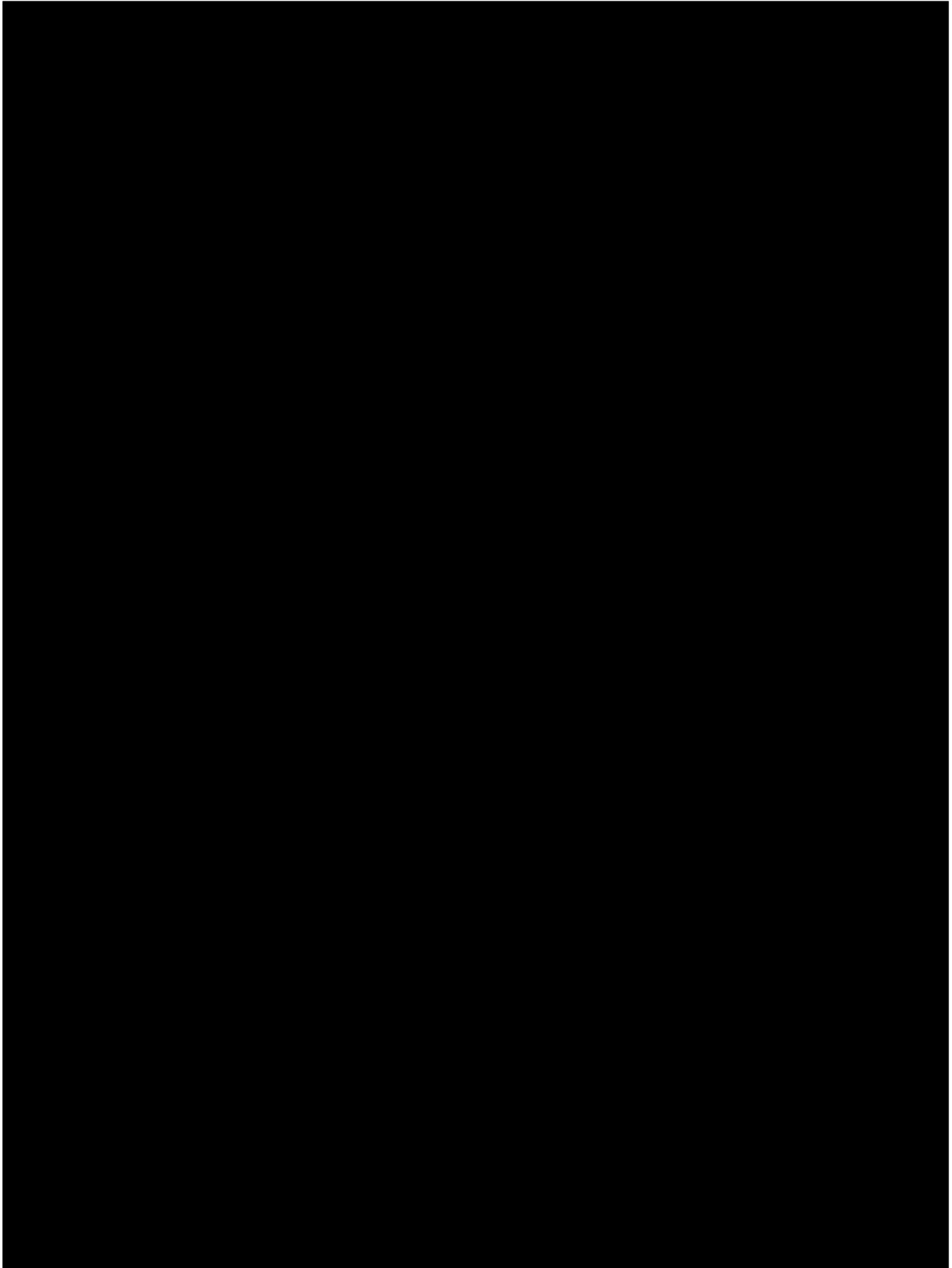


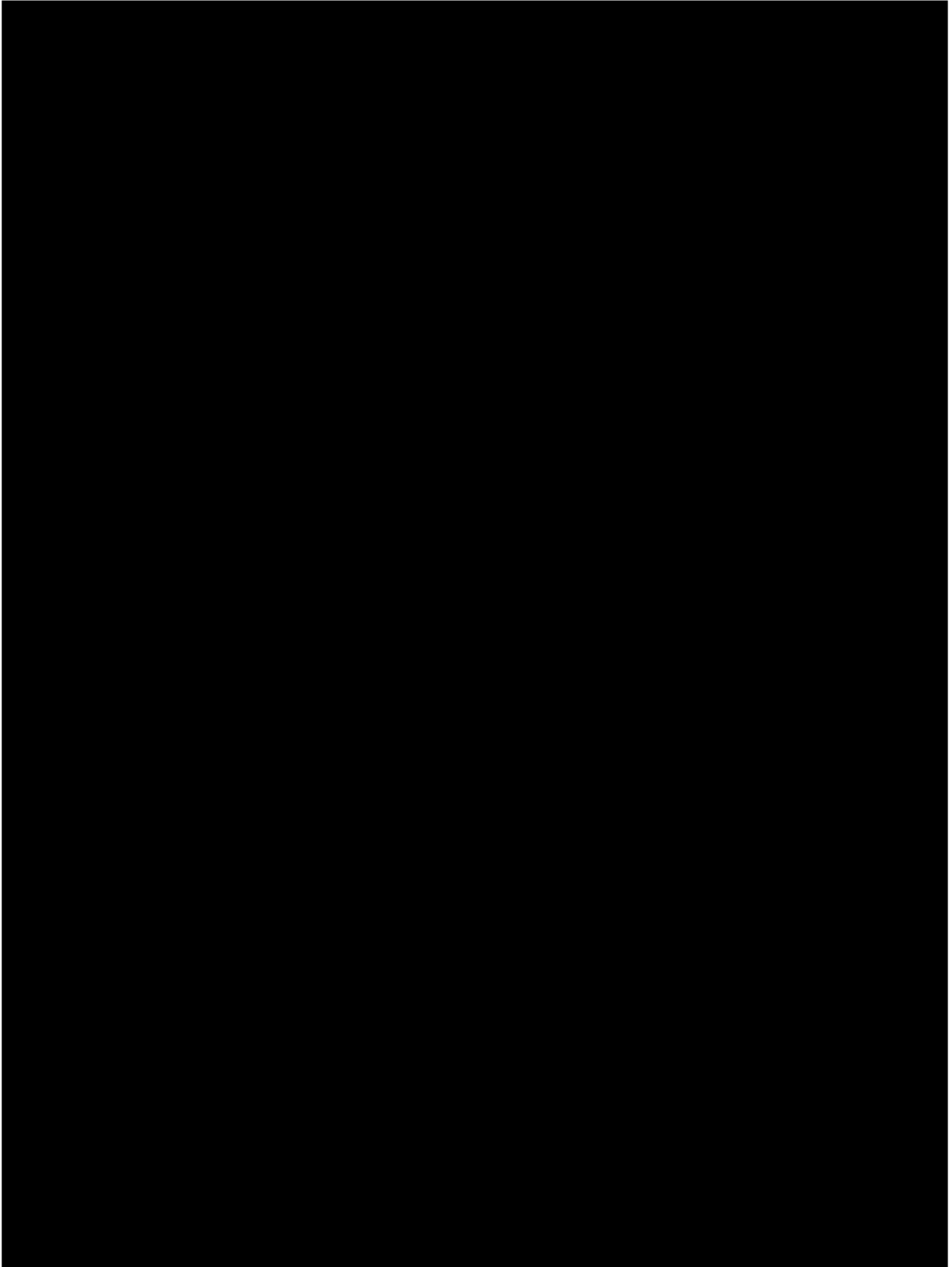


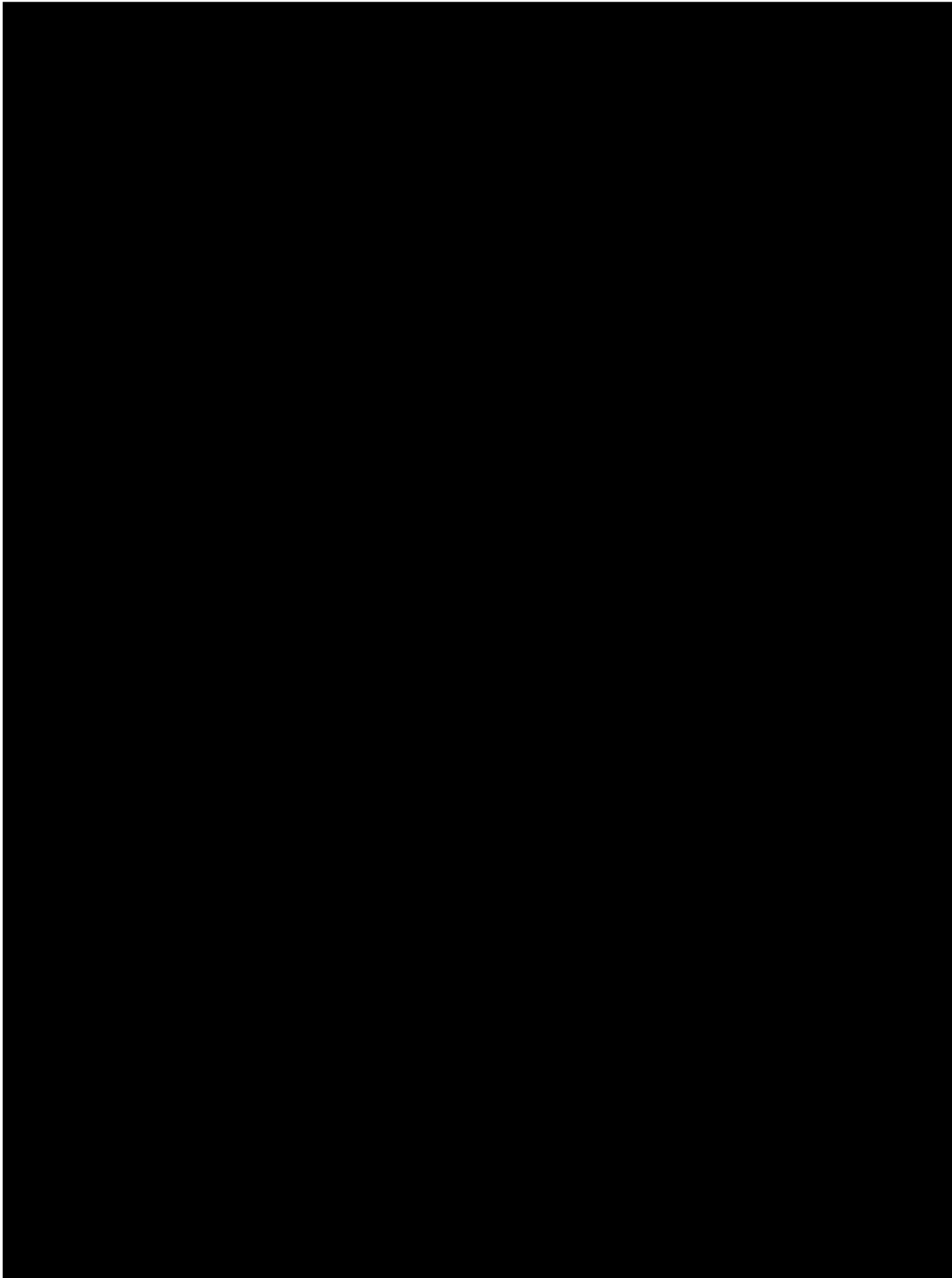


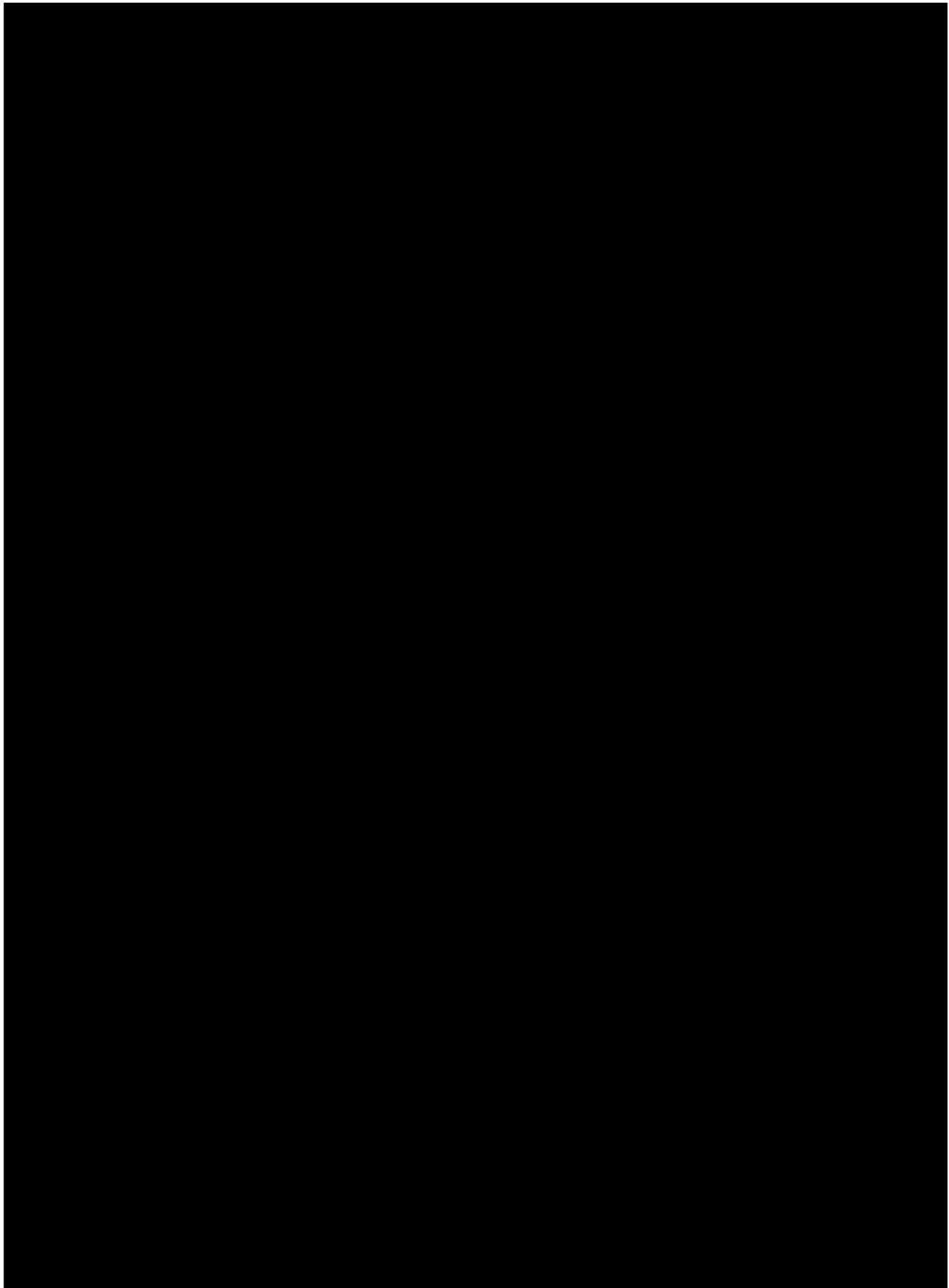


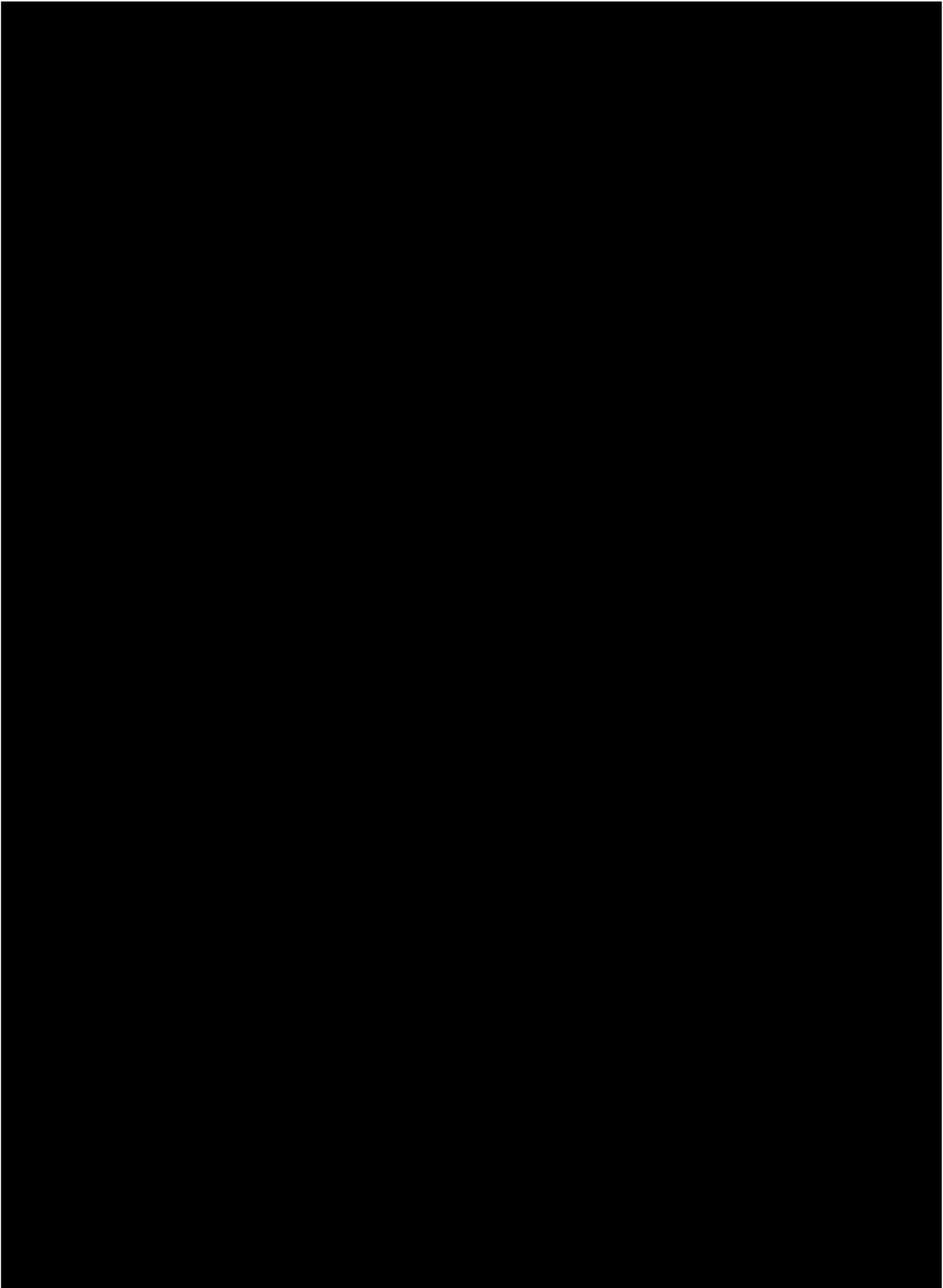


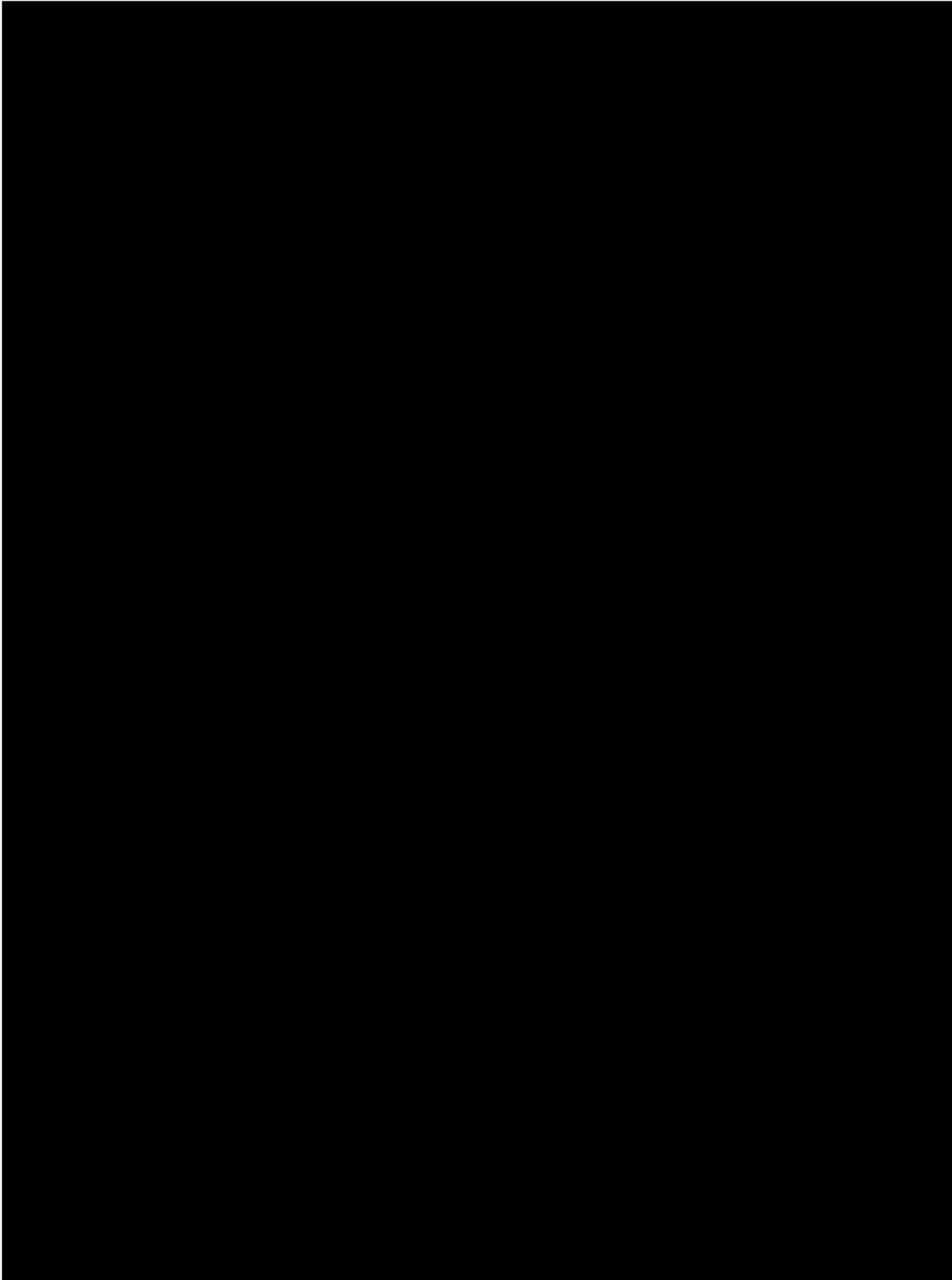


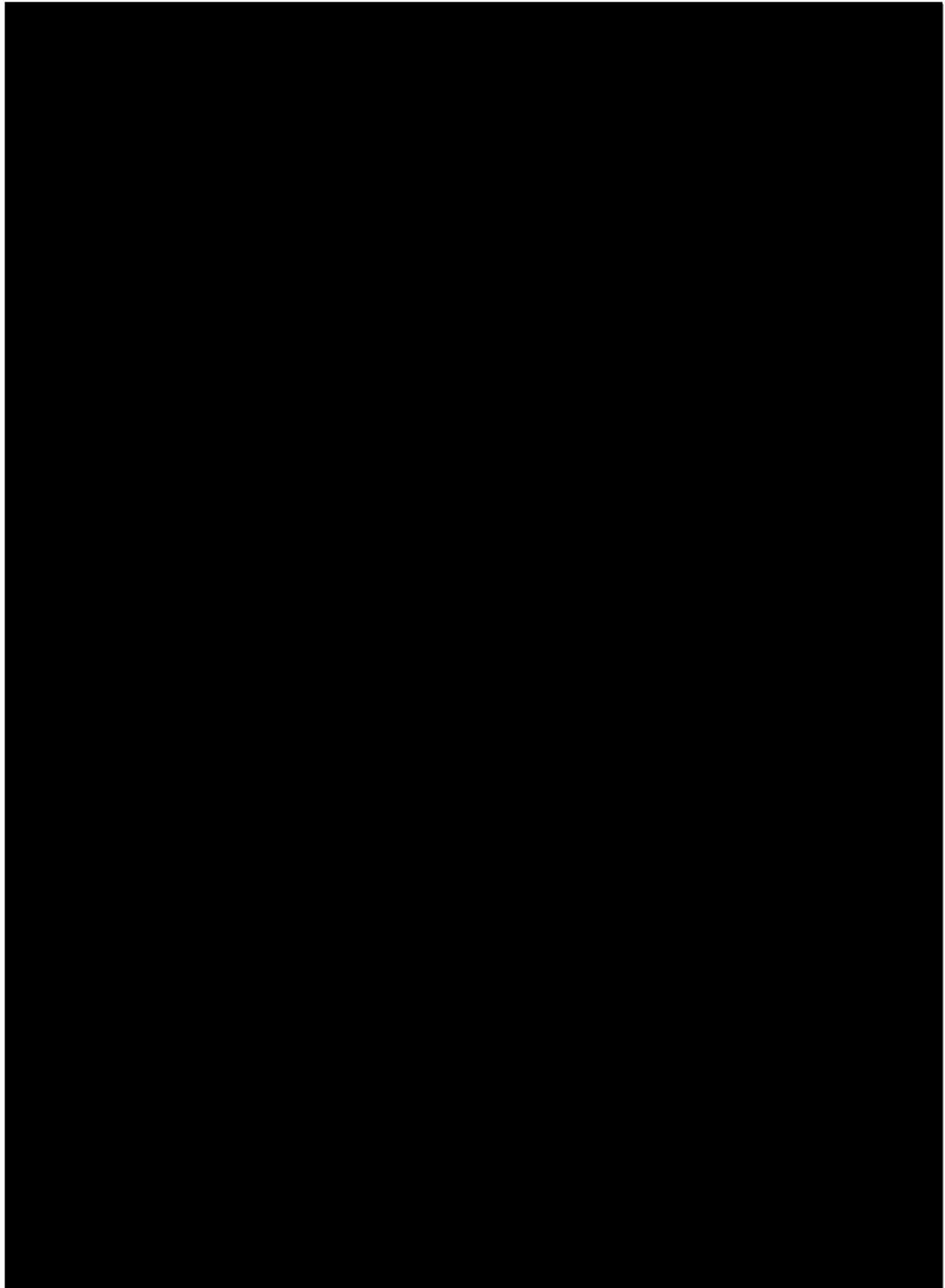


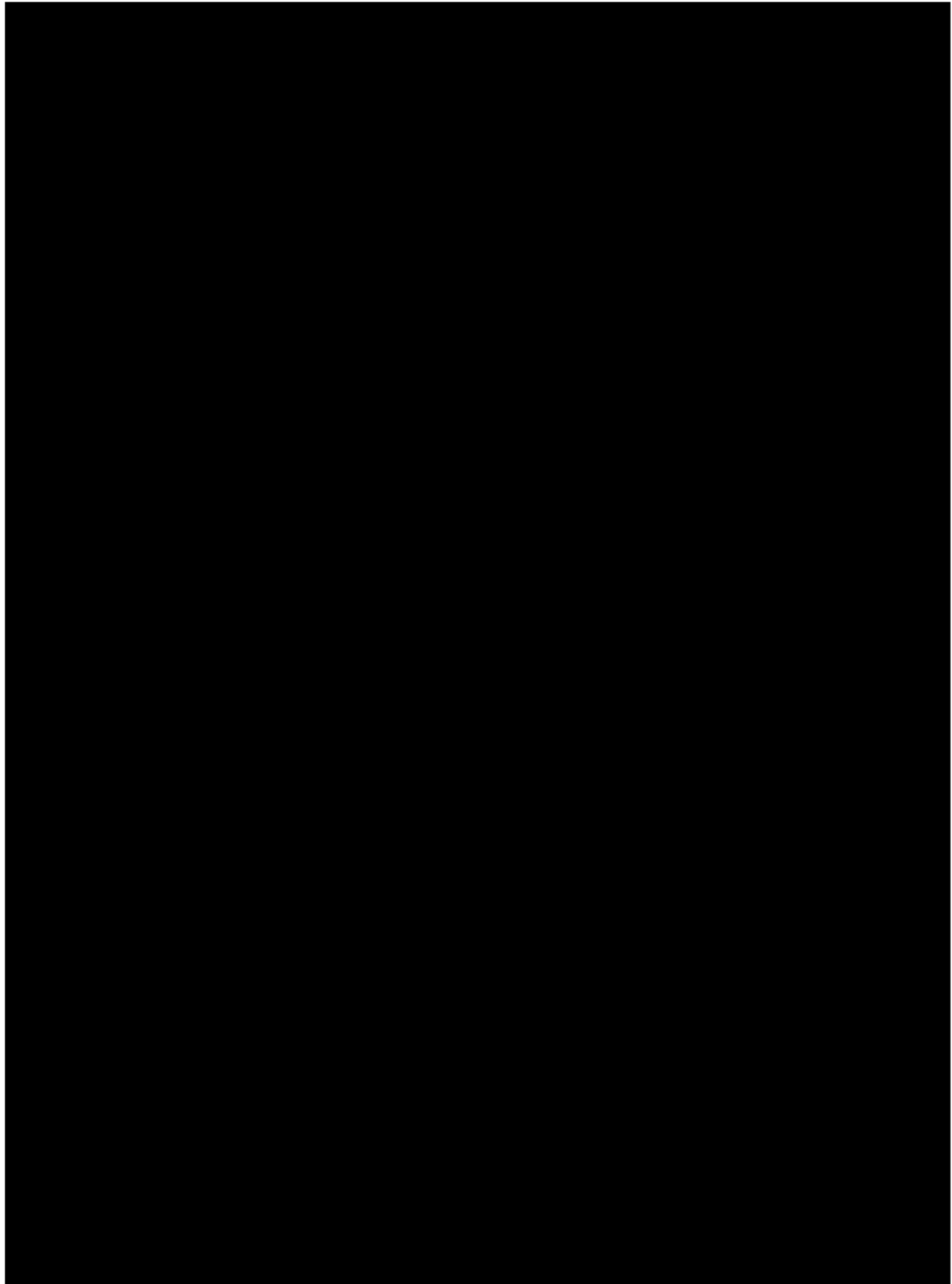


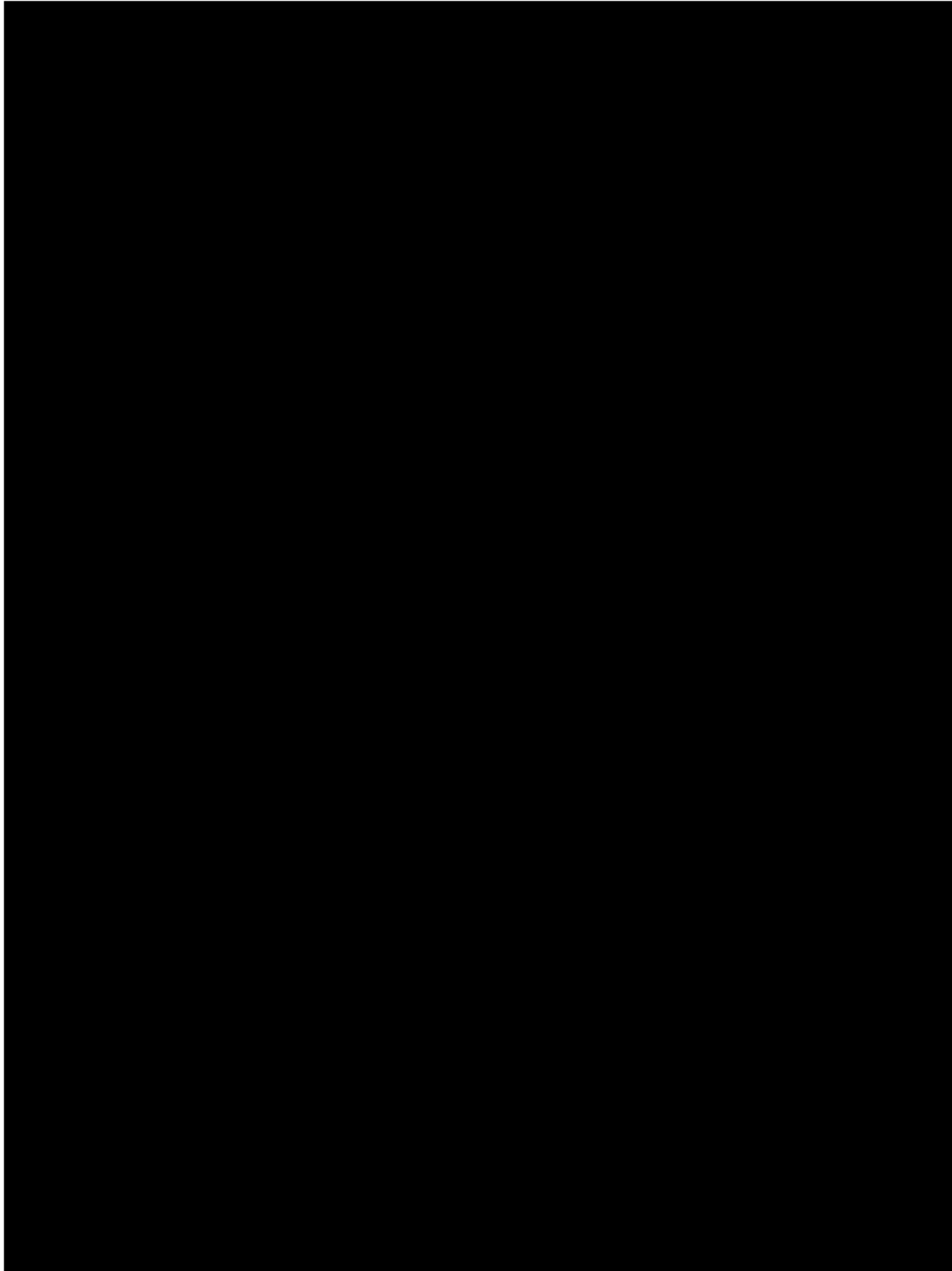


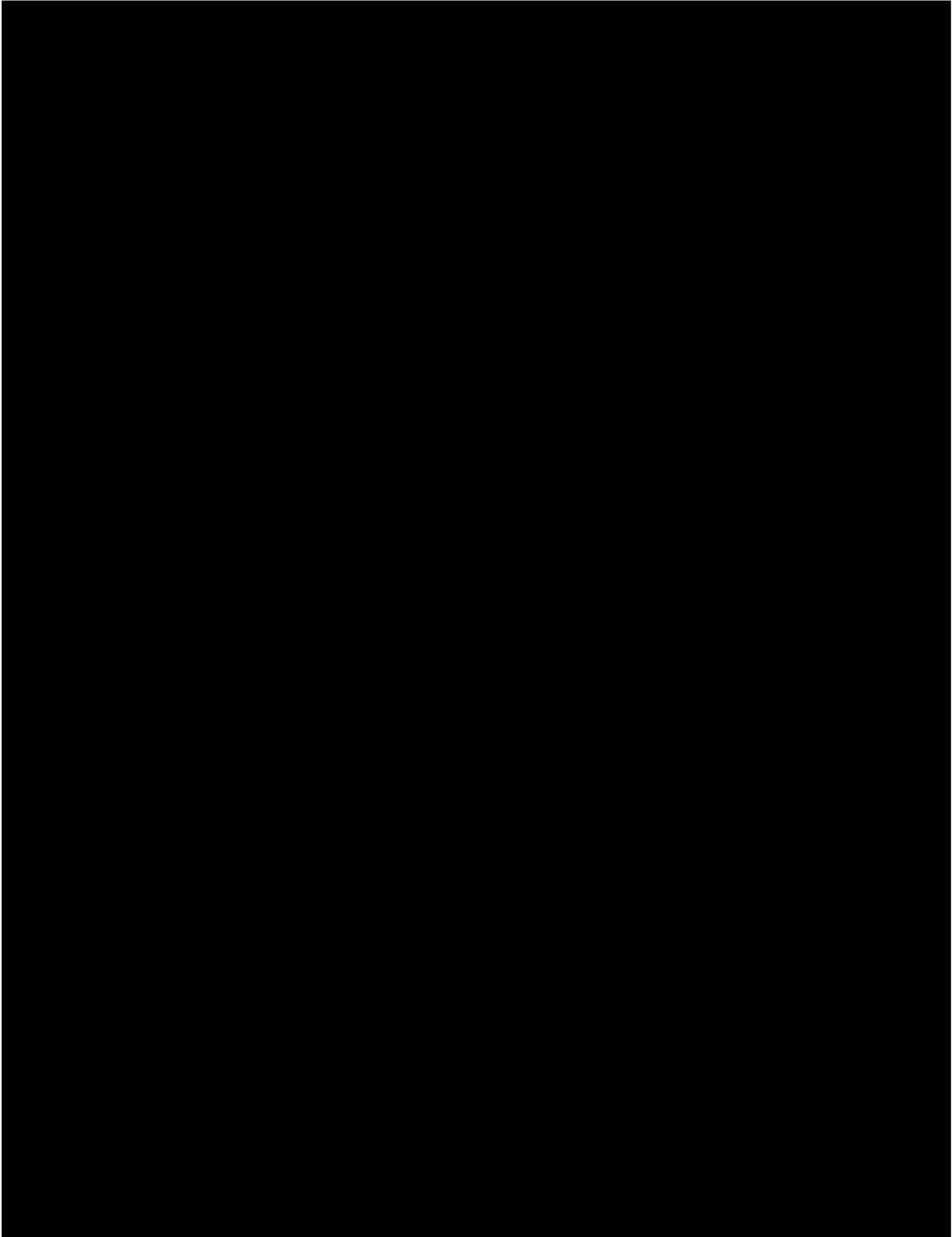




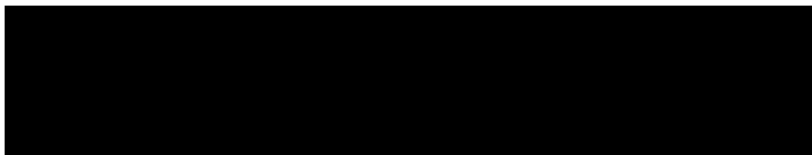
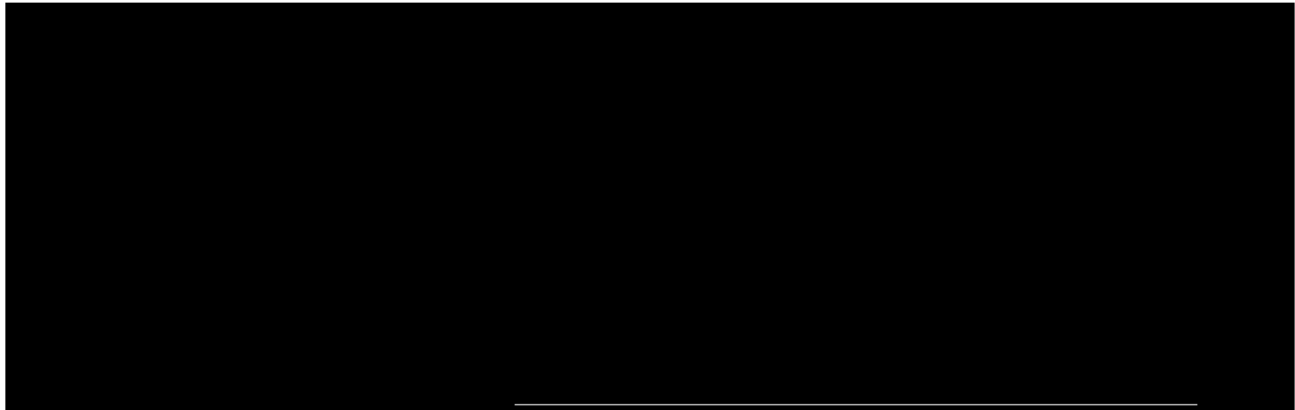












Attachment 40A

ITEM 40. ORGANIZATIONAL CHART

A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.

Attachment 40B

ITEM 40. ORGANIZATIONAL CHART

B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions

Attachment 41

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

MASSACHUSETTS GAMING COMMISSION



BUSINESS ENTITY DISCLOSURE FORM

ENTITY: Wynn Interactive Ltd.

BUSINESS ENTITY DISCLOSURE FORM

Wynn Interactive Ltd

NAME OF ENTITY*

(DO NOT ABBREVIATE)

Wynn Interactive Ltd

*Name as it appears on the certificate of incorporation, charter, by-laws or other official document.

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Jennifer Roberts	VP & General Counsel - WSI US, LLC
Name	Title
Jennifer.Roberts@Wynnbet.com	702-770-7592
E-Mail Address	Telephone: (Area code) Number FAX Number

THE PRINCIPAL BUSINESS ADDRESS OF THE ENTITY

[REDACTED]	City	State	Zip
[REDACTED]	702-770-7000		
Country	Telephone: (Area Code) Number FAX Number		
6600 Bermuda Rd	Las Vegas	Nevada	89119
Mailing address (if different)	City	State	Zip

Web Site (URL)

Check the appropriate box:

<input checked="" type="checkbox"/>	This form is being submitted as an initial application for a gaming license.
<input type="checkbox"/>	This form is being submitted as an application for the renewal of a gaming license. The current gaming facility license expires on: _____
<input type="checkbox"/>	The above named entity holds stock in _____, which is an applicant for an initial gaming license or renewal.
<input type="checkbox"/>	Other. Explain: _____

ITEM 1. FORMATION

A. Provide the date and place of formation.

Date: [REDACTED] _____

Place of formation: [REDACTED] _____

B. Persons Forming the Entity

Use Attachment 1B to provide the following information for each incorporator of the corporation:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
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ITEM 2. OTHER NAMES AND ADDRESSES OF THE ENTITY

A. List all other names under which the entity has done business and give the approximate time periods during which these names were being used.

[REDACTED] _____

B. Use Attachment 2B to provide the following information about all other addresses presently used by the entity and all addresses from which the entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM	TO:

ITEM 3. DESCRIPTION OF PRESENT BUSINESS

Provide as Attachment 3 a description of the business done and intended to be done by the entity and its parent, holding, subsidiary and intermediary entities and the general development of such business during the past five years, or such shorter period as the entity or its parent, subsidiary and intermediary entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the entity, if known.
- B. The principal products produced and services rendered by the entity and its parent, intermediary and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the entity or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

ITEM 4. DESCRIPTION OF FORMER BUSINESS

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

ITEM 5. DIRECTORS AND TRUSTEES

Use Attachment 5 to provide the following information for each director and trustee of the corporation. (NOTE: Each director and trustee of the entity must complete a PHD-MA and PHD-MA-SUPP.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE CORPORATION	DATE OF BIRTH
		FROM:	TO:		

ITEM 6. FORMER DIRECTORS AND TRUSTEES

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee of the entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ITEM 7. OFFICERS

Use Attachment 7 to provide the following information for each officer of the entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the entity’s governing documents. (NOTE: A PHD-MA and PHD-MA-SUPP must be completed by every person noted below. In addition, the Commission may, in its discretion, order additional persons associated with the entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of Chapter 23K.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8. FORMER OFFICERS

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the entity’s governing documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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ITEM 10. COMPENSATION OVER \$250,000

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$250,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
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ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

ITEM 12. STOCK/OWNERSHIP DESCRIPTION

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, or other similar indicia of ownership by the entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) or other similar information applicable to other indicia of ownership as of this date.

If the rights of holders of any class of stock or other indicia of ownership may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.

Please see Attachment 12 - Description of Equity Classes

ITEM 13. VOTING OWNERS

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock or other indicia of ownership issued by the entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING RIGHTS HELD
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ITEM 14. NON-VOTING OWNERS

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting indicia of ownership issued by the entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP INTERESTS HELD	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING RIGHTS HELD
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ITEM 15. DESCRIPTION OF LONG TERM DEBT

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 16. HOLDERS OF LONG TERM DEBT

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by either the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA or PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the entity other than those described in response to Items 15 and 16 (OR, in the space below provide a specific cross-reference to the

applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 18. HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 19. SECURITIES OPTIONS

- A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) (NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities or other form of ownership issued by the entity.)
- B. Use Attachment 19B to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE
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ITEM 20. FINANCIAL INSTITUTIONS

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 21. CONTRACTS AND SUPPLIERS

Use Attachment 21 to provide the following information with respect to all persons with whom the entity has contracts or agreements of \$250,000 or more in value or from whom the entity has received \$250,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

ITEM 22. OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

Use Attachment 22 to provide the following information about each entity in which the entity holds stock:

NAME AND ADDRESS OF ENTITY	TYPE OF OWNERSHIP HELD	PURCHASE PRICE PER INTEREST	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
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ITEM 23. INSIDER TRANSACTIONS

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of interest in the entity or who is or was within that

period a director or officer of the entity. [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.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF OWNERSHIP INTERESTS INVOLVED
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ITEM 24. CRIMINAL HISTORY

The next question asks about any charges or offenses the entity or any of its directors, trustees or officers 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 question:

- A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- B. “Offense” includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS:

- 1. Answer “yes” and provide all information to the best of your ability EVEN IF:
 - A. The entity, its directors, trustees, or officers did not commit the offense charged;
 - B. The charges were dismissed;
 - C. The entity, its directors, trustees, or officers were not convicted; or
 - D. The charges or offenses happened a long time ago.
- 2. Answer “no” IF:
 - A. The records relating to the charges have been expunged or sealed by court order; **AND**
 - B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the entity or any of its subsidiaries, directors, trustees or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this commonwealth or any other jurisdiction?

_____ 

If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the entity, any of its subsidiaries, directors, trustees or officers 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?

_____ 

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

Has the entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?

_____ 

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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ITEM 27. EXISTING LITIGATION

Provide as Attachment 27 a description of all existing civil litigation to which the entity, its parent or any 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 involve claims against the entity which are fully and completely covered under an insurance policy held by the entity 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.

ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the entity 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?



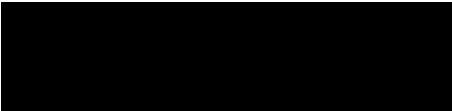
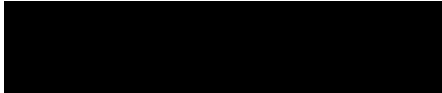
B. In the past ten years, has the entity had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$50,000 or more entered against it?



If yes to either question, use Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

- A. Has the entity, its parent or any intermediary entities 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 _____ 
- B. Has the entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period? _____ 

If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

(Cont.)

- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the entity or its parent, holding, intermediary or subsidiary entities?

— [REDACTED]

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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ITEM 30. LICENSES

- A. During the last ten year period, has the entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this commonwealth or any other jurisdiction, denied, suspended or

— [REDACTED]

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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B. Has the entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?



If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
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ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF ENTITY

A. During the last ten year period, has the entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

— [REDACTED]

B. During the last ten year period, has the entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the entity 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?

— [REDACTED]

C. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

— [REDACTED]

D. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual 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?

— [REDACTED]

E. During the last ten year period, did the entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?

— [REDACTED]

F. During the last ten year period, has the entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the entity's books or records?

— [REDACTED]

G. During the last ten year period, has the entity, its parent or any subsidiary maintained any numbered account or any account in the name of a nominee for the entity?

— [REDACTED]

H. List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.

[REDACTED]

ITEM 32. FINANCIAL STATEMENTS

- A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.
- B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the entity and any exceptions taken to such statements by the independent auditor retained by the entity, and the management response thereto.

ITEM 33. ANNUAL REPORTS

- A. Provide as Attachment 33A a copy of all annual reports of the entity that were submitted to shareholders or other persons during the last five years.
- B. In addition to the information required in Item 33A, an entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

ITEM 34. QUARTERLY REPORTS

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the entity. If the entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

ITEM 35. INTERIM REPORTS

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the entity's certifying accountant or other material events. If the entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

ITEM 36. PROXY AND INFORMATION STATEMENT

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

ITEM 37. REGISTRATION STATEMENT

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

ITEM 38. REPORTS OF ACCOUNTANTS

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

ITEM 40. ORGANIZATIONAL CHART

- A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.
- B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions.

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Persons Forming the Entity	
2B	Other names and addresses of the entity (Presently used)	
2C	Other names and addresses of the entity (Past 10 years)	
3*	Description of business done and intended to be done	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$250,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting owners	
14	Non-voting owners	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Other ownership interests held by the entity	
23	Insider transactions	

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24*	Expungement or sealing orders	
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the entity	
39*	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for entity filing this form, job descriptions and names of employees	
41*	Copies of 1120 forms and 941 forms filed with the IRS in the last five years	

ITEM 43. AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Commission, *205 C.M.R. 111.02(2)*, this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself or herself date the signature of the affiant and indicate the basis of his or her authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND
SEIZURES

WAIVER OF LIABILITY

The President or any officer of the entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or any officer of the entity authorized to affirm and sign the documents.

AFFIDAVIT

STATE OF Nevada _____ :

SS:

COUNTY OF Clark _____ :

I, [REDACTED] _____, the [REDACTED] _____ of
(Name) (TITLE/POSITION)

the entity identified below, being duly sworn according to law, on my oath, depose and say that I make this statement on behalf of the entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

Wynn Interactive Ltd.

NAME OF ENTITY

By [REDACTED] _____
Signature

President

Title

Date

Accountant Preparing Form, if any

Date

Attorney Preparing Form, if any

On this 16th day of November 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification which was passport, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

[Signature]

Notary Public

My Commission Expires: 11/19/22



RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of Wynn Interactive Ltd.,
(NAME OF ENTITY)

I, [REDACTED] have
(NAME OF PRESIDENT OR OFFICER)

authorized the Massachusetts Gaming Commission, its Investigations and Enforcement Bureau and its agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Massachusetts Gaming Commission and its Investigations and Enforcement Bureau provided that he or she certifies to you that said entity has an application pending before the Massachusetts Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 23K of the laws of the Commonwealth of Massachusetts.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

11/16/2022 DATE
[REDACTED] SIGNATURE

On this 16th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires: 11/19/22



WAIVER OF LIABILITY

On behalf of Wynn Interactive Ltd.

(NAME OF ENTITY)

[Redacted]

(NAME OF PRESIDENT OR OFFICER)

hereby waive liability as to the Commonwealth of Massachusetts and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

11/16/2022

DATE

[Redacted Signature]

SIGNATURE

On this 16th day of Nov 2022, before me, the undersigned notary public, personally appeared [Redacted] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Charmy

Notary Public

My Commission Expires:

11/19/22





**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES
(SPORTS WAGERING OPERATORS)**

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each qualifying entity submit this Certification.

I, as the duly authorized representative of the Applicant or qualifying entity, do hereby certify that after inquiry and to the best of my knowledge and belief, that: [Check all boxes that apply.]

The Applicant or qualifying entity has filed all U.S. Federal and State tax returns required during the 5 years preceding the application; AND

The Applicant or the qualifying entity has not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and is not in default;

OR

The Applicant or qualifying entity is not required to file U.S. Federal tax returns because [please explain reason(s), for example, taxes are filed in a non-U.S. jurisdiction]. Please provide specifics below:

Signature of Authorized Certifying Official

11-15-22

Date

Printed Name and Title

Wynn Interactive Ltd.

Name of the Applicant



SPORTS WAGERING OPERATOR CERTIFICATION REGARDING SUITABILITY OF APPLICANT AND QUALIFIER

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Authorized Certifying Official: _____ Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: WSI US, LLC

Section 2 FOR EACH QUALIFIER:

I understand that the Massachusetts Gaming Commission may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

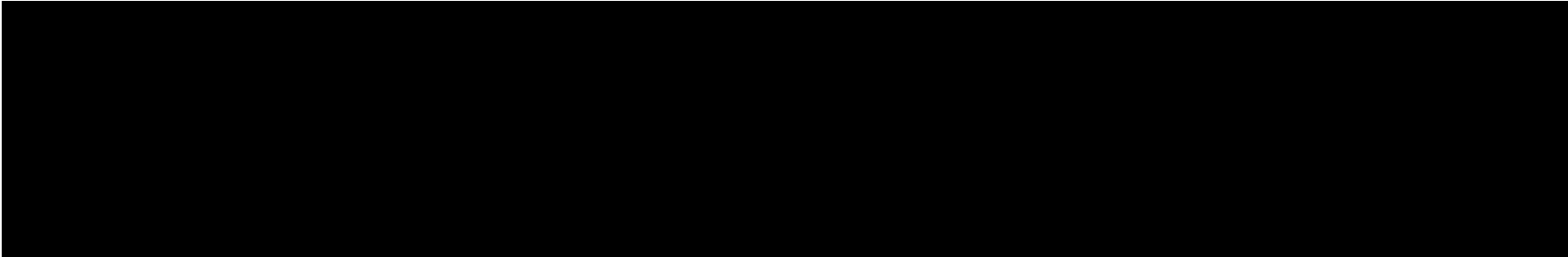
I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Individual Qualifier: _____ Date: 11-15-22

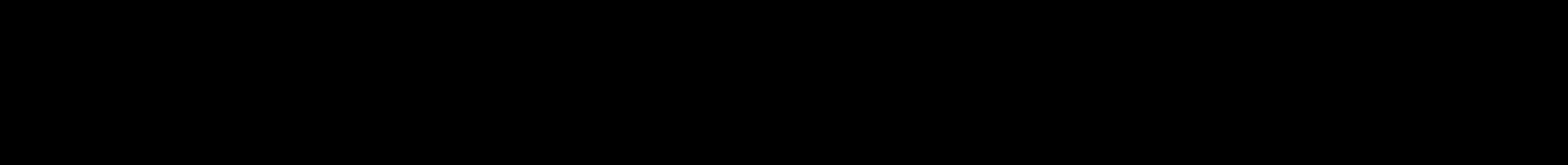
Printed Name and Title: _____

Name of Applicant for Operator License: Wynn Interactive Ltd. (Entity Qualifier)

ATTACHMENT 1B PERSONS FORMING THE ENTITY

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
			

ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE ENTITY (Presently Used)

NUMBER AND STREET	CITY	STATE	ZIP
			



CONFIDENTIAL

**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 3**

Wynn Interactive Ltd

ATTACHMENT 3: Description of Business



ATTACHMENT 5 DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE ENTITY	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 6 FORMER DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ATTACHMENT 7 OFFICERS

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		


ATTACHMENT 8 FORMER OFFICERS

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		


ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

ATTACHMENT 13 VOTING OWNERS

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING STOCK HELD
				

ATTACHMENT 14 NON-VOTING OWNERS

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP HELD	NUMBER OF NON-VOTING OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING OWNERSHIP INTEREST HELD
				

ATTACHMENT 16 HOLDERS OF LONG TERM DEBT

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

ATTACHMENT 19B SECURITIES OPTIONS

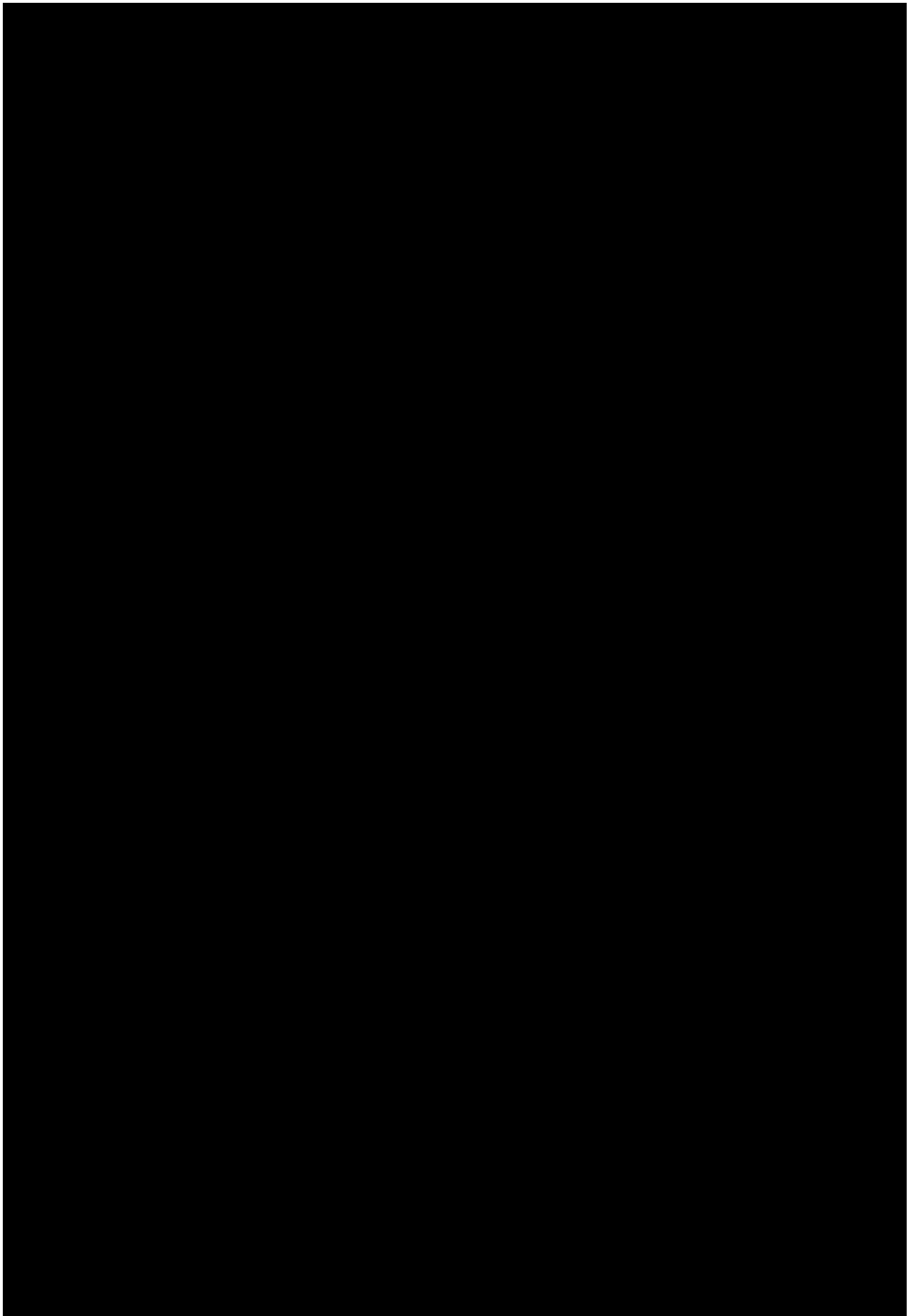
NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE

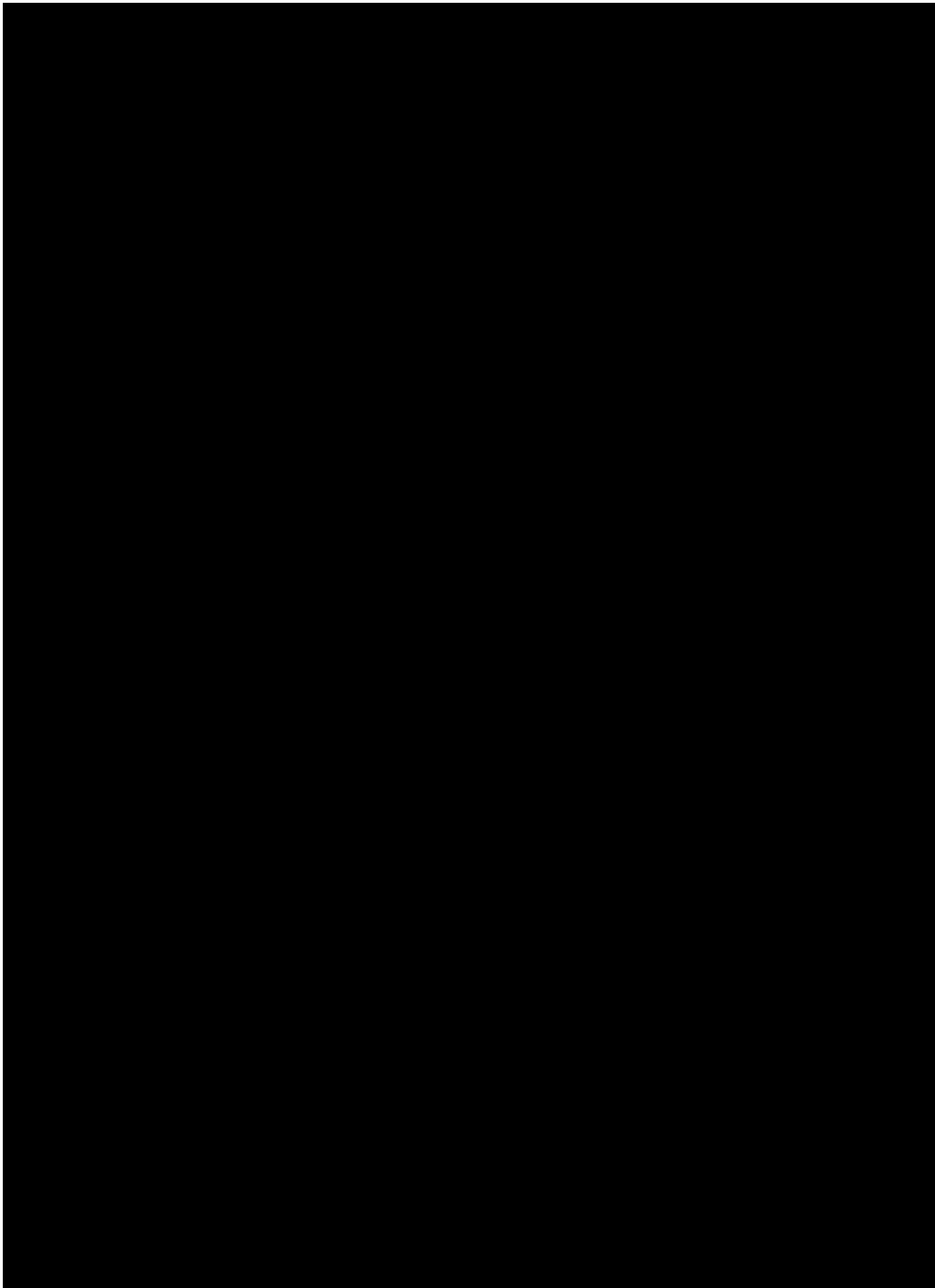
ATTACHMENT 20 **FINANCIAL INSTITUTIONS**

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:




ATTACHMENT 20 FINANCIAL INSTITUTIONS





ATTACHMENT 22 **OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY**

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD	PURCHASE PRICE PER INTEREST	NUMBER OF INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
				

ATTACHMENT 24A CRIMINAL HISTORY

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

ATTACHMENT 25

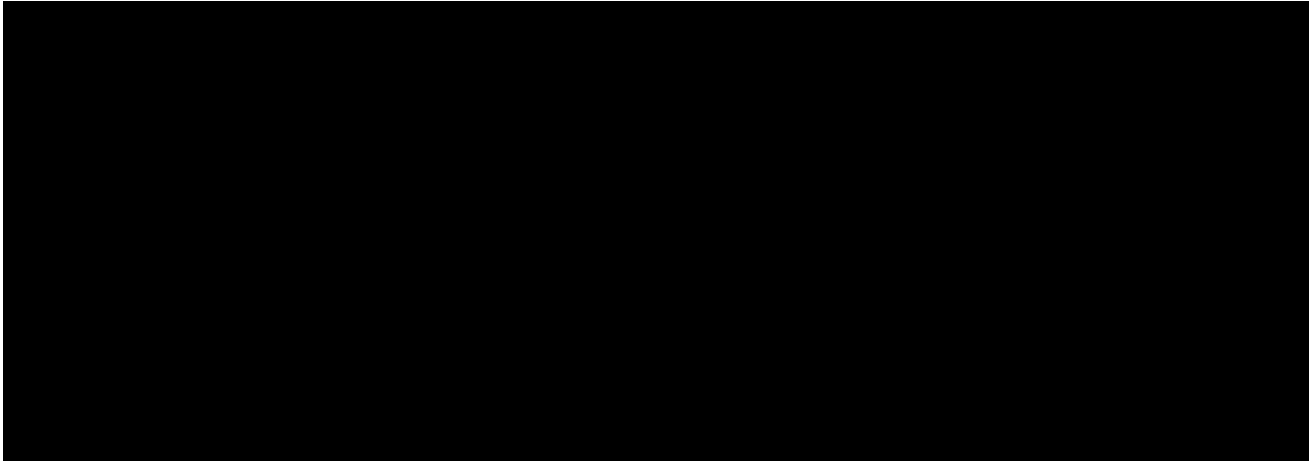
TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION




CONFIDENTIAL

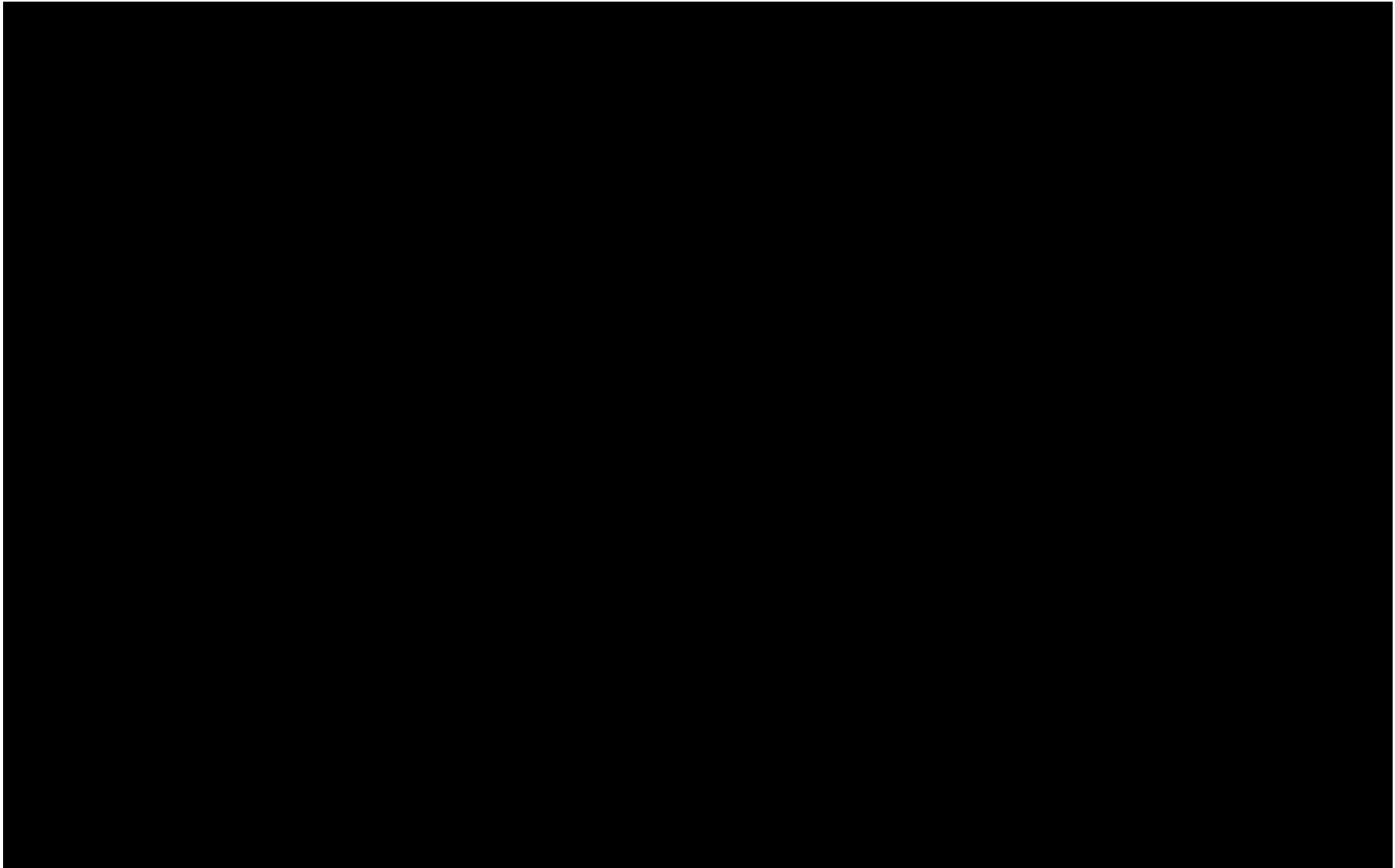
ATTACHMENT 27 - EXISTING LITIGATION

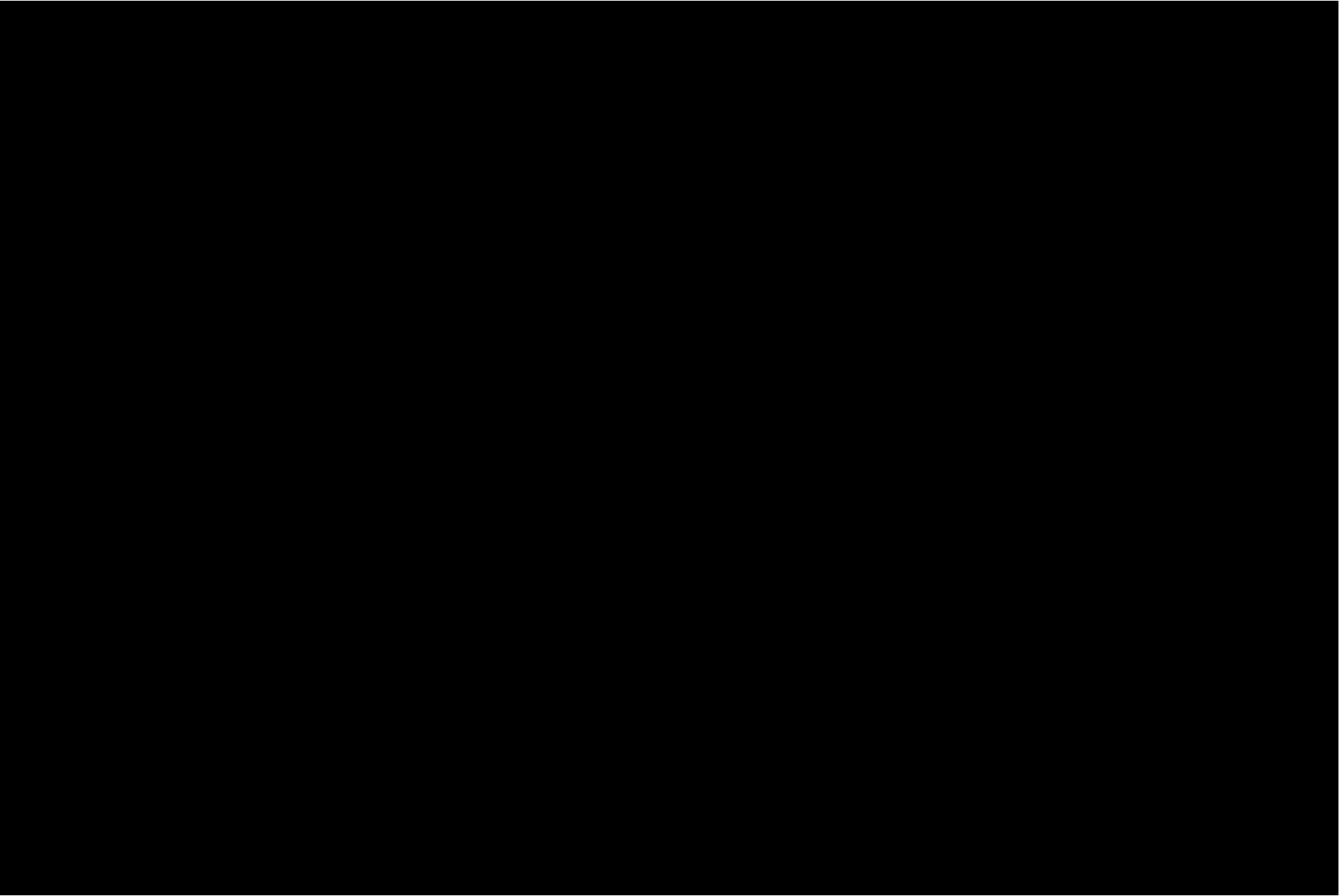


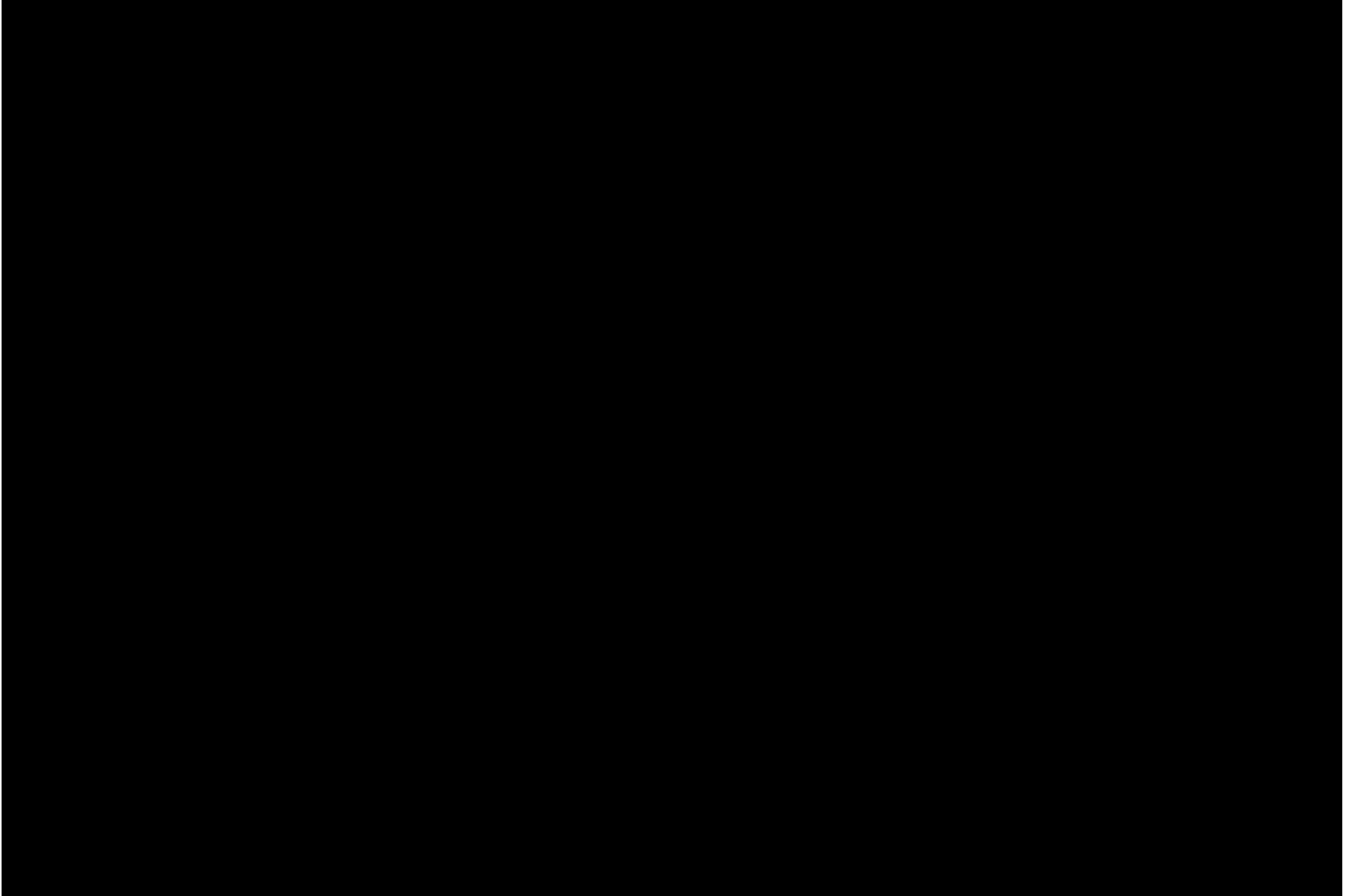
ATTACHMENT 30B LICENSES (Other gambling)

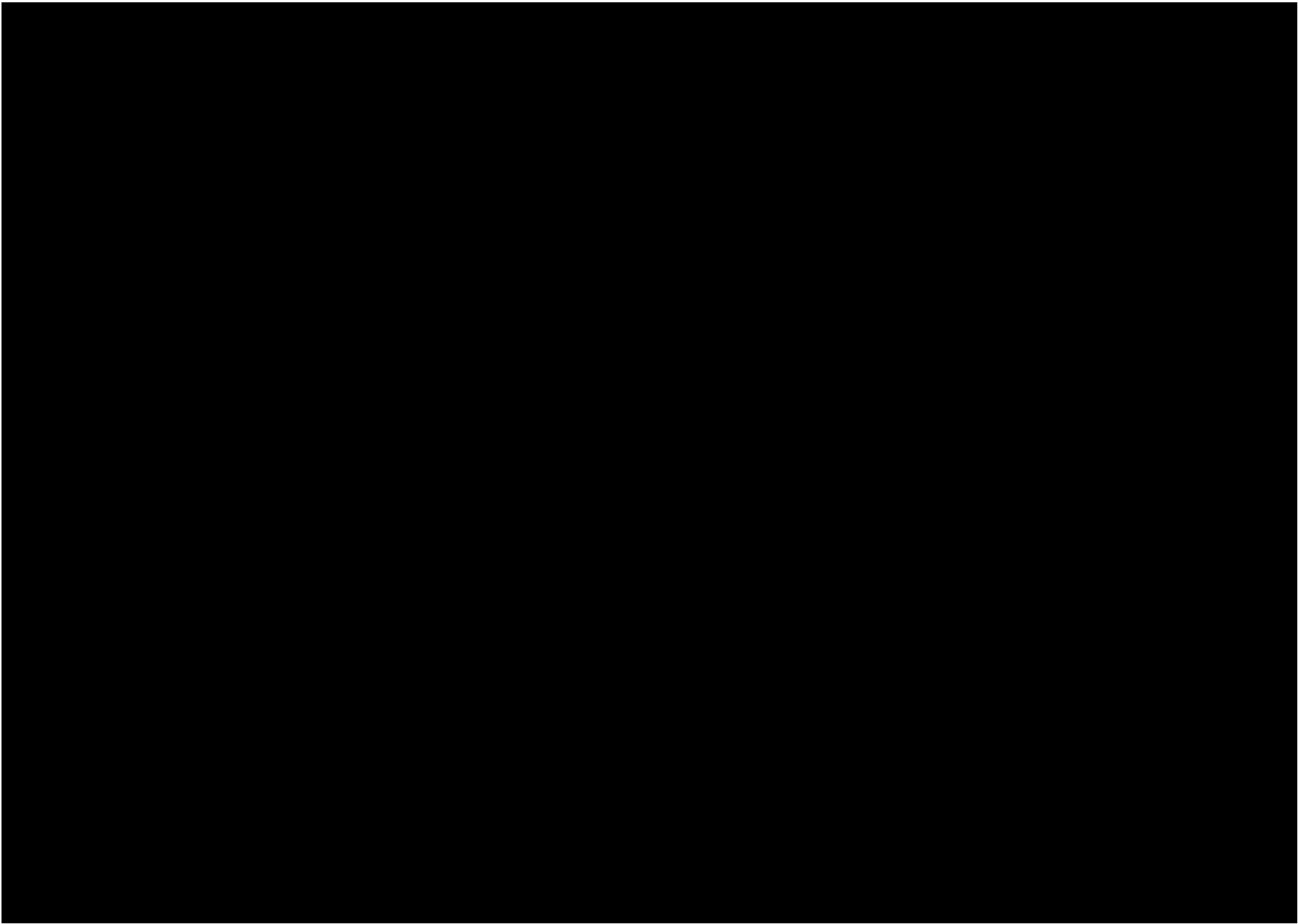
NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE
				

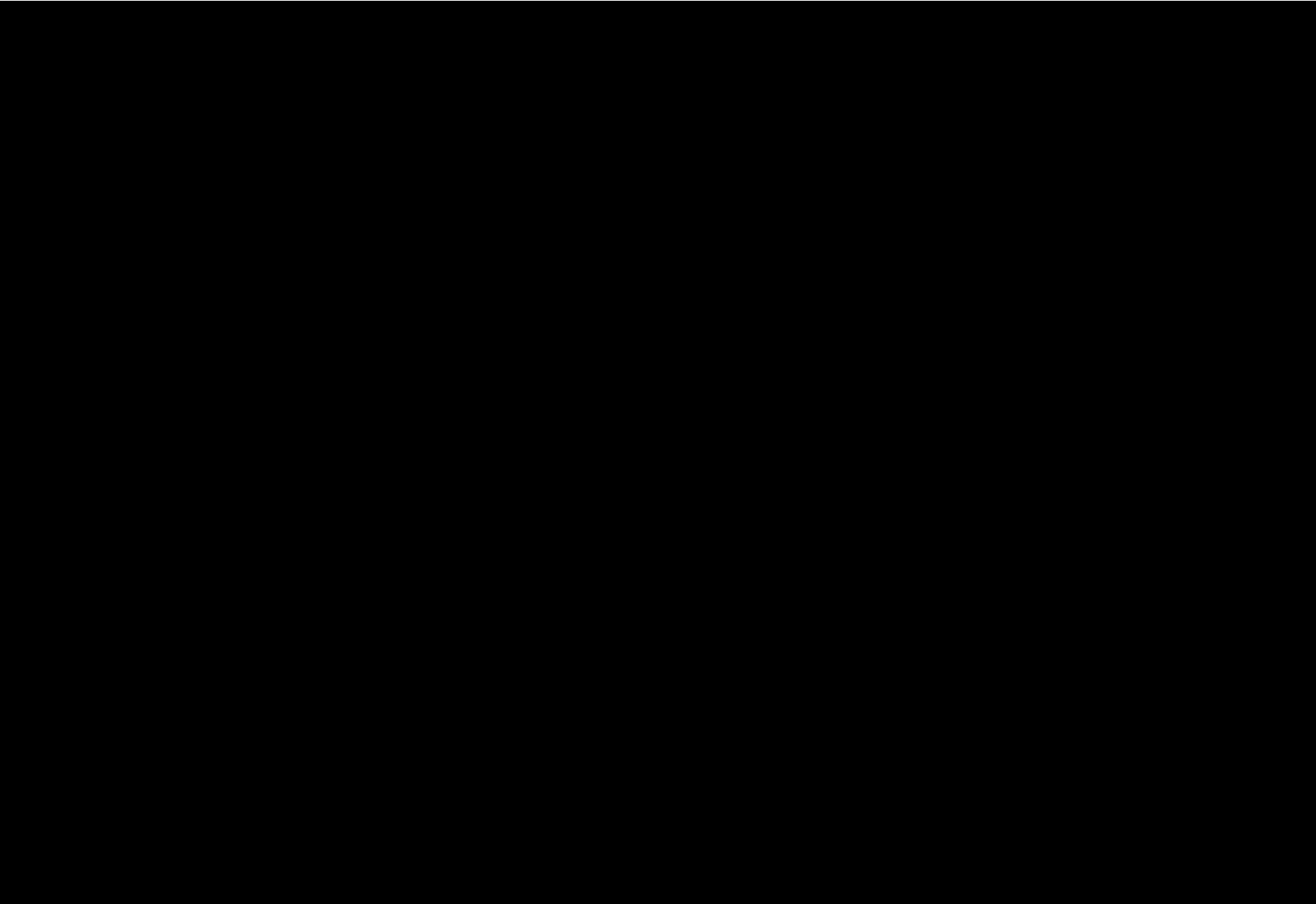
ATTACHMENT 30B

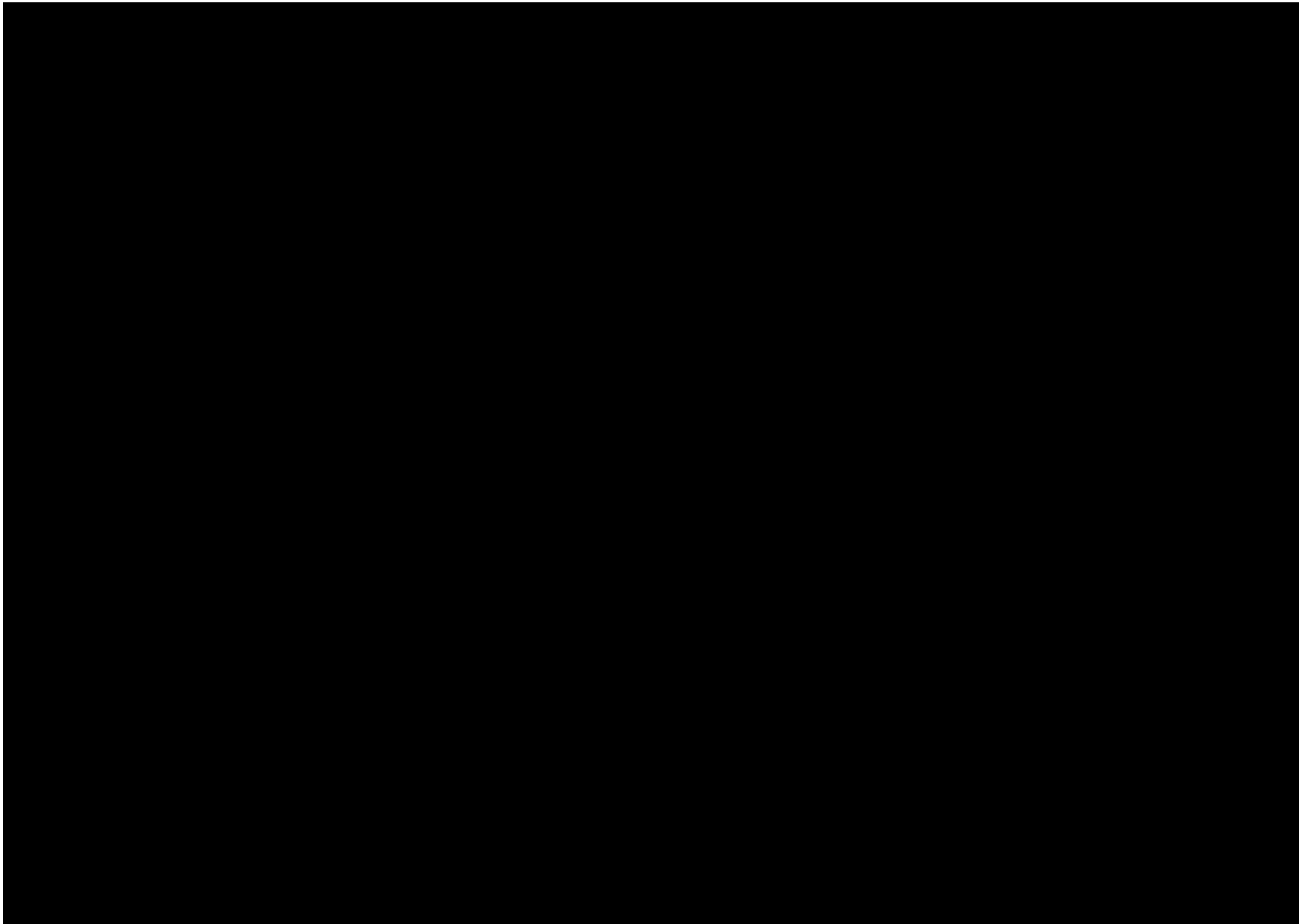


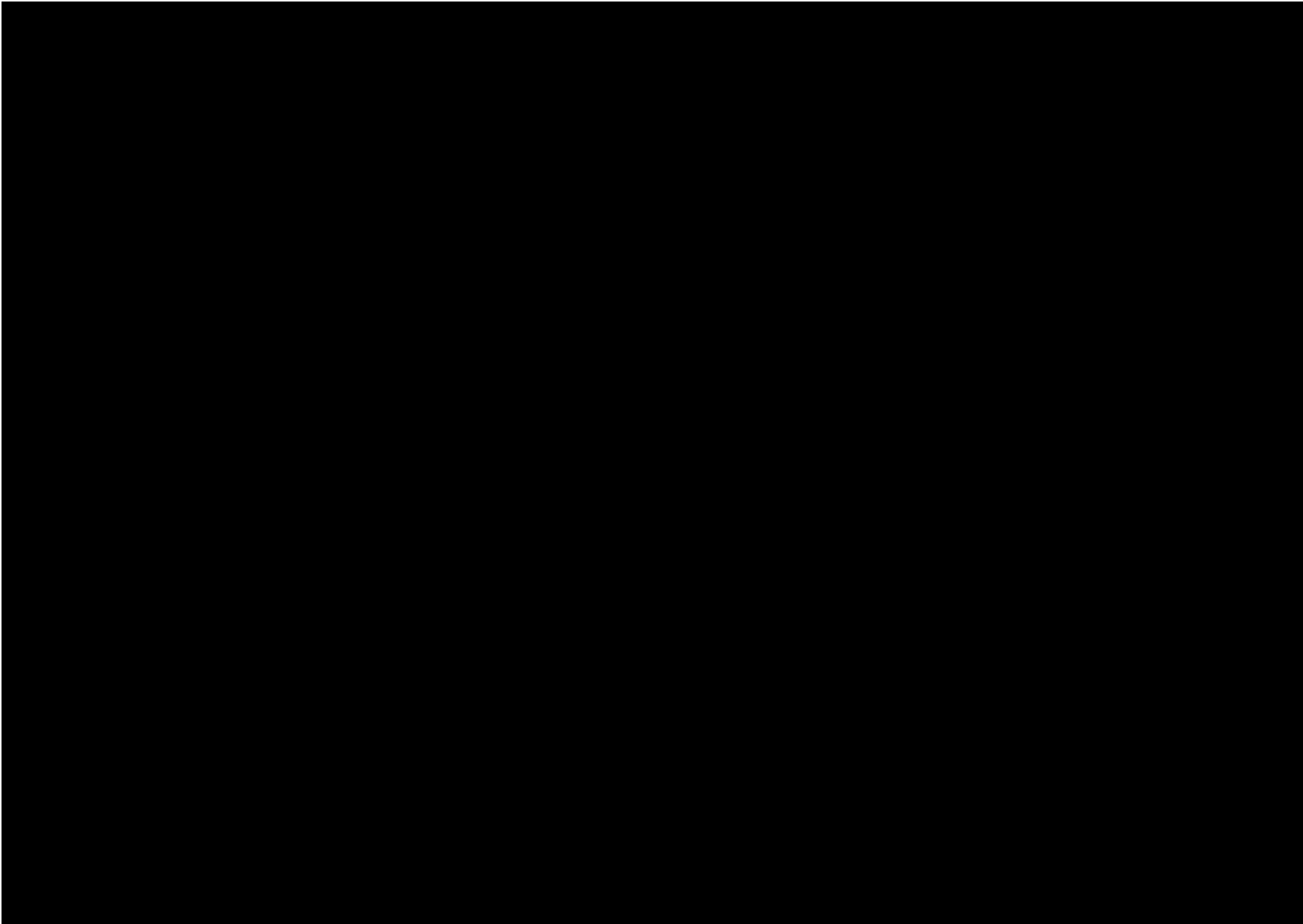












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Attachment 39

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

Attachment 40A

ITEM 40. ORGANIZATIONAL CHART

A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.

Attachment 41

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

MASSACHUSETTS GAMING COMMISSION



BUSINESS ENTITY DISCLOSURE FORM

ENTITY: Wynn Social Sports Global

BUSINESS ENTITY DISCLOSURE FORM

Wynn Social Sports Global

NAME OF ENTITY*

(DO NOT ABBREVIATE)

Wynn Social Sports Global

*Name as it appears on the certificate of incorporation, charter, by-laws or other official document.

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Jennifer Roberts	VP & General Counsel - WSI US, LLC
Name	Title

Jennifer.Roberts@Wynnbet.com	702-770-7592		
E-Mail Address	Telephone: (Area code) Number	FAX Number	

THE PRINCIPAL BUSINESS ADDRESS OF THE ENTITY

3131 Las Vegas Boulevard South	Las Vegas	Nevada	89109
Street Location (Number/Street)	City	State	Zip

United States	702-770-7000		
Country	Telephone: (Area Code) Number	FAX Number	

6600 Bermuda Rd	Las Vegas	Nevada	89119
Mailing address (if different)	City	State	Zip

Web Site (URL)

Check the appropriate box:

<input checked="" type="checkbox"/>	This form is being submitted as an initial application for a gaming license.
<input type="checkbox"/>	This form is being submitted as an application for the renewal of a gaming license. The current gaming facility license expires on: _____
<input type="checkbox"/>	The above named entity holds stock in _____, which is an applicant for an initial gaming license or renewal.
<input type="checkbox"/>	Other. Explain: _____

ITEM 1. FORMATION

A. Provide the date and place of formation.

Date: 10/5/2020

Place of formation: Nevada

B. Persons Forming the Entity

Use Attachment 1B to provide the following information for each incorporator of the corporation:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
------	--------------------	---------------	---------------

ITEM 2. OTHER NAMES AND ADDRESSES OF THE ENTITY

A. List all other names under which the entity has done business and give the approximate time periods during which these names were being used.

B. Use Attachment 2B to provide the following information about all other addresses presently used by the entity and all addresses from which the entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM	TO:

ITEM 3. DESCRIPTION OF PRESENT BUSINESS

Provide as Attachment 3 a description of the business done and intended to be done by the entity and its parent, holding, subsidiary and intermediary entities and the general development of such business during the past five years, or such shorter period as the entity or its parent, subsidiary and intermediary entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the entity, if known.
- B. The principal products produced and services rendered by the entity and its parent, intermediary and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the entity or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

ITEM 4. DESCRIPTION OF FORMER BUSINESS

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

ITEM 5. DIRECTORS AND TRUSTEES

Use Attachment 5 to provide the following information for each director and trustee of the corporation. (NOTE: Each director and trustee of the entity must complete a PHD-MA and PHD-MA-SUPP.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE CORPORATION	DATE OF BIRTH
		FROM:	TO:		

ITEM 6. FORMER DIRECTORS AND TRUSTEES

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee of the entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ITEM 7. OFFICERS

Use Attachment 7 to provide the following information for each officer of the entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the entity’s governing documents. (NOTE: A PHD-MA and PHD-MA-SUPP must be completed by every person noted below. In addition, the Commission may, in its discretion, order additional persons associated with the entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of Chapter 23K.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8. FORMER OFFICERS

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the entity's governing documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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ITEM 10. COMPENSATION OVER \$250,000

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$250,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
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ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

ITEM 12. STOCK/OWNERSHIP DESCRIPTION

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, or other similar indicia of ownership by the entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) or other similar information applicable to other indicia of ownership as of this date.

If the rights of holders of any class of stock or other indicia of ownership may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.

[REDACTED]

[REDACTED]

ITEM 13. VOTING OWNERS

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock or other indicia of ownership issued by the entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING RIGHTS HELD
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ITEM 14. NON-VOTING OWNERS

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting indicia of ownership issued by the entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP INTERESTS HELD	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING RIGHTS HELD
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ITEM 15. DESCRIPTION OF LONG TERM DEBT

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 16. HOLDERS OF LONG TERM DEBT

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by either the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA or PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the entity other than those described in response to Items 15 and 16 (OR, in the space below provide a specific cross-reference to the

applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 18. HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 19. SECURITIES OPTIONS

- A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) (NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities or other form of ownership issued by the entity.)
- B. Use Attachment 19B to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE
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ITEM 20. FINANCIAL INSTITUTIONS

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 21. CONTRACTS AND SUPPLIERS

Use Attachment 21 to provide the following information with respect to all persons with whom the entity has contracts or agreements of \$250,000 or more in value or from whom the entity has received \$250,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

ITEM 22. OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

Use Attachment 22 to provide the following information about each entity in which the entity holds stock:

NAME AND ADDRESS OF ENTITY	TYPE OF OWNERSHIP HELD	PURCHASE PRICE PER INTEREST	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
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ITEM 23. INSIDER TRANSACTIONS

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of interest in the entity or who is or was within that

period a director or officer of the entity. [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.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF OWNERSHIP INTERESTS INVOLVED
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ITEM 24. CRIMINAL HISTORY

The next question asks about any charges or offenses the entity or any of its directors, trustees or officers 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 question:

- A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- B. “Offense” includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS:

- 1. Answer “yes” and provide all information to the best of your ability EVEN IF:
 - A. The entity, its directors, trustees, or officers did not commit the offense charged;
 - B. The charges were dismissed;
 - C. The entity, its directors, trustees, or officers were not convicted; or
 - D. The charges or offenses happened a long time ago.
- 2. Answer “no” IF:
 - A. The records relating to the charges have been expunged or sealed by court order; **AND**
 - B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the entity or any of its subsidiaries, directors, trustees or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this commonwealth or any other jurisdiction?

_____ 

If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the entity, any of its subsidiaries, directors, trustees or officers 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?


_____ 

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

Has the entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?

_____ 

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

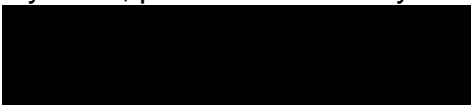
NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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ITEM 27. EXISTING LITIGATION

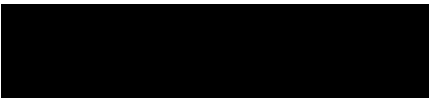
Provide as Attachment 27 a description of all existing civil litigation to which the entity, its parent or any subsidiary is presently a party whether in this commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involve claims against the entity which are fully and completely covered under an insurance policy held by the entity 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.

ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the entity 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?

— 

B. In the past ten years, has the entity 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?

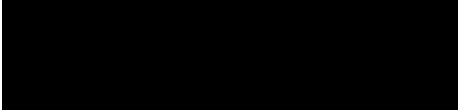
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If yes to either question, use Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

A. Has the entity, its parent or any intermediary entities 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 year period?

— 

B. Has the entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?

— 

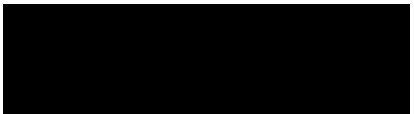
If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

(Cont.)

C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the entity or its parent, holding, intermediary or subsidiary entities?

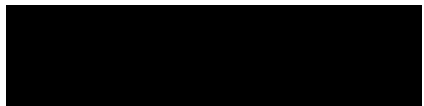
— 

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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ITEM 30. LICENSES

A. During the last ten year period, has the entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this commonwealth or any other jurisdiction, denied, suspended or

— 

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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B. Has the entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

— 

If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
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ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF ENTITY

A. During the last ten year period, has the entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

— [REDACTED]

B. During the last ten year period, has the entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the entity 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?

— [REDACTED]

C. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

— [REDACTED]

D. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual 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?

— [REDACTED]

E. During the last ten year period, did the entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?

— [REDACTED]

F. During the last ten year period, has the entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the entity's books or records?

— [REDACTED]

G. During the last ten year period, has the entity, its parent or any subsidiary maintained any numbered account or any account in the name of a nominee for the entity?

— [REDACTED]

H. List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.

[REDACTED] _____

ITEM 32. FINANCIAL STATEMENTS

- A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.
- B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the entity and any exceptions taken to such statements by the independent auditor retained by the entity, and the management response thereto.

ITEM 33. ANNUAL REPORTS

- A. Provide as Attachment 33A a copy of all annual reports of the entity that were submitted to shareholders or other persons during the last five years.
- B. In addition to the information required in Item 33A, an entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

ITEM 34. QUARTERLY REPORTS

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the entity. If the entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

ITEM 35. INTERIM REPORTS

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the entity's certifying accountant or other material events. If the entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

ITEM 36. PROXY AND INFORMATION STATEMENT

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

ITEM 37. REGISTRATION STATEMENT

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

ITEM 38. REPORTS OF ACCOUNTANTS

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

ITEM 40. ORGANIZATIONAL CHART

- A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.
- B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions.

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Persons Forming the Entity	
2B	Other names and addresses of the entity (Presently used)	
2C	Other names and addresses of the entity (Past 10 years)	
3*	Description of business done and intended to be done	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$250,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting owners	
14	Non-voting owners	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Other ownership interests held by the entity	
23	Insider transactions	

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24*	Expungement or sealing orders	
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the entity	
39*	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for entity filing this form, job descriptions and names of employees	
41*	Copies of 1120 forms and 941 forms filed with the IRS in the last five years	

ITEM 43. AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Commission, 205 C.M.R. 111.02(2), this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself or herself date the signature of the affiant and indicate the basis of his or her authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

WAIVER OF LIABILITY

The President or any officer of the entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or any officer of the entity authorized to affirm and sign the documents.

AFFIDAVIT

STATE OF Nevada _____:

SS:

COUNTY OF Clark _____:

I, [REDACTED] _____, the [REDACTED] _____ of
(Name) (TITLE/POSITION)
the entity identified below, being duly sworn according to law, on my oath, depose and say
that I make this statement on behalf of the entity, and that the above statements are true
and correct to the best of my knowledge and belief, and that this statement is executed
with the knowledge that any misrepresentation or failure to reveal information may be
deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further,
that I am voluntarily submitting this statement and understand that misleading statements
may subject me to criminal or other sanctions or punishment.

Wynn Social Sports Global

NAME OF ENTITY

By _____

[REDACTED]
President

Title

Date

Accountant Preparing Form, if any

Date

Attorney Preparing Form, if any

On this 14th day of November 2022, before me, the undersigned notary public, personally
appeared [REDACTED] (name of document signer), proved to me
through satisfactory evidence of identification which was passport, to be the
person who signed the preceding or attached document in my presence, and who swore or
affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her)
knowledge and belief.

Notary Public

My Commission Expires: 11/19/22



RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of Wynn Social Sports Global,
(NAME OF ENTITY)

I, [REDACTED] have
(NAME OF PRESIDENT OR OFFICER)

authorized the Massachusetts Gaming Commission, its Investigations and Enforcement Bureau and its agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Massachusetts Gaming Commission and its Investigations and Enforcement Bureau provided that he or she certifies to you that said entity has an application pending before the Massachusetts Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 23K of the laws of the Commonwealth of Massachusetts.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATE

SIGNATURE

On this 14th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires 11/19/22



CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of Wynn Social Sports Global

(NAME OF ENTITY)

I, [REDACTED], hereby consent to all inspections, searches and

(NAME OF PRESIDENT OR OFFICER)

seizures and the supplying of handwriting exemplars as authorized by Chapter 23K of the laws of the Commonwealth of Massachusetts and by the rules and regulations of the Massachusetts Gaming Commission.

The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the Commonwealth of Massachusetts not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

DATE

On this 14th day of Nov, 2022

SIGNATURE

[REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires:

11/19/22



WAIVER OF LIABILITY

On behalf of Wynn Social Sports Global,
(NAME OF ENTITY)

I, [REDACTED]
(NAME OF PRESIDENT OR OFFICER)

hereby waive liability as to the Commonwealth of Massachusetts and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

DATE

SIGNATURE

On this 14th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires: 11/19/22





**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES
(SPORTS WAGERING OPERATORS)**

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each qualifying entity submit this Certification.

I, as the duly authorized representative of the Applicant or qualifying entity, do hereby certify that after inquiry and to the best of my knowledge and belief, that: [Check all boxes that apply.]

The Applicant or qualifying entity has filed all U.S. Federal and State tax returns required during the 5 years preceding the application; AND

The Applicant or the qualifying entity has not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and is not in default;

OR

The Applicant or qualifying entity is not required to file U.S. Federal tax returns because [please explain reason(s), for example, taxes are filed in a non-U.S. jurisdiction]. Please provide specifics below:

Signature of Authorized Certifying Official

11-15-22
Date

Printed Name and Title

Wynn Social Sports Global

Name of the Applicant



SPORTS WAGERING OPERATOR CERTIFICATION REGARDING SUITABILITY OF APPLICANT AND QUALIFIER

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Authorized Certifying Official: _____

Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: WSI US, LLC

Section 2 FOR EACH QUALIFIER:

I understand that the Massachusetts Gaming Commission may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Individual Qualifier: _____

Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: Wynn Social Sports Global(Entity Qualifier)

ATTACHMENT 1B PERSONS FORMING THE ENTITY

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
Benjamin Marek	811 Main Street, Suite 3700 Houston, TX 77002	Attorney	

ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE ENTITY (Presently Used)

NUMBER AND STREET	CITY	STATE	ZIP
6600 Bermuda Rd	Las Vegas	Nevada	89119
3131 Las Vegas Boulevard South	Las Vegas	Nevada	89109



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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 3**

**Wynn Social Sports Global
ATTACHMENT 3: Description of Business**



ATTACHMENT 5 DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE ENTITY	DATE OF BIRTH
		FROM:	TO:		
Ellen Fae Whittemore [REDACTED]	3131 Las Vegas Boulevard South, Las Vegas, Nevada, 89109	10/23/2020	Present	Director	[REDACTED]
Craig Scott Billings [REDACTED]	3131 Las Vegas Boulevard South, Las Vegas, Nevada, 89109	10/23/2020	Present	Chairman, CEO, Treasurer)	[REDACTED]
Sadok Kohen [REDACTED]	6600 Bermuda Rd Las Vegas, Nevada, 89119	10/5/2020	Present	Director, President	[REDACTED]

ATTACHMENT 6 FORMER DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		
Matt Maddox [REDACTED]	Chairman of the Board & Director - 3131 Las Vegas Boulevard South, Las Vegas, Nevada 89109	10/23/2020	6/28/2022	[REDACTED]	[REDACTED]
Norbert Franz Teufelberger [REDACTED]	Director - 3131 Las Vegas Boulevard South, Las Vegas, Nevada 89109	10/23/2020	5/11/2022	[REDACTED]	[REDACTED]

ATTACHMENT 7 OFFICERS

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
[REDACTED]	CEO	07/30/2021	Present	3131 Las Vegas Boulevard South, Las Vegas, Nevada, 89109	[REDACTED]
	Treasurer	1/3/2022	Present		
[REDACTED]	President	10/5/2020	Present	6600 Bermuda Rd Las Vegas, Nevada, 89119	[REDACTED]


ATTACHMENT 8 FORMER OFFICERS

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
Alp Guler [REDACTED]	Chief Financial Officer	10/5/2020	01/03/2022	CFO at Disperse / 64 Great Eastern Street, London, EC2A 3QR, UK	[REDACTED]

ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
Craig Scott Billings Ellen Fae Whittemore Sadok Kohen			

ATTACHMENT 13 VOTING OWNERS

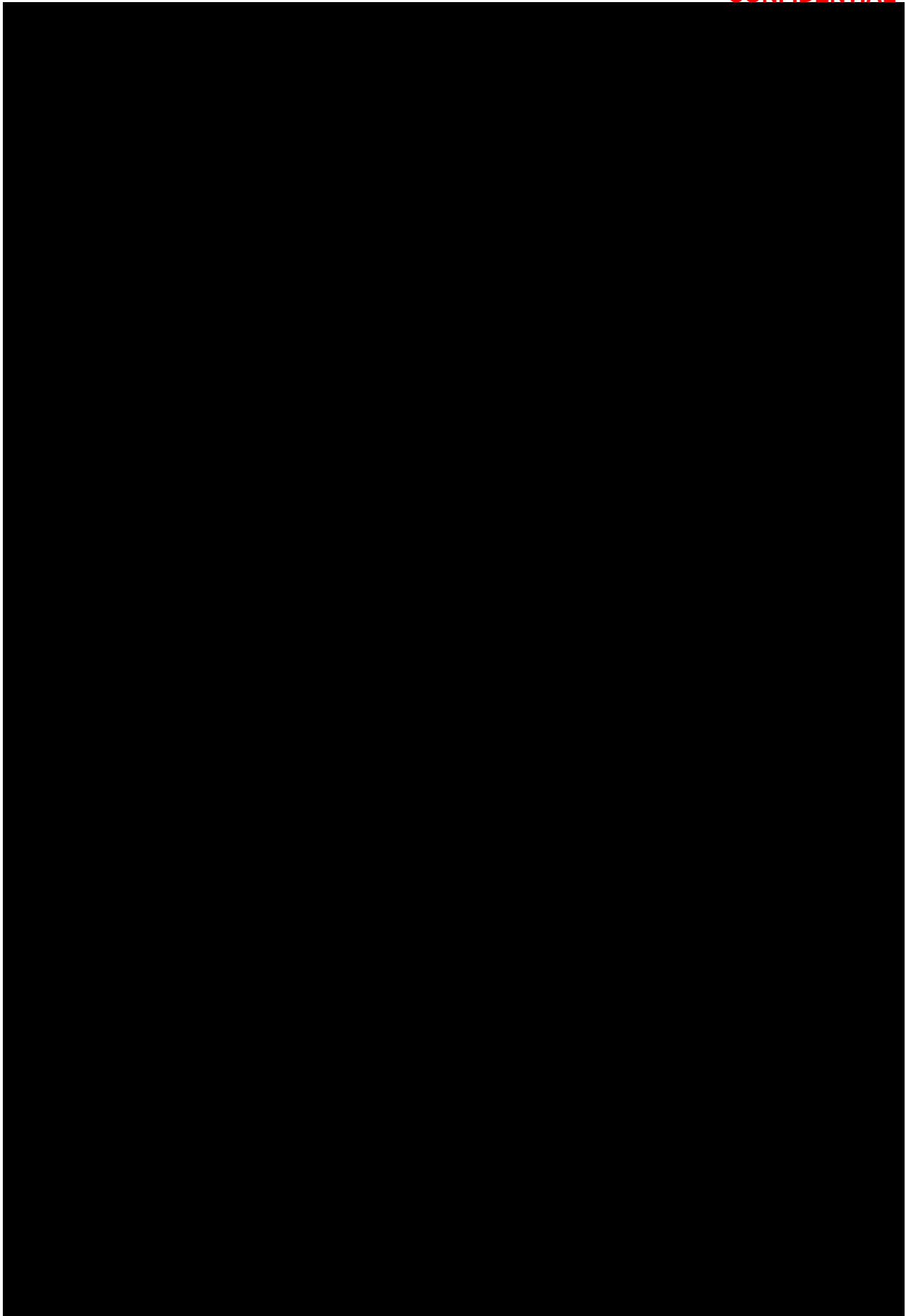
NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING STOCK HELD
				

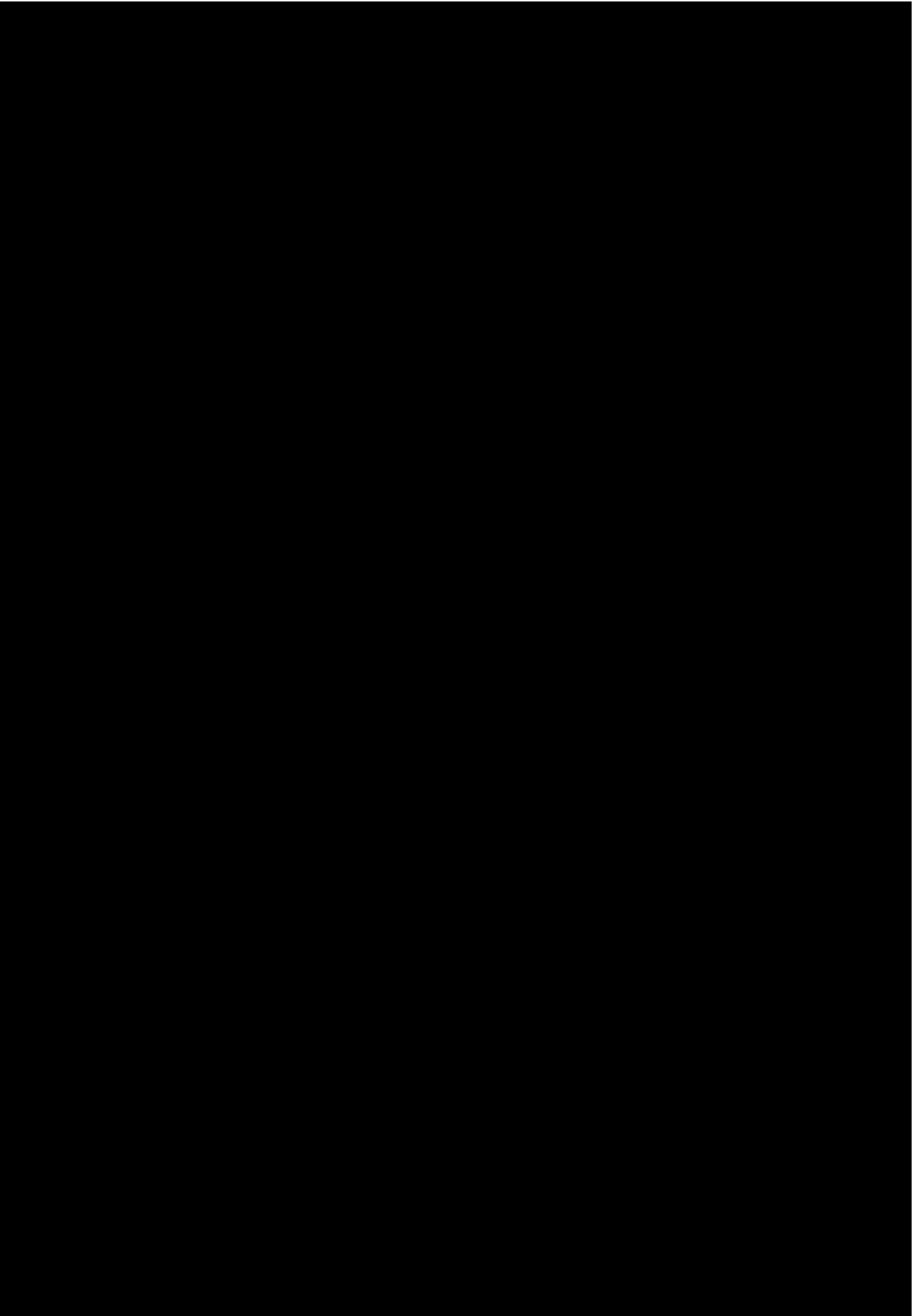
ATTACHMENT 20 **FINANCIAL INSTITUTIONS**

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:
Please refer to separate Attachment 20				



ATTACHMENT 20 FINANCIAL INSTITUTIONS





ATTACHMENT 22

OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD	PURCHASE PRICE PER INTEREST	NUMBER OF INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%

ATTACHMENT 24A CRIMINAL HISTORY

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

ATTACHMENT 25

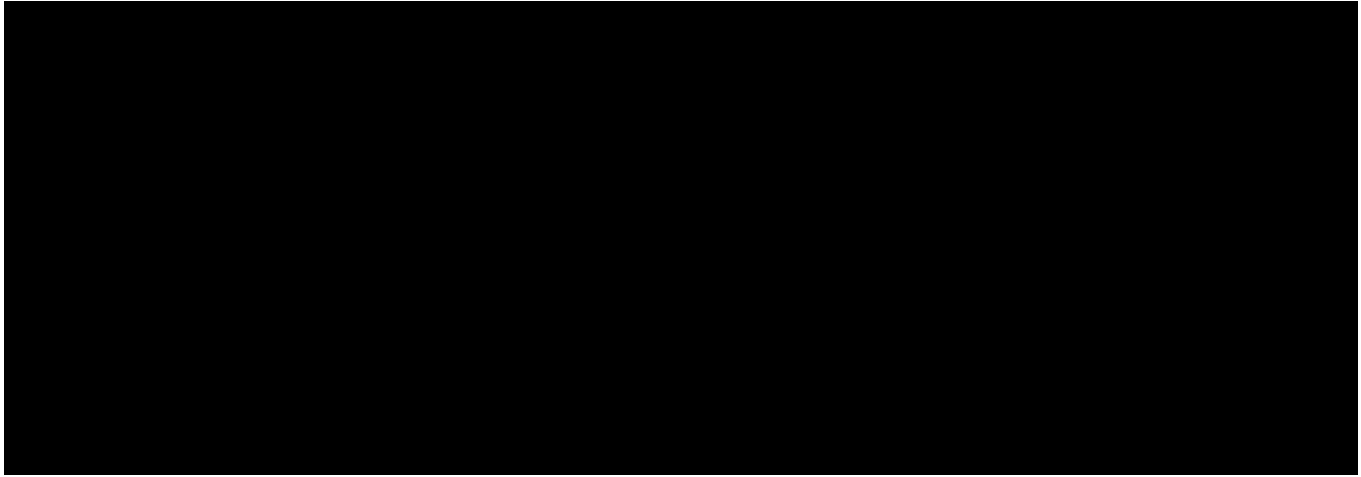
TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION



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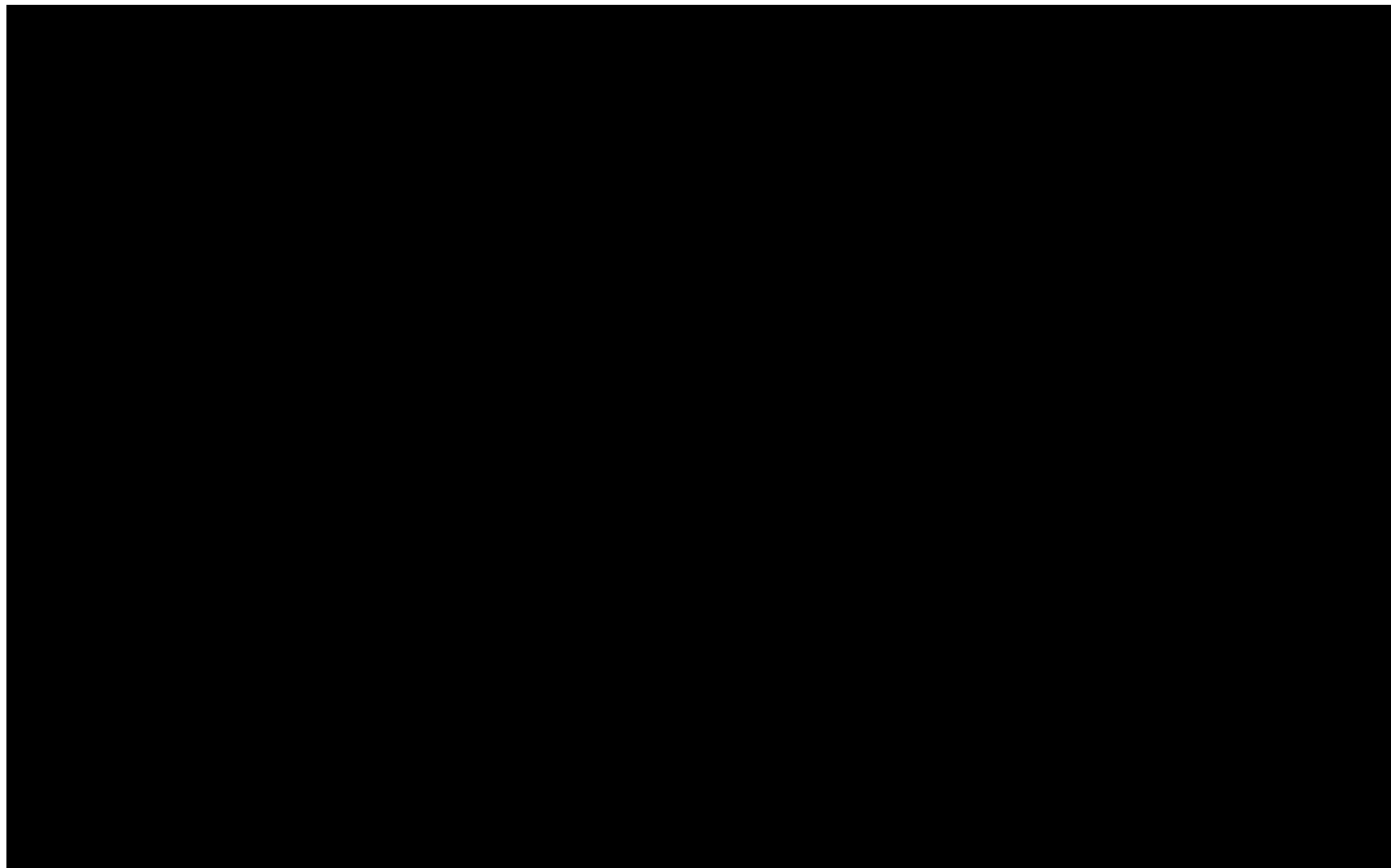
ATTACHMENT 27 - EXISTING LITIGATION

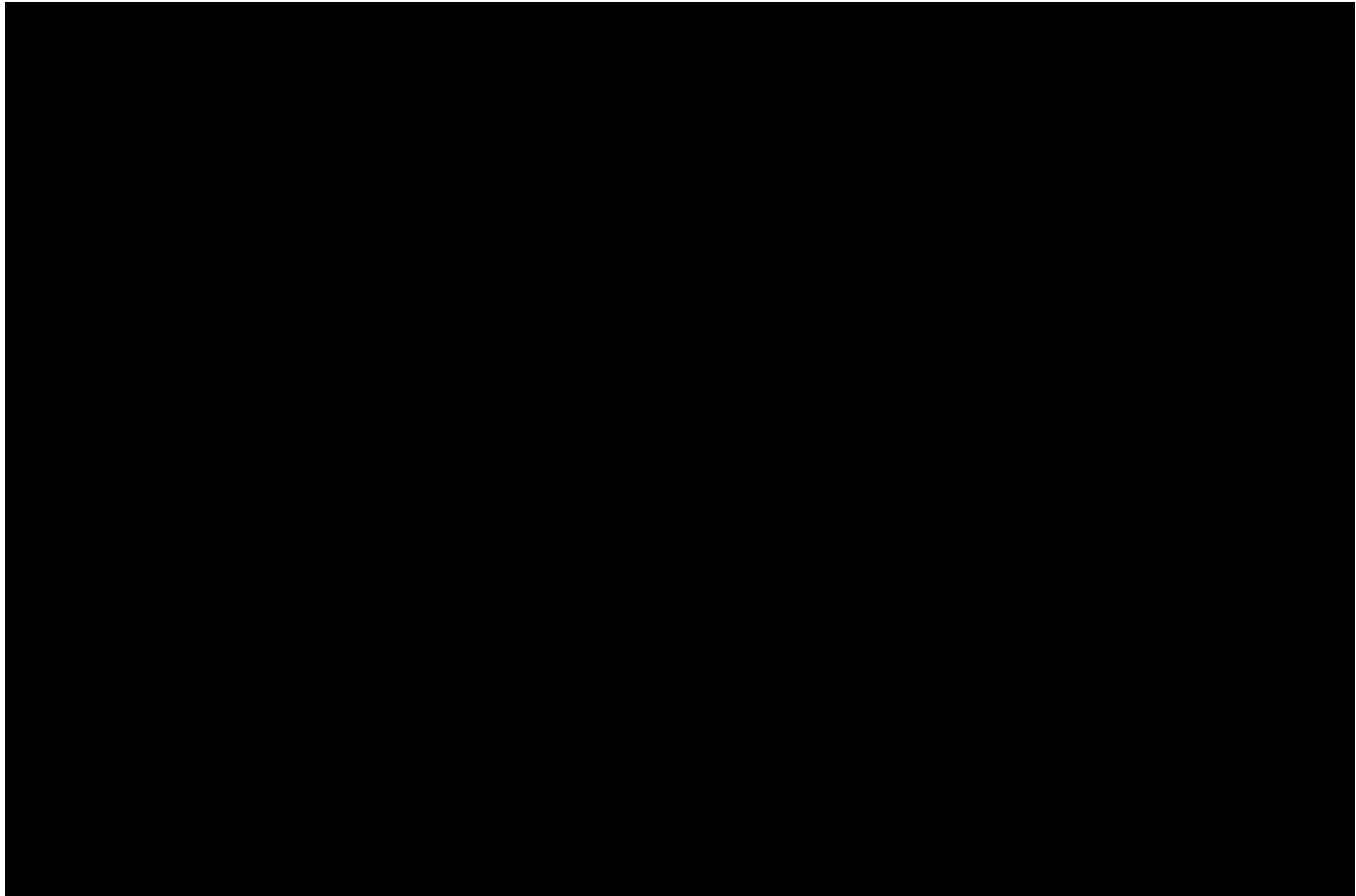


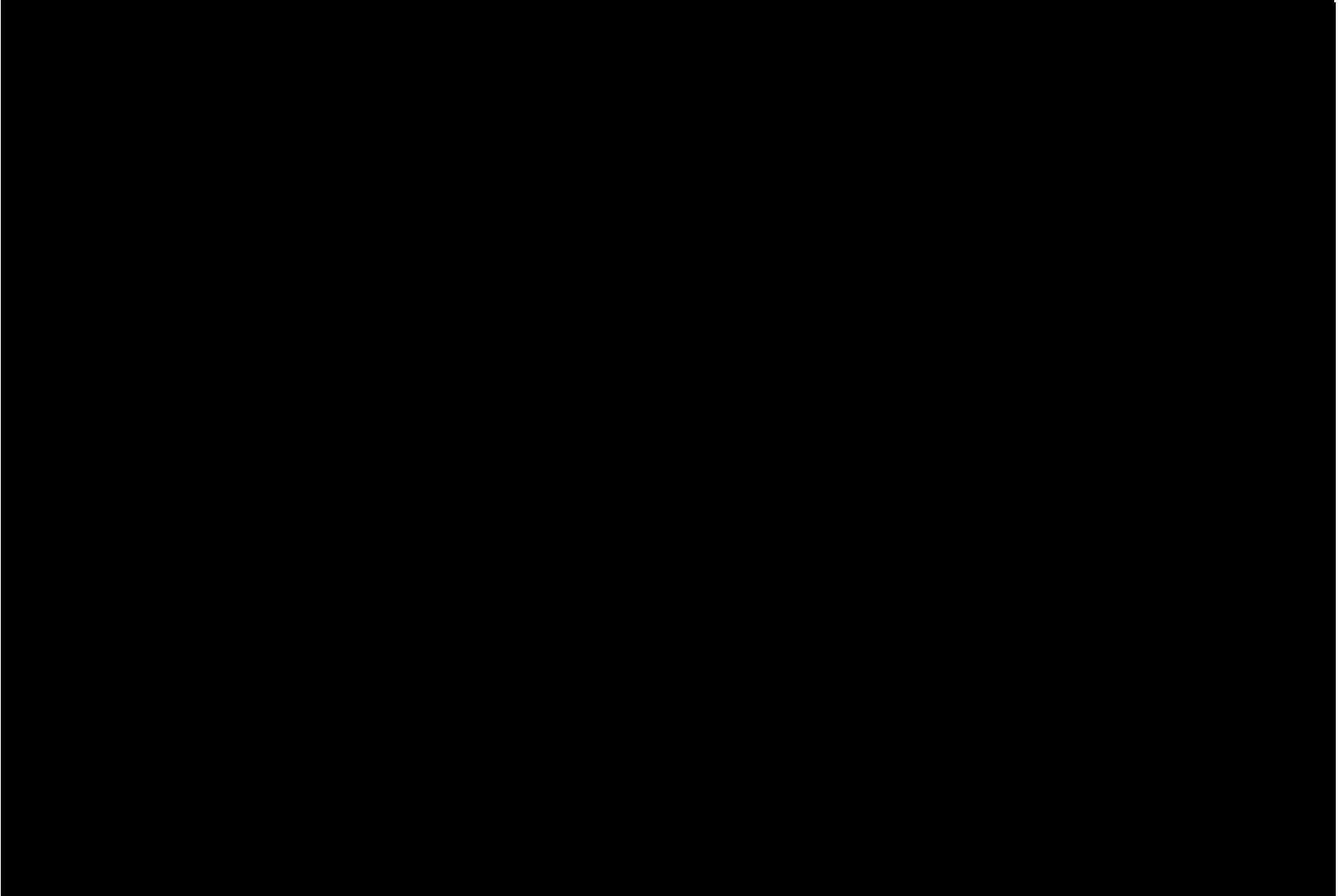
ATTACHMENT 30B LICENSES (Other gambling)

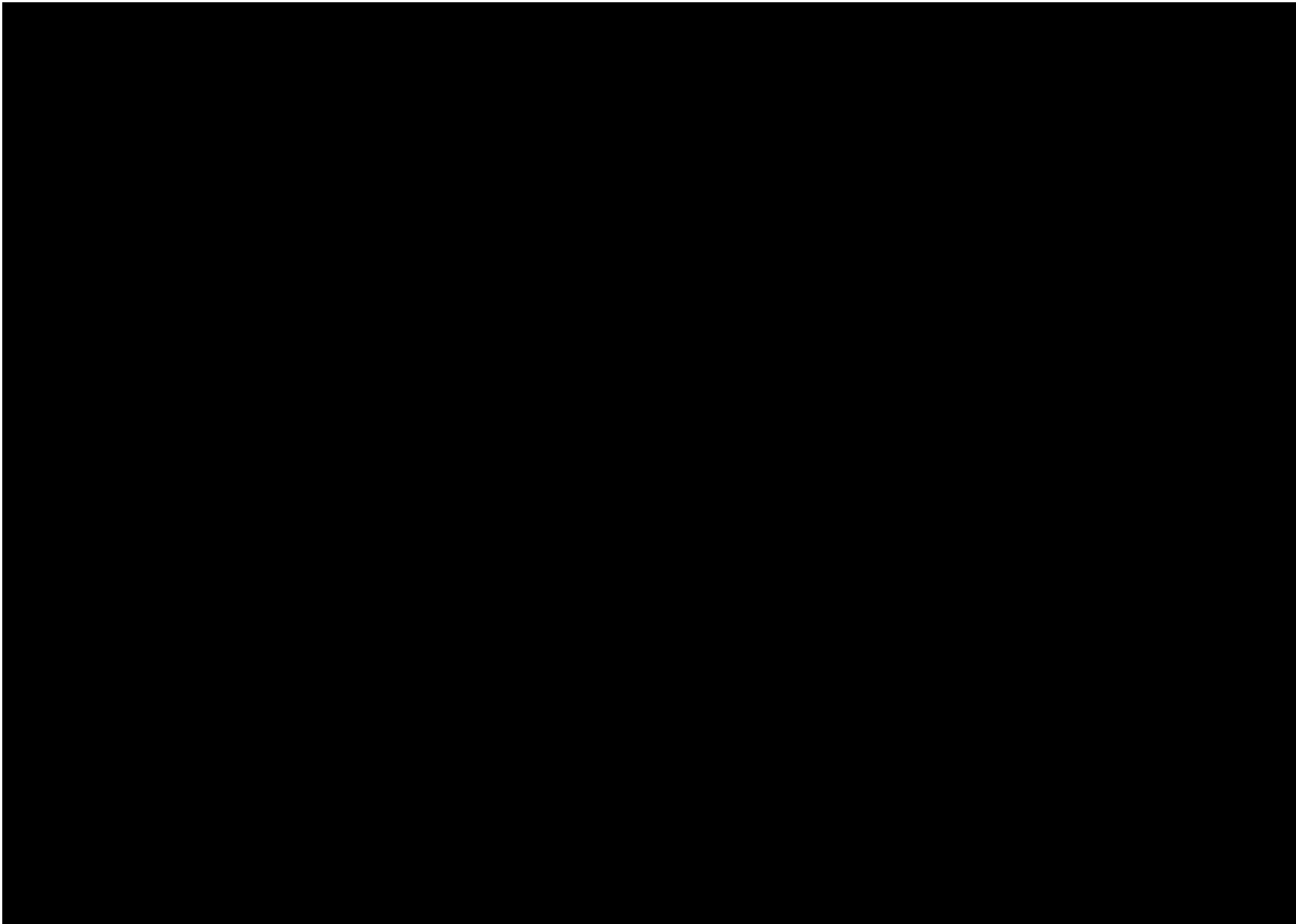
NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE
Please refer to Attachment 30B				

ATTACHMENT 30B

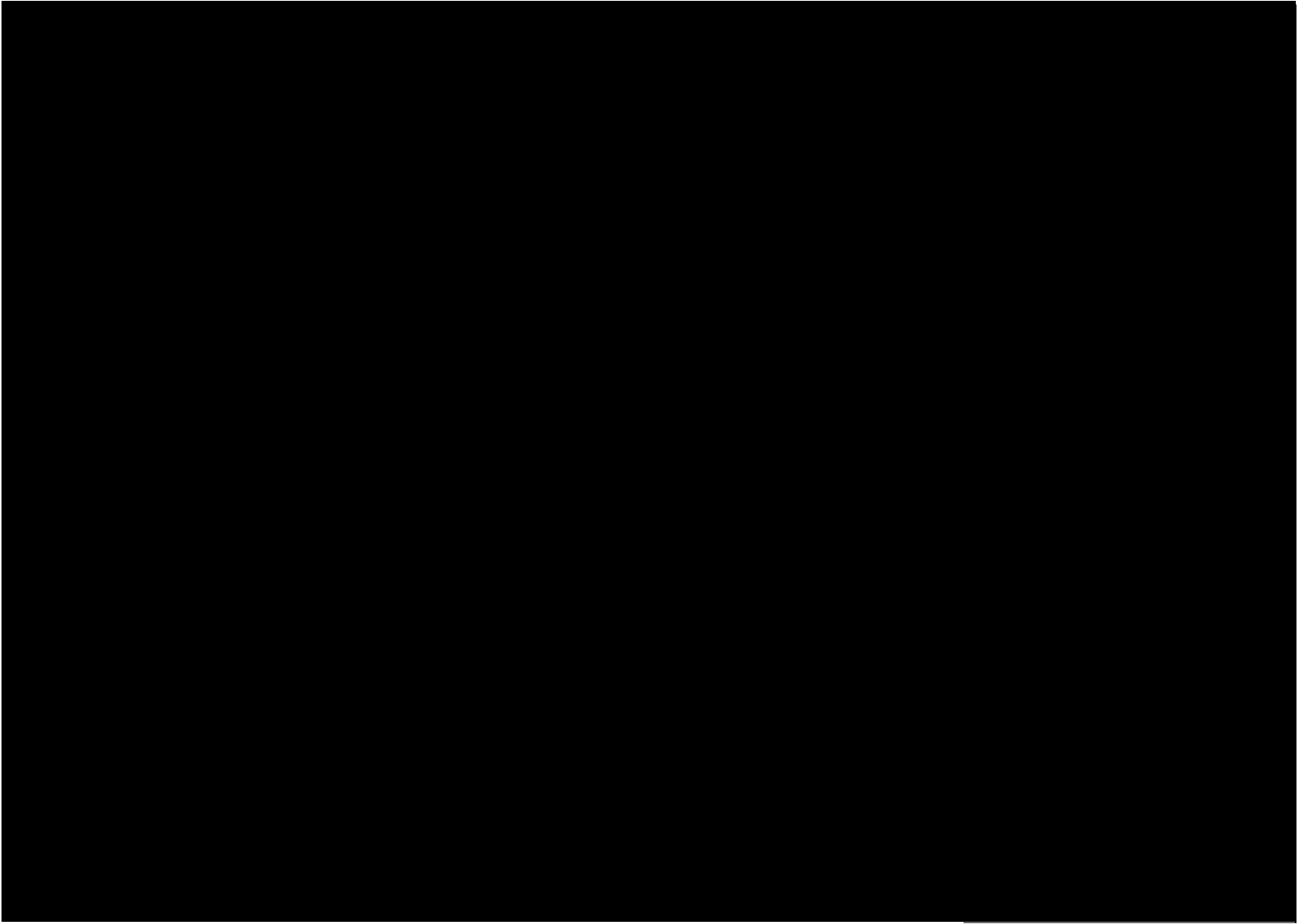


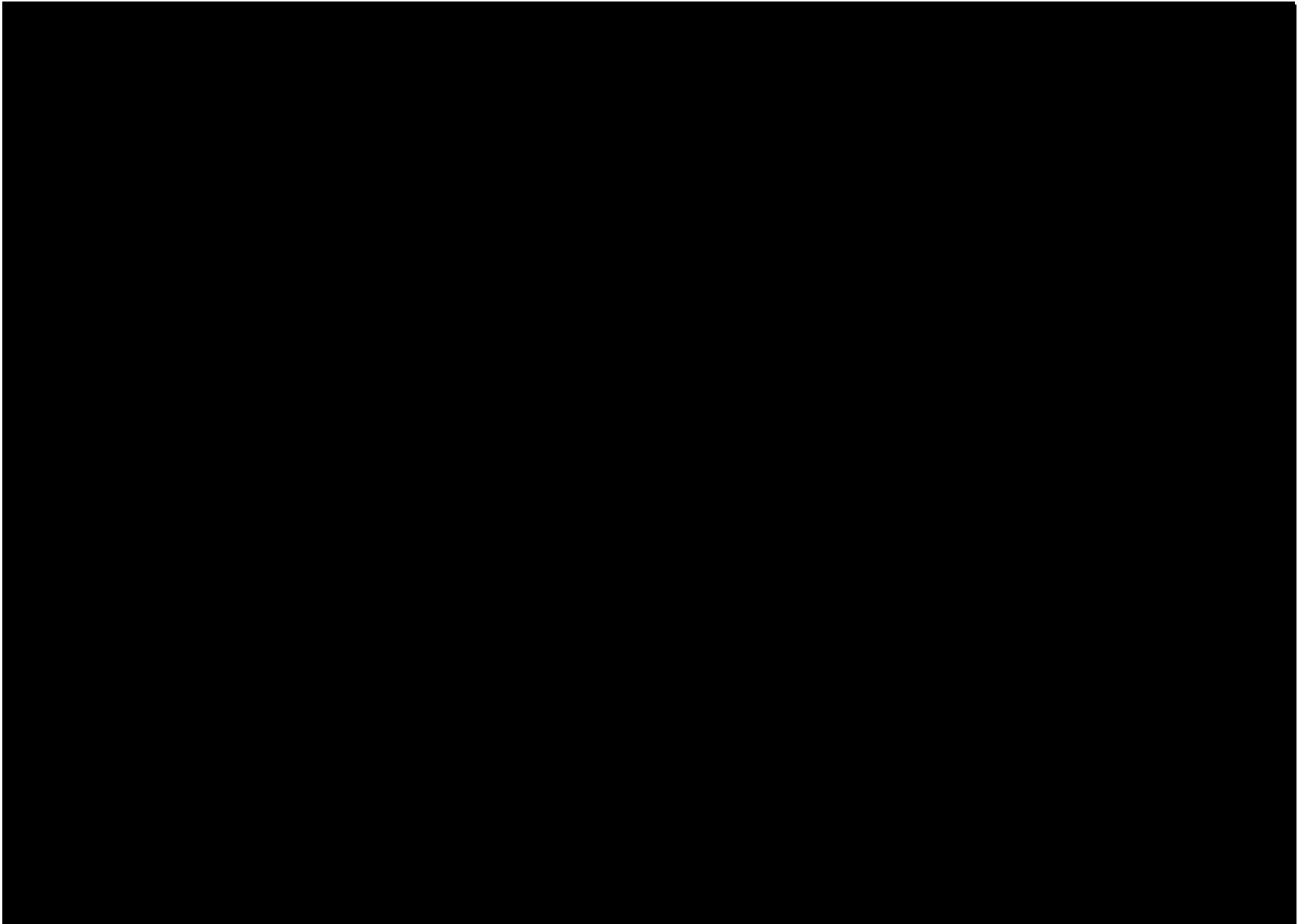


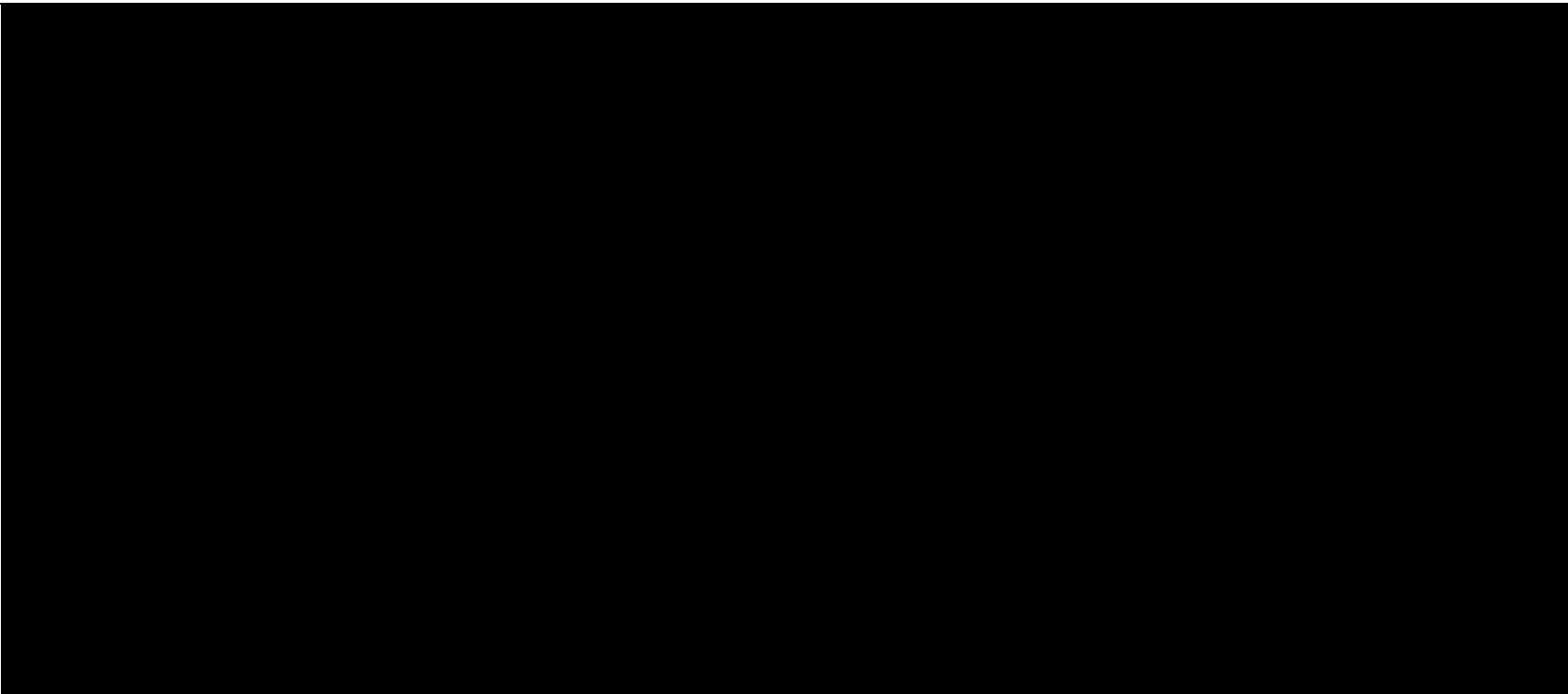
















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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 32**

**Wynn Social Sports Global
ATTACHMENT 32A/B: Audited Financial Statements**



Attachment 39

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State



Commercial Recordings Division

202 N. Carson Street

Carson City, NV 89701

Telephone (775) 684-5708

Fax (775) 684-7138

North Las Vegas City Hall

2250 Las Vegas Blvd North, Suite 400

North Las Vegas, NV 89030

Telephone (702) 486-2880

Fax (702) 486-2888

KIMBERLEY PERONDI

Deputy Secretary for

Commercial Recordings

**OFFICE OF THE
SECRETARY OF STATE**

Business Entity - Filing Acknowledgement

10/06/2020

Work Order Item Number: W2020100600123-865960
Filing Number: 20200961397
Filing Type: Articles of Incorporation-For-Profit
Filing Date/Time: 10/5/2020 12:33:00 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E9613982020-5

Entity Name: Wynn Social Sports Global

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

CAPITOL CORPORATE SERVICES, INC.

202 SOUTH MINNESOTA STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State

CERTIFICATE OF
ARTICLES OF INCORPORATION
OF
WYNN SOCIAL SPORTS GLOBAL

Pursuant to the provisions of Nevada Revised Statutes 78.390 and 78.403, the authorized signatory of Wynn Social Sports Global, a Nevada corporation, does hereby certify as follows:

ARTICLE I
NAME

The name of the corporation is Wynn Social Sports Global (the "Corporation").

ARTICLE II
REGISTERED OFFICE

The Corporation may, from time to time, in the manner provided by law, change the registered agent and registered office within the State of Nevada. The Corporation may also maintain an office or offices for the conduct of its business, either within or without the State of Nevada.

ARTICLE III
PURPOSE

The Corporation is formed for the purpose of engaging in any lawful activity for which corporations may be organized under the laws of the State of Nevada.

ARTICLE IV
CAPITAL STOCK

Section 1. Authorized Shares. The aggregate number of shares which the Corporation shall have the authority to issue shall consist of one hundred thousand (100,000) shares of common stock, par value \$0.01 per share.

Section 2. Assessment of Stock. The capital stock of the Corporation, after the amount of the subscription price has been fully paid in, shall not be assessable for any purpose, and no stock issued as fully paid shall ever be assessable or assessed. No stockholder of the Corporation is individually liable for the debts or liabilities of the Corporation.

ARTICLE V
DIRECTORS AND OFFICERS

Section 1. Board of Directors; Number of Directors. The members of the governing board of the Corporation are styled as directors. The board of directors of the Corporation shall be elected in such manner as shall be provided in the bylaws of the Corporation, as amended from time to time (the “Bylaws”). The board of directors shall consist of at least one (1) and not more than thirteen (13) individuals. The number of directors may be changed from time to time within this range in such manner as shall be provided in the Bylaws.

ARTICLE VI
INDEMNIFICATION; EXCULPATION

Section 1. Payment of Expenses. In addition to any other rights of indemnification permitted by the laws of the State of Nevada or as may be provided for by the Corporation in its bylaws or by agreement, the expenses of directors and officers incurred in defending a civil or criminal action, suit or proceeding, involving alleged acts or omissions of such director or officer in his or her capacity as a director or officer of the Corporation, must be paid, by the Corporation or through insurance purchased and maintained by the Corporation or through other financial arrangements made by the Corporation, as they are incurred and in advance of the final disposition of the action, suit or proceeding, upon receipt of an undertaking by or on behalf of the director or officer to repay the amount if it is ultimately determined by a court of competent jurisdiction that he or she is not entitled to be indemnified by the Corporation.

Section 2. Limitation on Liability. The liability of directors and officers of the Corporation shall be eliminated or limited to the fullest extent permitted by the Nevada Revised Statutes. If the Nevada Revised Statutes are amended to further eliminate or limit or authorize corporate action to further eliminate or limit the liability of directors or officers, the liability of directors and officers of the Corporation shall be eliminated or limited to the fullest extent permitted by the Nevada Revised Statutes, as so amended from time to time.

Section 3. Repeal and Conflicts. Any repeal or modification of Section 1 or Section 2 of this Article VI approved by the stockholders of the Corporation shall be prospective only, and shall not adversely affect any limitation on the liability of a director or officer of the Corporation existing as of the time of such repeal or modification. In the event of any conflict between Section 1 or Section 2 of this Article VI and any other Article of the Articles of Incorporation, the terms and provisions of Section 1 and/or Section 2 of this Article VI shall control.

ARTICLE VII
COMBINATIONS WITH INTERESTED STOCKHOLDERS

At such time, if any, as the Corporation becomes a “resident domestic corporation” (as that term is defined in Nevada Revised Statutes 78.427), the Corporation shall not be subject to, or governed by, any of the provisions in Nevada Revised Statutes 78.411 to 78.444, inclusive, as amended from time to time, or any successor statutes.

ARTICLE VIII
SPECIAL PROVISION REGARDING DISTRIBUTIONS

Notwithstanding anything to the contrary in these Articles of Incorporation or the Bylaws, the Corporation is hereby specifically allowed to make any distribution that otherwise would be prohibited by Nevada Revised Statutes 78.288(2)(b).

* * * *

IN WITNESS WHEREOF, the undersigned authorized signatory has executed this Certificate of Articles of Incorporation of Wynn Social Sports Global as of October 5, 2020.



Name: Sadok Kohen
Title: Authorized Signatory

[Signature Page to Certificate of Articles Of Incorporation]

SECRETARY OF STATE



DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Wynn Social Sports Global** did, on 10/05/2020, file in this office the original ARTICLES OF INCORPORATION-FOR-PROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate
Number: B202010061128123
You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/06/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Attachment 40A

ITEM 40. ORGANIZATIONAL CHART

A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.

Attachment 41

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

MASSACHUSETTS GAMING COMMISSION



BUSINESS ENTITY DISCLOSURE FORM

ENTITY: Wynn Social Sports US

BUSINESS ENTITY DISCLOSURE FORM

Wynn Social Sports US

NAME OF ENTITY*

(DO NOT ABBREVIATE)

Wynn Social Sports US

*Name as it appears on the certificate of incorporation, charter, by-laws or other official document.

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THIS APPLICATION

Jennifer Roberts	VP & General Counsel - WSI US, LLC		
Name	Title		
Jennifer.Roberts@Wynnbet.com	702-770-7592		
E-Mail Address	Telephone: (Area code)	Number	FAX Number

THE PRINCIPAL BUSINESS ADDRESS OF THE ENTITY

3131 Las Vegas Boulevard South	Las Vegas	Nevada	89109
Street Location (Number/Street)	City	State	Zip
United States	702-770-7000		
Country	Telephone: (Area Code)	Number	FAX Number
6600 Bermuda Rd	Las Vegas	Nevada	89119
Mailing address (if different)	City	State	Zip

Web Site (URL)

Check the appropriate box:

<input checked="" type="checkbox"/>	This form is being submitted as an initial application for a gaming license.
<input type="checkbox"/>	This form is being submitted as an application for the renewal of a gaming license. The current gaming facility license expires on: _____
<input type="checkbox"/>	The above named entity holds stock in _____, which is an applicant for an initial gaming license or renewal.
<input type="checkbox"/>	Other. Explain: _____

ITEM 1. FORMATION

A. Provide the date and place of formation.

Date: 10/8/2018

Place of formation: Nevada

B. Persons Forming the Entity

Use Attachment 1B to provide the following information for each incorporator of the corporation:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
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ITEM 2. OTHER NAMES AND ADDRESSES OF THE ENTITY

A. List all other names under which the entity has done business and give the approximate time periods during which these names were being used.

BetBull Social Games US: 10/8/2018 - 10/29/2020

B. Use Attachment 2B to provide the following information about all other addresses presently used by the entity and all addresses from which the entity is presently doing business.

NUMBER AND STREET	CITY	STATE	ZIP
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C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the entity held or from which it was conducting business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM	TO:

ITEM 3. DESCRIPTION OF PRESENT BUSINESS

Provide as Attachment 3 a description of the business done and intended to be done by the entity and its parent, holding, subsidiary and intermediary entities and the general development of such business during the past five years, or such shorter period as the entity or its parent, subsidiary and intermediary entities may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the entity, if known.
- B. The principal products produced and services rendered by the entity and its parent, intermediary and subsidiary entities, the principal markets for said products or services and the methods of distribution.
- C. The sources and availability of raw materials essential to the business of the entity.
- D. The importance to the business and the duration and effect of, all material patents, trademarks, licenses, franchises and concessions held.
- E. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the entity or its parent, intermediary or subsidiary entities; the nature and results of any other material reorganization, readjustment or succession of the entity or any of its subsidiaries; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

ITEM 4. DESCRIPTION OF FORMER BUSINESS

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the entity or any parent, intermediary or subsidiary company engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

ITEM 5. DIRECTORS AND TRUSTEES

Use Attachment 5 to provide the following information for each director and trustee of the corporation. (NOTE: Each director and trustee of the entity must complete a PHD-MA and PHD-MA-SUPP.)

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE CORPORATION	DATE OF BIRTH
		FROM:	TO:		

ITEM 6. FORMER DIRECTORS AND TRUSTEES

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director or trustee of the entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ITEM 7. OFFICERS

Use Attachment 7 to provide the following information for each officer of the entity. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers as may be prescribed by the entity’s governing documents. (NOTE: A PHD-MA and PHD-MA-SUPP must be completed by every person noted below. In addition, the Commission may, in its discretion, order additional persons associated with the entity to file such a form if it appears that such persons should be qualified in order to effectuate the purposes of Chapter 23K.)

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8. FORMER OFFICERS

Use Attachment 8 to provide the following information for each person, not listed in response to item 7, who was an officer of the entity during the last ten year period. Officers include all persons serving as president, secretary, treasurer, chairman of the board, vice-president or any such other offices as may be prescribed by the entity’s governing documents.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9. COMPENSATION OF OFFICERS AND DIRECTORS

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, trustee and officer of the entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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ITEM 10. COMPENSATION OVER \$250,000

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$250,000 per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE ENTITY	AMOUNT OF COMPENSATION
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ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

ITEM 12. STOCK/OWNERSHIP DESCRIPTION

Describe the nature, type, number of authorized and issued shares, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock issued, or to be issued, or other similar indicia of ownership by the entity including the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding (i.e., not held by or on behalf of the issuer) or other similar information applicable to other indicia of ownership as of this date.

If the rights of holders of any class of stock or other indicia of ownership may be modified otherwise than by a vote of a majority or more of the outstanding shares so affected, voting as a class, so state and explain briefly.



ITEM 13. VOTING OWNERS

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting stock or other indicia of ownership issued by the entity. This information must be provided as of a date no more than 60 days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING RIGHTS HELD
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ITEM 14. NON-VOTING OWNERS

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting indicia of ownership issued by the entity. This information must be provided as of a date no more than sixty (60) days prior to the date of this application. (NOTE: If the entity submitting this form is an applicant for a gaming license, or is a non-public holding or intermediary entity of such an applicant, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirements as to such person or entity. If the entity submitting this form is a publicly traded holding company of an applicant for a gaming license, then a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be, must be filed for each person or entity holding or having a beneficial interest in the non-voting ownership of the entity unless the Commission has granted a waiver of the qualification requirement as to such persons or entity.)

NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF NON-VOTING OWNERSHIP INTERESTS HELD	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OUTSTANDING NON-VOTING RIGHTS HELD
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ITEM 15. DESCRIPTION OF LONG TERM DEBT

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by owners), or to be issued or executed, by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 16. HOLDERS OF LONG TERM DEBT

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (NOTE: Some or all of the persons or entities listed below may be required by either the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA or PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the entity other than those described in response to Items 15 and 16 (OR, in the space below provide a specific cross-reference to the

applicable document(s) filed with this application that contain(s) all of the requested information.)



ITEM 18. HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17. (NOTE: Some or all of the persons listed in response to this item may be required by the Commission or Investigations and Enforcement Bureau to submit a completed PHD-MA and PHD-MA-SUPP or Business Entity Disclosure Form, as the case may be.)

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 19. SECURITIES OPTIONS

- A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to securities issued by the entity which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire (OR include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) (NOTE: For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities or other form of ownership issued by the entity.)
- B. Use Attachment 19B to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	OPTIONS HELD	MARKET VALUE AT ISSUANCE
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ITEM 20. FINANCIAL INSTITUTIONS

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 21. CONTRACTS AND SUPPLIERS

Use Attachment 21 to provide the following information with respect to all persons with whom the entity has contracts or agreements of \$250,000 or more in value or from whom the entity has received \$250,000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

ITEM 22. OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY

Use Attachment 22 to provide the following information about each entity in which the entity holds stock:

NAME AND ADDRESS OF ENTITY	TYPE OF OWNERSHIP HELD	PURCHASE PRICE PER INTEREST	NUMBER OF OWNERSHIP INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%
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ITEM 23. INSIDER TRANSACTIONS

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the equity of the entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of any class of interest in the entity or who is or was within that

period a director or officer of the entity. [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.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF OWNERSHIP INTERESTS INVOLVED
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ITEM 24. CRIMINAL HISTORY

The next question asks about any charges or offenses the entity or any of its directors, trustees or officers 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 question:

- A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- B. “Offense” includes all felonies, crimes, high misdemeanors, disorderly persons offenses, and petty disorderly offenses.

INSTRUCTIONS:

- 1. Answer “yes” and provide all information to the best of your ability EVEN IF:
 - A. The entity, its directors, trustees, or officers did not commit the offense charged;
 - B. The charges were dismissed;
 - C. The entity, its directors, trustees, or officers were not convicted; or
 - D. The charges or offenses happened a long time ago.
- 2. Answer “no” IF:
 - A. The records relating to the charges have been expunged or sealed by court order; **AND**
 - B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the entity or any of its subsidiaries, directors, trustees or officers ever been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this commonwealth or any other jurisdiction?

_____ [REDACTED]

If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the entity, any of its subsidiaries, directors, trustees or officers 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?

_____ [REDACTED]

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

Has the entity, or any of its subsidiaries, directors, trustees or officers ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.)?

_____ [REDACTED]

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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ITEM 27. EXISTING LITIGATION

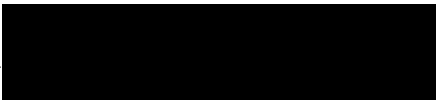
Provide as Attachment 27 a description of all existing civil litigation to which the entity, its parent or any subsidiary is presently a party whether in this commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involve claims against the entity which are fully and completely covered under an insurance policy held by the entity 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.

ITEM 28. ANTITRUST, TRADE REGULATION & SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the entity 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?

— 

B. In the past ten years, has the entity 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?

— 

If yes to either question, use Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

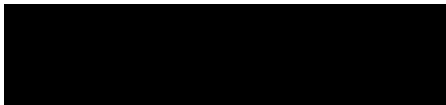
DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

A. Has the entity, its parent or any intermediary entities 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 year period?

— 

B. Has the entity, its parent or any intermediary company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?

— 

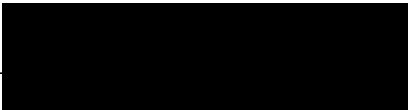
If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

(Cont.)

- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the entity or its parent, holding, intermediary or subsidiary entities?

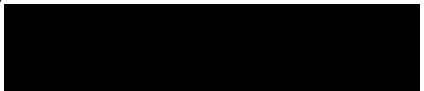
— 

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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ITEM 30. LICENSES

- A. During the last ten year period, has the entity, its parent or any subsidiary ever had any license or certificate issued by a government agency in this commonwealth or any other jurisdiction, denied, suspended or

— 

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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B. Has the entity, its parent or any subsidiary ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?



If yes, use Attachment 30B to provide the following information about each license, permit or other authorization applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
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ITEM 31. CONTRIBUTIONS AND DISBURSEMENTS OF ENTITY

- A. During the last ten year period, has the entity, its parent or any subsidiary, director, officer, or employee or any third party acting for or on behalf of the entity made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?
— [REDACTED]
- B. During the last ten year period, has the entity, its parent or any subsidiary, director, officer or employee or any third party acting for or on behalf of the entity 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?
— [REDACTED]
- C. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?
— [REDACTED]
- D. During the last ten year period, has the entity, its parent company, any subsidiary or related entity or individual 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?
— [REDACTED]
- E. During the last ten year period, did the entity, its parent or any subsidiary, make any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?
— [REDACTED]

F. During the last ten year period, has the entity, its parent or any subsidiary maintained any bank account, domestic or foreign, not reflected on the entity's books or records?

—

G. During the last ten year period, has the entity, its parent or any subsidiary maintained any numbered account or any account in the name of a nominee for the entity?

—

H. List the names and addresses of any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions affirmatively answered under this item.

ITEM 32. FINANCIAL STATEMENTS

- A. Provide as Attachment 32A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with Regulation S-X under the Securities Act of 1933, the Securities Exchange Act of 1934, the Public Utility Holding Company Act of 1935, and the Investment Company Act of 1940.
- B. Provide as Attachment 32B copies of all financial statements prepared in the last five years with respect to the entity and any exceptions taken to such statements by the independent auditor retained by the entity, and the management response thereto.

ITEM 33. ANNUAL REPORTS

- A. Provide as Attachment 33A a copy of all annual reports of the entity that were submitted to shareholders or other persons during the last five years.
- B. In addition to the information required in Item 33A, an entity that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 is to submit a copy of all annual reports prepared on Form 10K pursuant to Sections 13 or 15(d) of the Securities Exchange Act of 1934 and filed within the last five years. Identify these as Attachment 33B.

ITEM 34. QUARTERLY REPORTS

Provide as Attachment 34 a copy of the last quarterly unaudited financial statements prepared by or for the entity. If the entity is a registrant with the Securities Exchange Commission (SEC), a copy of the Form 10Q last filed with the SEC may be provided in response to this item.

ITEM 35. INTERIM REPORTS

Provide as Attachment 35 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, changes in the entity's certifying accountant or other material events. If the entity is a registrant with the SEC, a copy of the most recent Form 8K filed with the SEC may be provided in response to this item.

ITEM 36. PROXY AND INFORMATION STATEMENT

Provide as Attachment 36 a copy of the last definitive Proxy or Information Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

ITEM 37. REGISTRATION STATEMENT

Provide as Attachment 37 a copy of all Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

ITEM 38. REPORTS OF ACCOUNTANTS

Provide as Attachment 38 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

ITEM 40. ORGANIZATIONAL CHART

- A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.
- B. Provide as Attachment 40B a functional table of organization for the entity filing this Business Entity Disclosure Form including position descriptions and the names of persons holding such positions.

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Persons Forming the Entity	
2B	Other names and addresses of the entity (Presently used)	
2C	Other names and addresses of the entity (Past 10 years)	
3*	Description of business done and intended to be done	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors and trustees	
6	Former directors and trustees	
7	Officers	
8	Former officers	
9	Compensation of officers and directors	
10	Compensation over \$250,000	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting owners	
14	Non-voting owners	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options - description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Other ownership interests held by the entity	
23	Insider transactions	

ITEM 42 BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24*	Expungement or sealing orders	
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
32A*	Audited financial statement for the last fiscal year	
32B*	Financial statements for the last five years	
33A*	Annual reports for the last five years	
33B*	Annual reports prepared on the SEC's form 10K for the last five years	
34*	A copy of the last quarterly unaudited financial statement	
35*	Copy(ies) of any interim reports	
36*	A copy of the last definitive Proxy or information statement (SEC)	
37*	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933	
38*	Copies of all other reports prepared in the last five years by independent auditors of the entity	
39*	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments	
40A*	Current ownership table of organization	
40B*	Functional table of organization for entity filing this form, job descriptions and names of employees	
41*	Copies of 1120 forms and 941 forms filed with the IRS in the last five years	

ITEM 43. AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Commission, *205 C.M.R. 111.02(2)*, this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself or herself date the signature of the affiant and indicate the basis of his or her authority to take oaths and affirmations.

The documents on pages 22 through 25 are to be signed in accordance with these regulations. The documents are:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND
SEIZURES

WAIVER OF LIABILITY

The President or any officer of the entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or any officer of the entity authorized to affirm and sign the documents.

AFFIDAVIT

STATE OF Nevada _____ :

SS:

COUNTY OF Clark _____ :

I, [REDACTED] _____, the [REDACTED] _____ of
(Name) (TITLE/POSITION)

the entity identified below, being duly sworn according to law, on my oath, depose and say that I make this statement on behalf of the entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

Wynn Social Sports US

NAME OF ENTITY

By [REDACTED]

[REDACTED]
Title

Date

Accountant Preparing Form, if any

Date

Attorney Preparing Form, if any

On this 14th day of November 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification which was passport, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

[Signature]

Notary Public
My Commission Expires: 11/19/22



RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of Wynn Social Sports US,
(NAME OF ENTITY)

I, [REDACTED] have
(NAME OF PRESIDENT OR OFFICER)

authorized the Massachusetts Gaming Commission, its Investigations and Enforcement Bureau and its agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the Massachusetts Gaming Commission and its Investigations and Enforcement Bureau provided that he or she certifies to you that said entity has an application pending before the Massachusetts Gaming Commission or that said entity is presently a licensee or registrant required to be qualified under the provisions of Chapter 23K of the laws of the Commonwealth of Massachusetts.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATE

[REDACTED]

On this 14th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires: 11/19/22



CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of Wynn Social Sports US

(NAME OF ENTITY)

I, [REDACTED], hereby consent to all inspections, searches and

(NAME OF PRESIDENT OR OFFICER)

seizures and the supplying of handwriting exemplars as authorized by Chapter 23K of the laws of the Commonwealth of Massachusetts and by the rules and regulations of the Massachusetts Gaming Commission.

The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the Commonwealth of Massachusetts not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

DATE

On this 19th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was [REDACTED], to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Notary Public
My Commission Expires: 11/19/22



WAIVER OF LIABILITY

On behalf of Wynn Social Sports US
(NAME OF ENTITY)

I, [REDACTED]
(NAME OF PRESIDENT OR OFFICER)

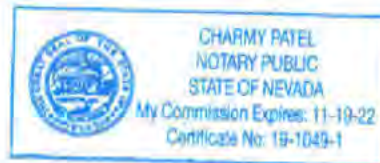
hereby waive liability as to the Commonwealth of Massachusetts and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

DATE

SIGNATURE

On this 14th day of Nov 2022, before me, the undersigned notary public, personally appeared [REDACTED] (name of document signer), proved to me through satisfactory evidence of identification, which was passport, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

[Signature]
Notary Public
My Commission Expires: 11/19/22





**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES
(SPORTS WAGERING OPERATORS)**

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each qualifying entity submit this Certification.

I, as the duly authorized representative of the Applicant or qualifying entity, do hereby certify that after inquiry and to the best of my knowledge and belief, that: [Check all boxes that apply.]

The Applicant or qualifying entity has filed all U.S. Federal and State tax returns required during the 5 years preceding the application; AND

The Applicant or the qualifying entity has not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and is not in default;

OR

The Applicant or qualifying entity is not required to file U.S. Federal tax returns because [please explain reason(s), for example, taxes are filed in a non-U.S. jurisdiction]. Please provide specifics below:

Signature of Authorized Certifying Official

11-15-22

Date

Printed Name and Title

Wynn Social Sports US

Name of the Applicant



SPORTS WAGERING OPERATOR CERTIFICATION REGARDING SUITABILITY OF APPLICANT AND QUALIFIER

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Authorized Certifying Official: _____ Date: 11-15-22

Printed Name and Title: _____

Name of Applicant for Operator License: WSI US, LLC

Section 2 FOR EACH QUALIFIER:

I understand that the Massachusetts Gaming Commission may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.

Signature of Individual Qualifier: _____ Date: 11-15-22

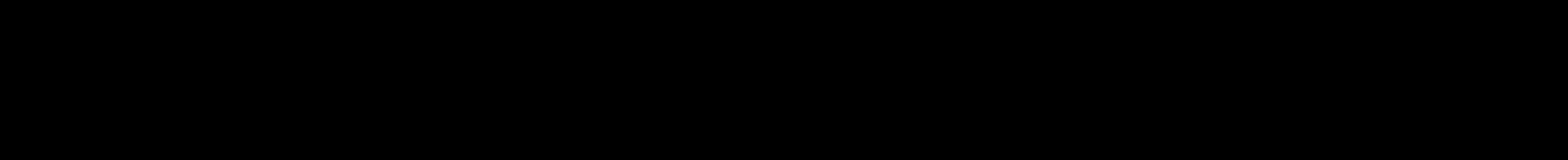
Printed Name and Title: _____

Name of Applicant for Operator License: Wynn Social Sports US(Entity Qualifier)

ATTACHMENT 1B PERSONS FORMING THE ENTITY

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
Lori Argall	5441 Kietzke Lane, Second Floor Reno, NV 89511	Paralegal	

ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE ENTITY (Presently Used)

NUMBER AND STREET	CITY	STATE	ZIP
			

ATTACHMENT 2C OTHER NAMES AND ADDRESSES OF THE ENTITY (Past 10 years)

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM:	TO:



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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 3**

Wynn Social Sports US
ATTACHMENT 3: Description of Business



ATTACHMENT 5 DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE ENTITY	DATE OF BIRTH
		FROM:	TO:		
Ellen Fae Whittemore [REDACTED]	3131 Las Vegas Boulevard South, Las Vegas, Nevada, 89109	10/8/2018	Present	Director	[REDACTED]
Craig Scott Billings [REDACTED]	3131 Las Vegas Boulevard South, Las Vegas, Nevada, 89109	10/8/2018	Present	Chairman, CEO, & Treasurer	[REDACTED]
Sadok Kohen [REDACTED]	6600 Bermuda Rd Las Vegas, Nevada, 89119	10/8/2018	Present	President, Director	[REDACTED]

ATTACHMENT 6 FORMER DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES DIRECTORSHIP OR TRUSTEESHIP HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		
Matt Maddox [REDACTED]	Director / Chairman of the Board - 3131 Las Vegas Boulevard South, Las Vegas, Nevada 89109	10/08/18	6/28/2022	[REDACTED]	[REDACTED]
Norbert Franz Teufelberger [REDACTED]	Director - 3131 Las Vegas Boulevard South, Las Vegas, Nevada 89109	10/08/18	5/11/2022	[REDACTED]	[REDACTED]

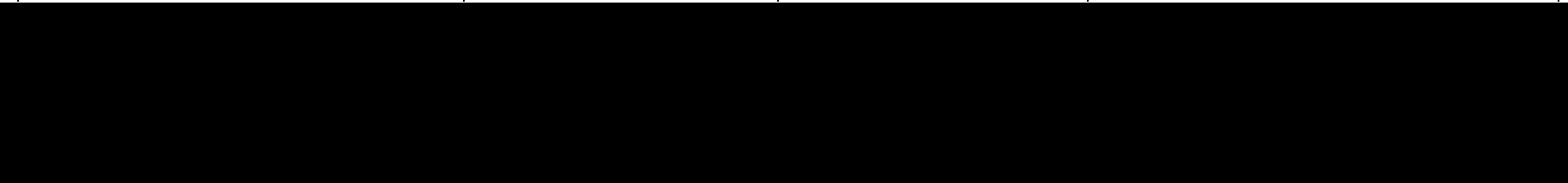
ATTACHMENT 7 OFFICERS

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
[REDACTED]	CEO	10/8/2018	Present	3131 Las Vegas Boulevard South, Las Vegas, Nevada, 89109	[REDACTED]
[REDACTED]	Treasurer	1/3/2022	Present		[REDACTED]
[REDACTED]	Secretary	10/8/2018	Present	6600 Bermuda Rd Las Vegas, Nevada, 89119	[REDACTED]

ATTACHMENT 8 FORMER OFFICERS

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		
Alp Guler [REDACTED]	Secretary	10/8/2018	10/29/2020	CFO at Disperse / 64 Great Eastern Street, London, EC2A 3QR, UK	[REDACTED]
	Chief Financial Officer	10/8/2018	01/03/2022		

ATTACHMENT 9 COMPENSATION OF OFFICERS AND DIRECTORS

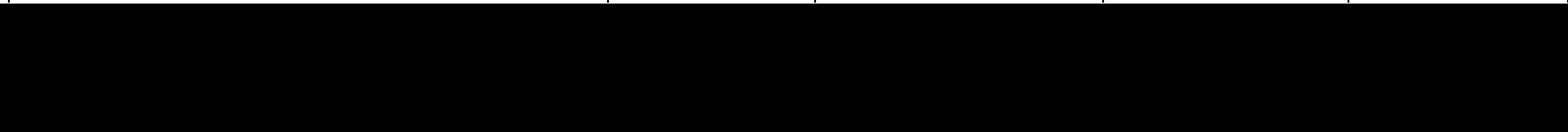
NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
			

Attachment 12

Wynn Social Sports US – *Non-Publicly Held Company*



ATTACHMENT 13 VOTING OWNERS

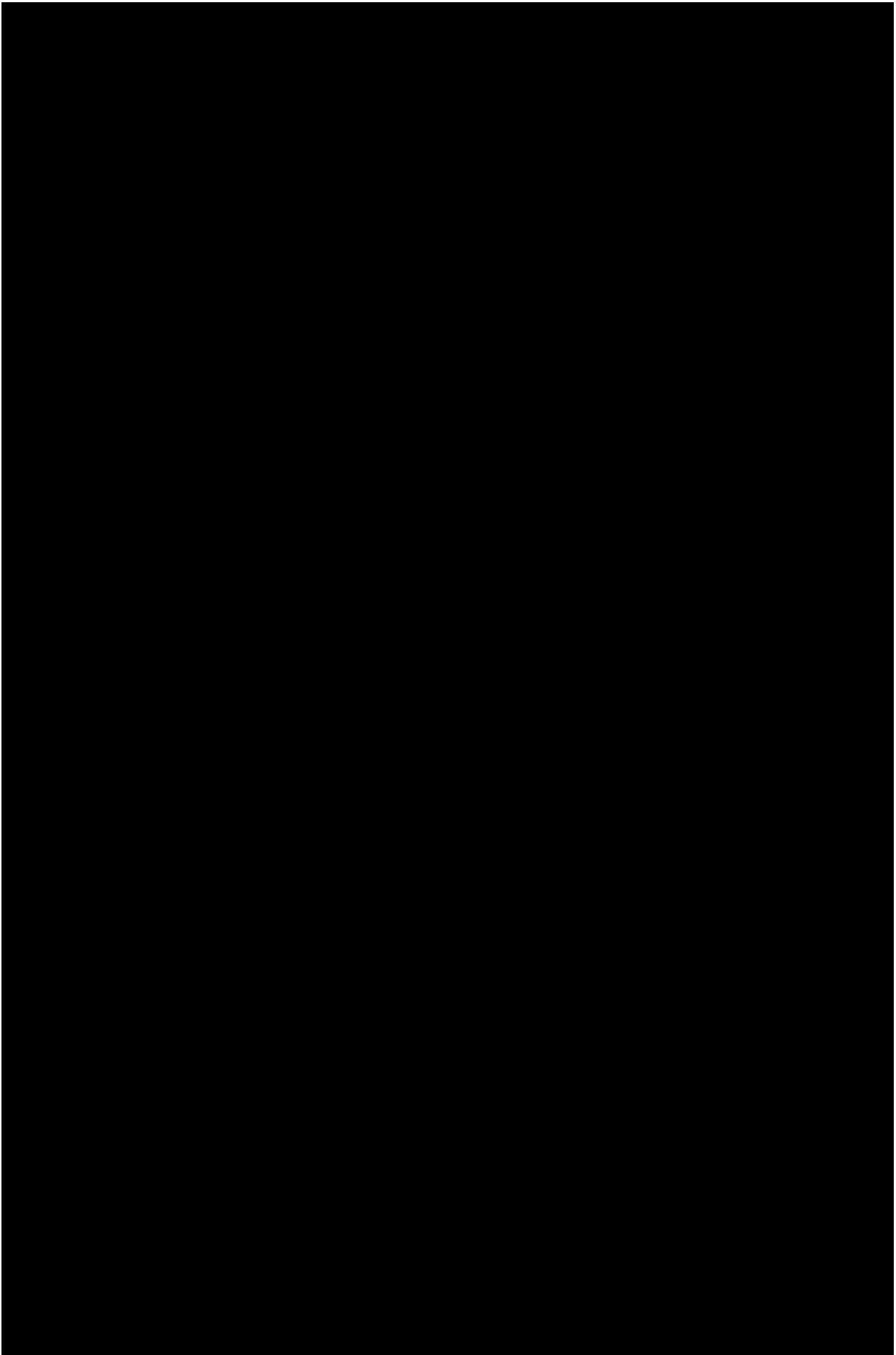
NAME AND HOME ADDRESS	DATE OF BIRTH	CLASS OF VOTING OWNERSHIP HELD	NUMBER OF SHARES HELD	% OF OUTSTANDING VOTING STOCK HELD
				

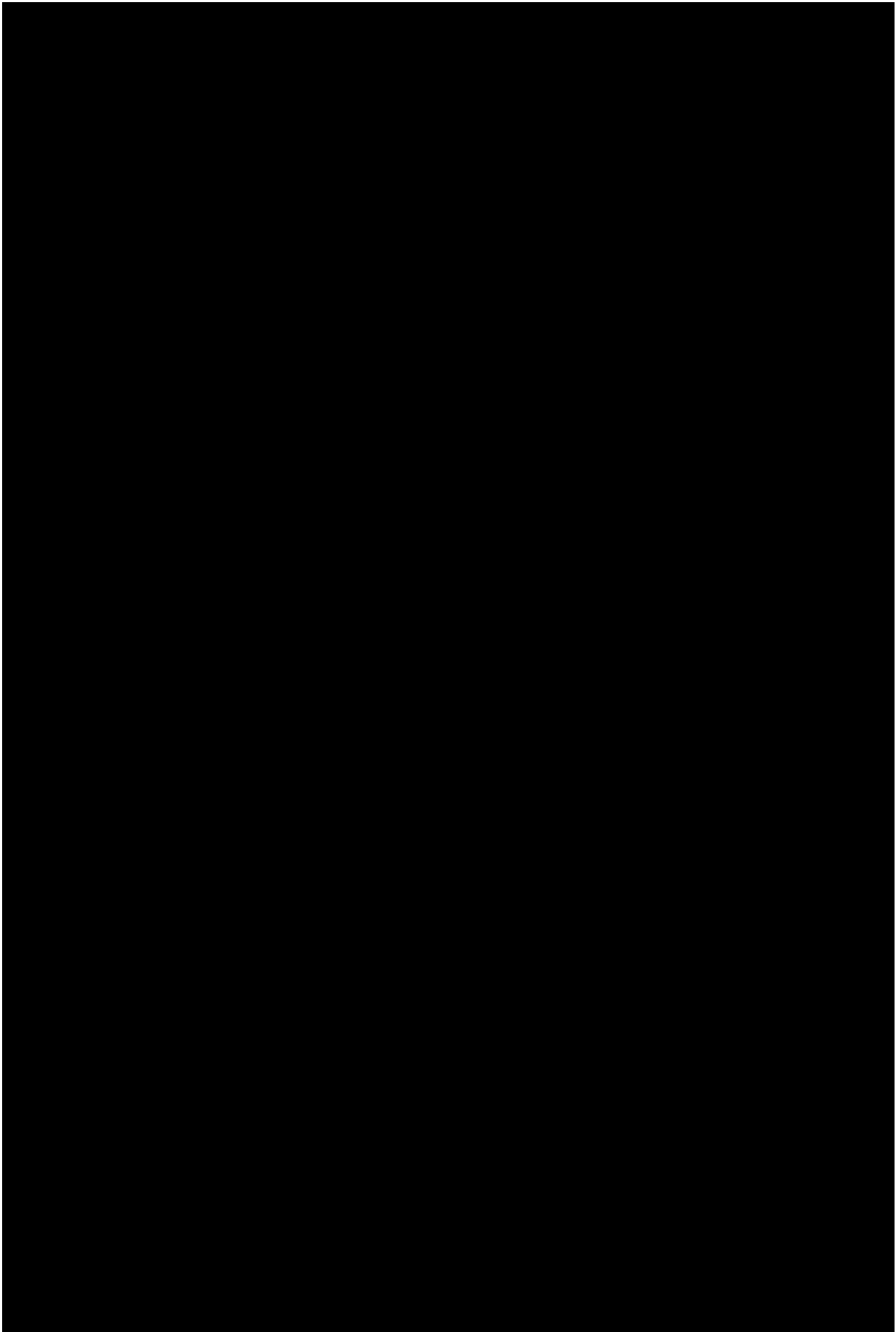
ATTACHMENT 20 FINANCIAL INSTITUTIONS

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:
Please refer to separate Attachment 20				



ATTACHMENT 20 FINANCIAL INSTITUTIONS





ATTACHMENT 22 **OTHER OWNERSHIP INTERESTS HELD BY THE ENTITY**

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD	PURCHASE PRICE PER INTEREST	NUMBER OF INTERESTS HELD	% OF OWNERSHIP IF MORE THAN 5%

ATTACHMENT 24A CRIMINAL HISTORY

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

ATTACHMENT 25

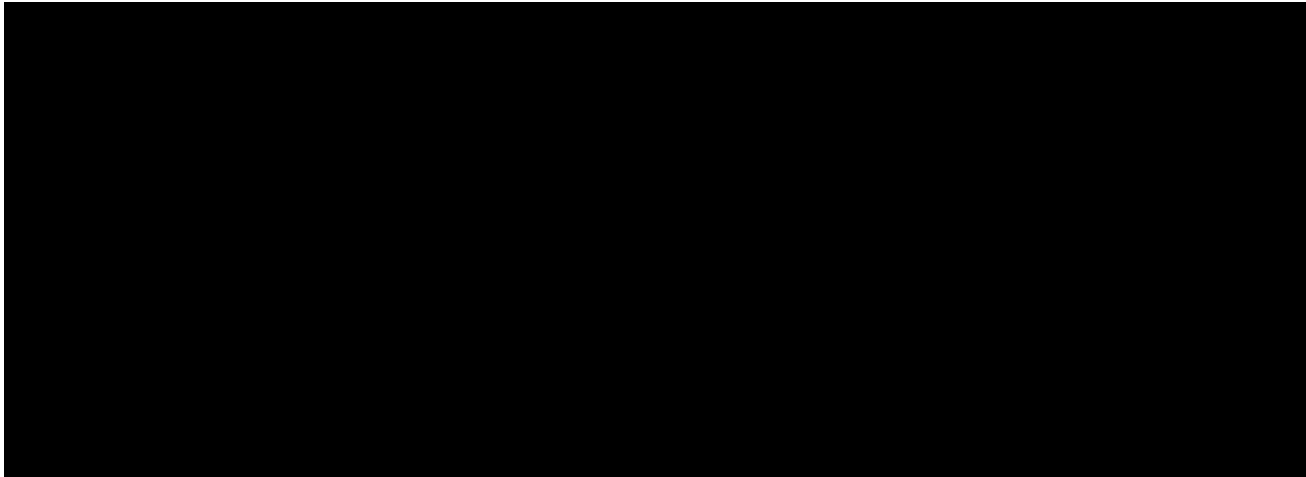
TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION



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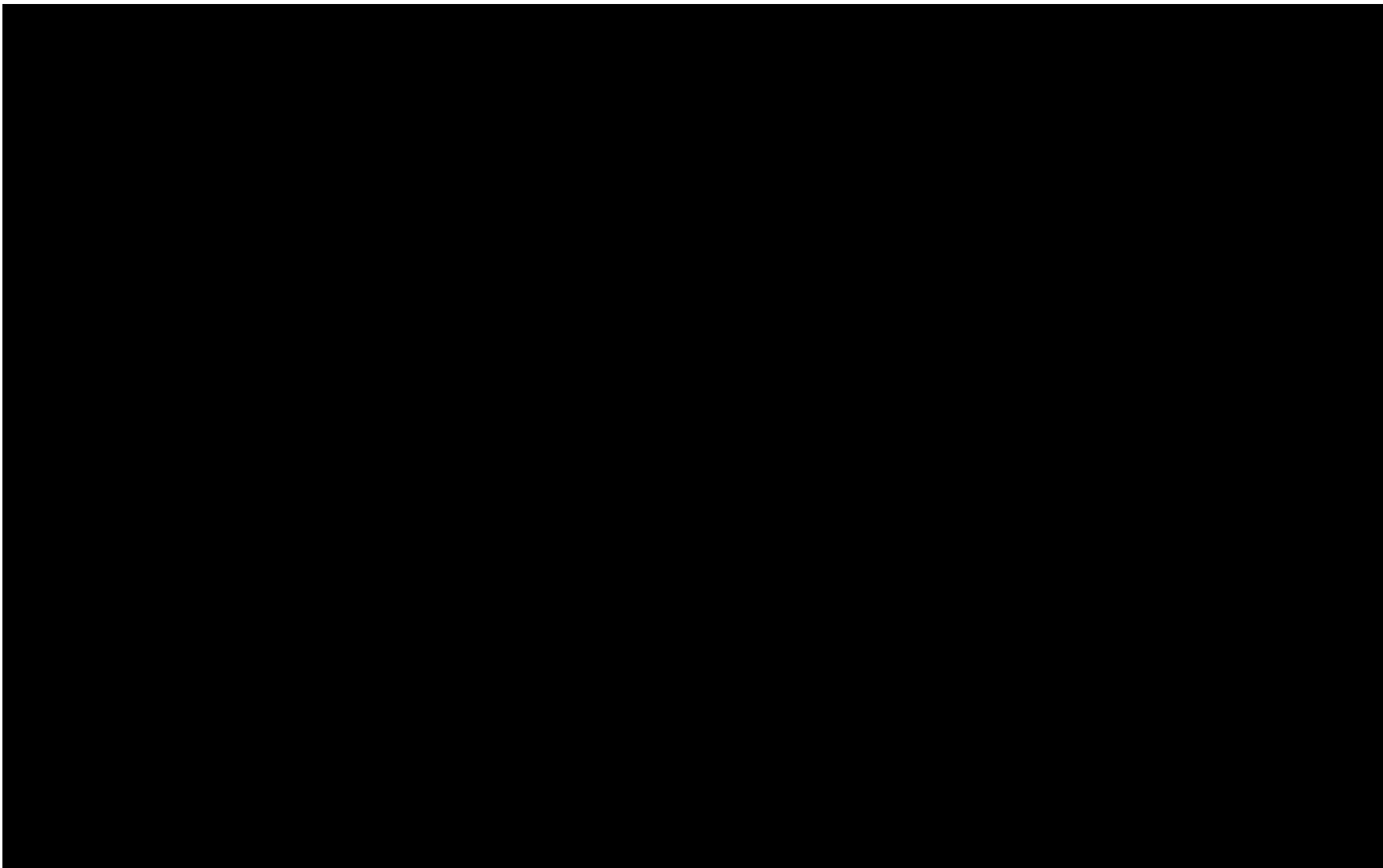
ATTACHMENT 27 - EXISTING LITIGATION

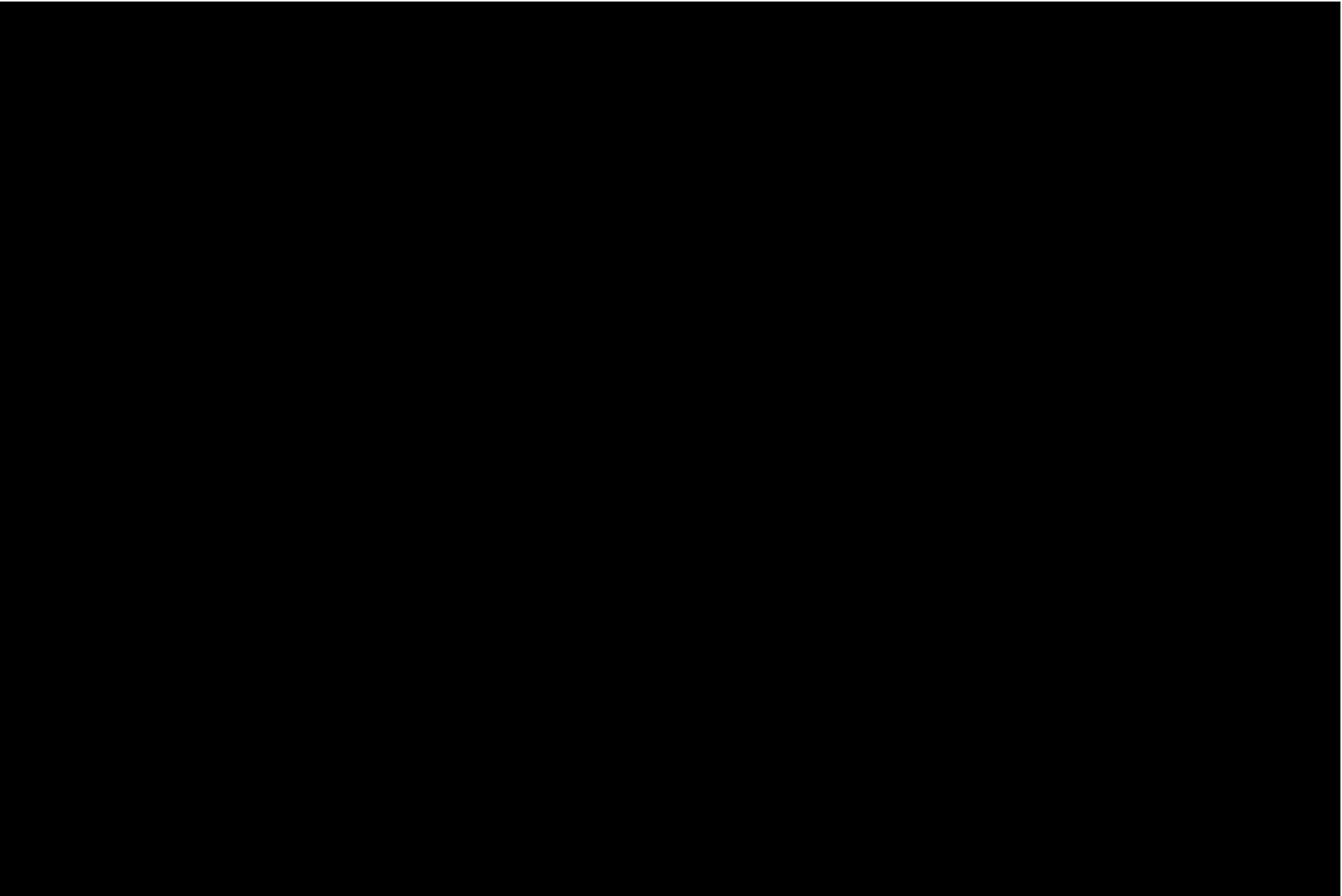


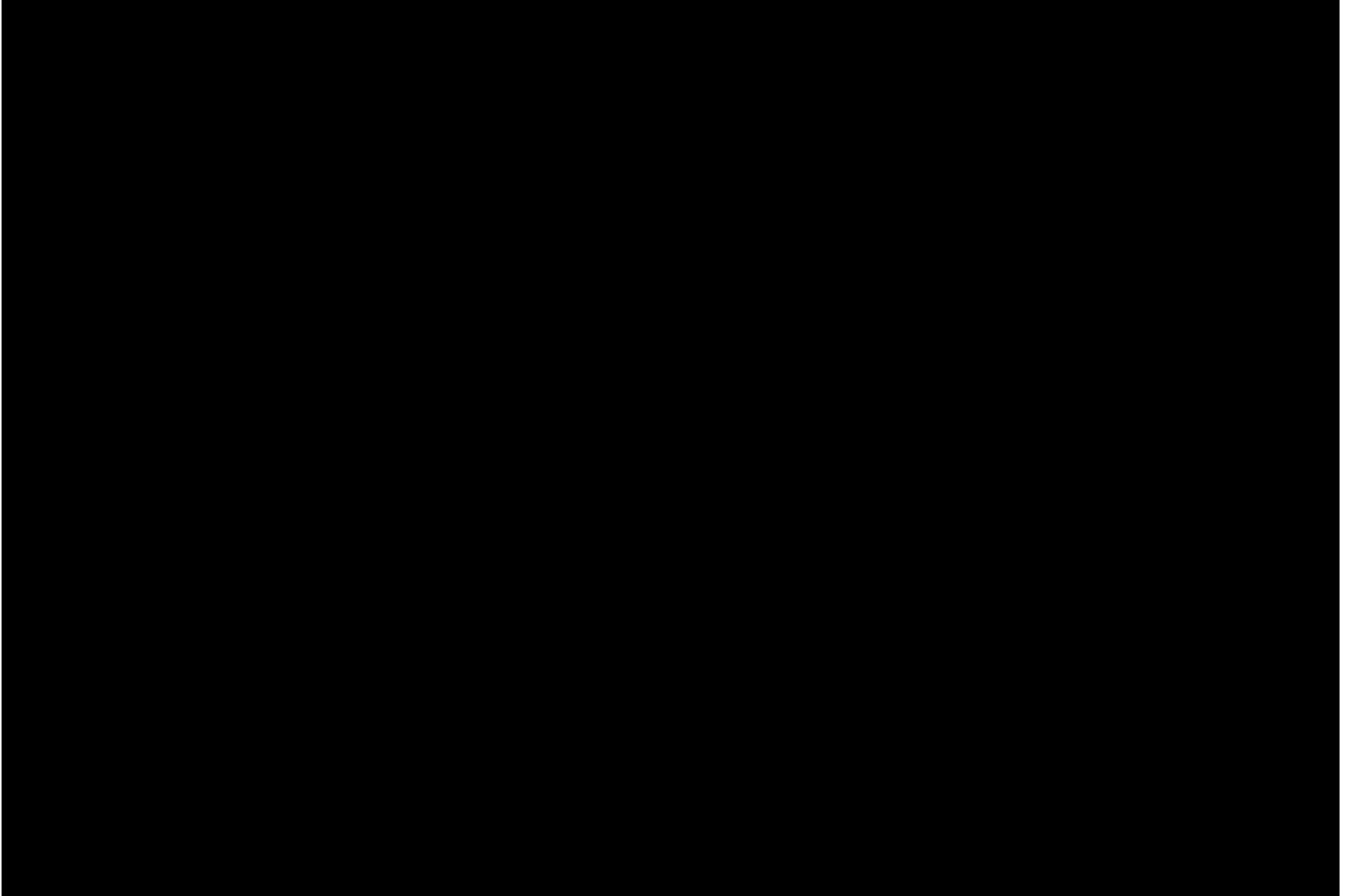
ATTACHMENT 30B LICENSES (Other gambling)

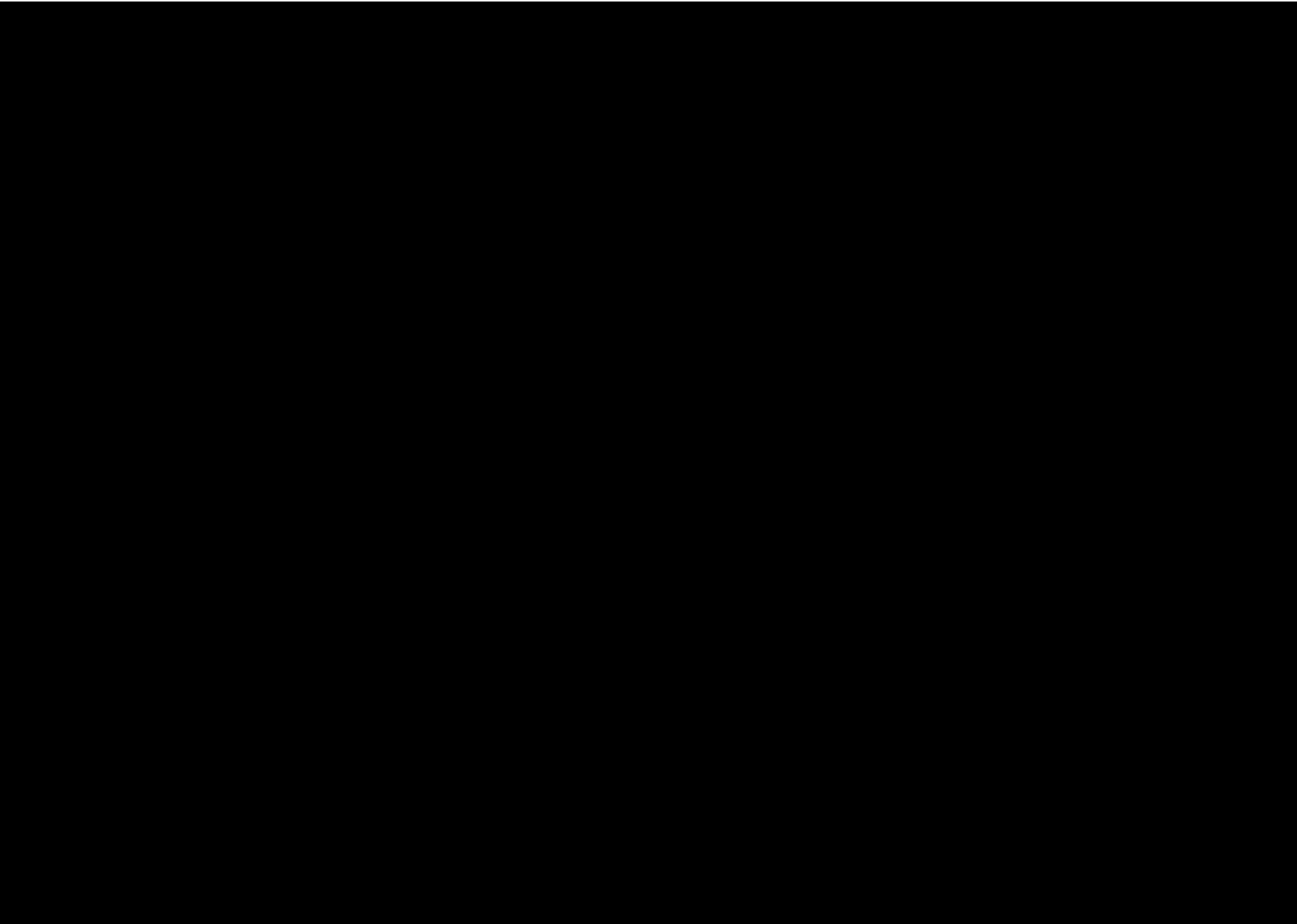
NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE
Please refer to separate Attachment 30B				

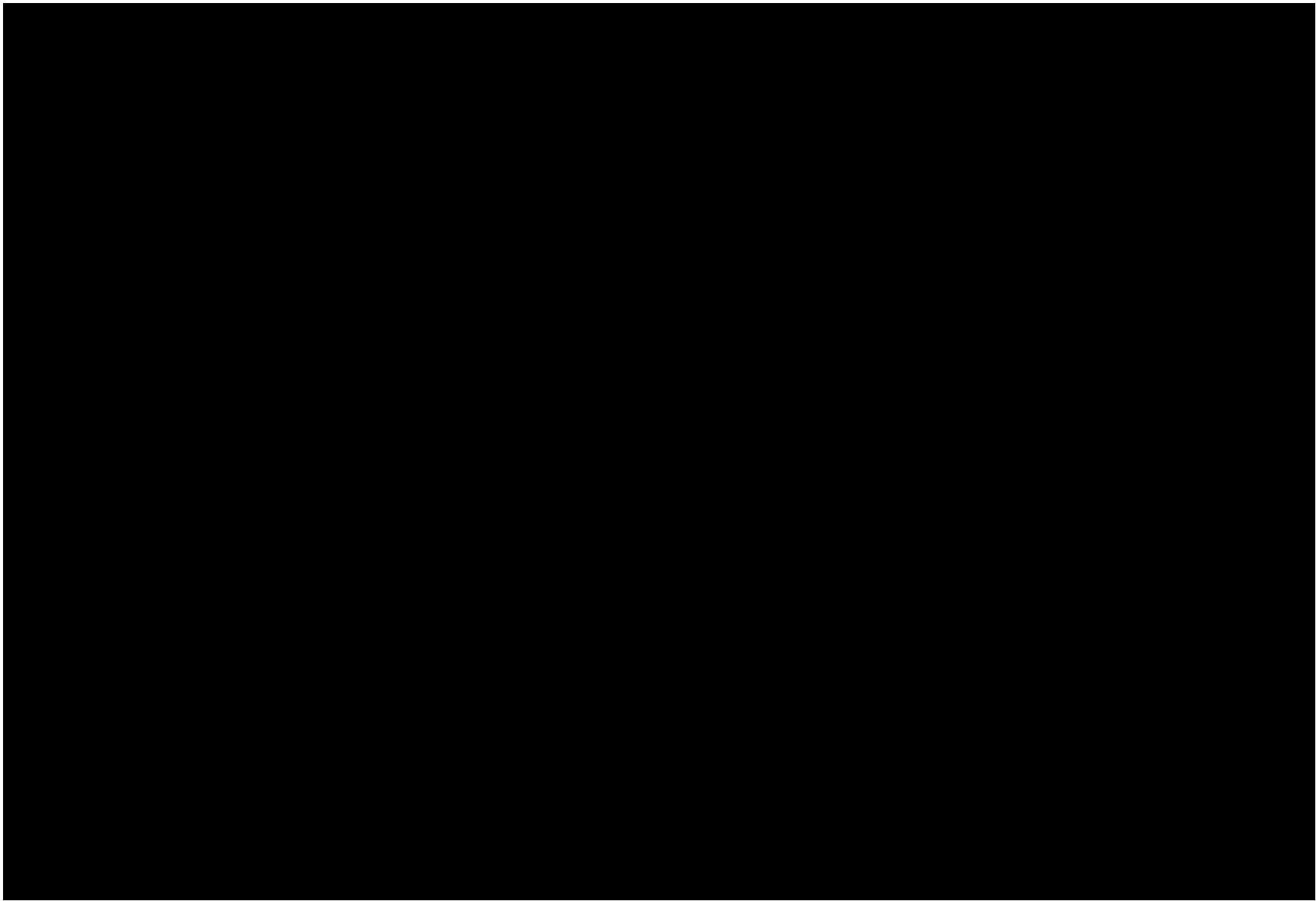
ATTACHMENT 30B

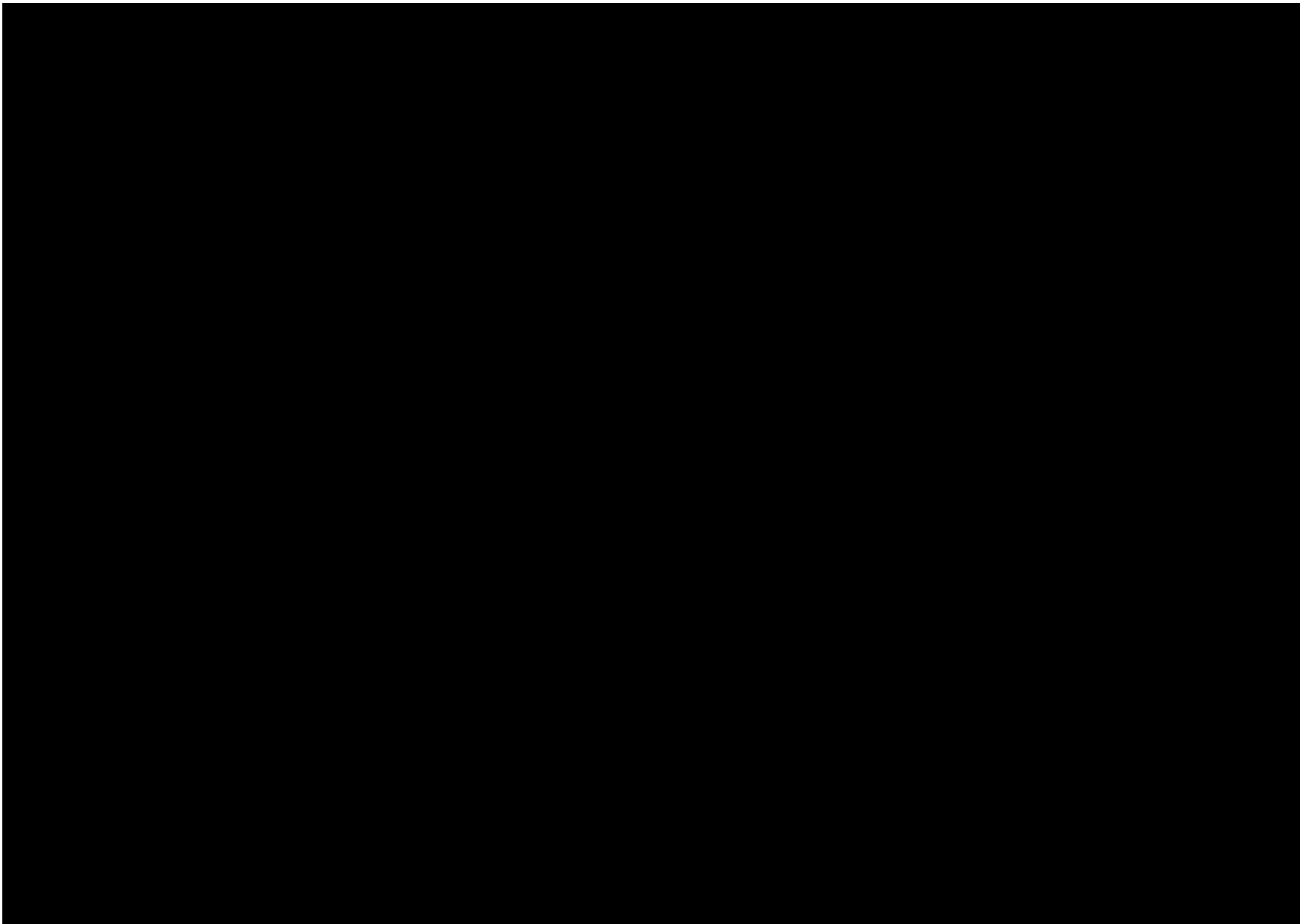


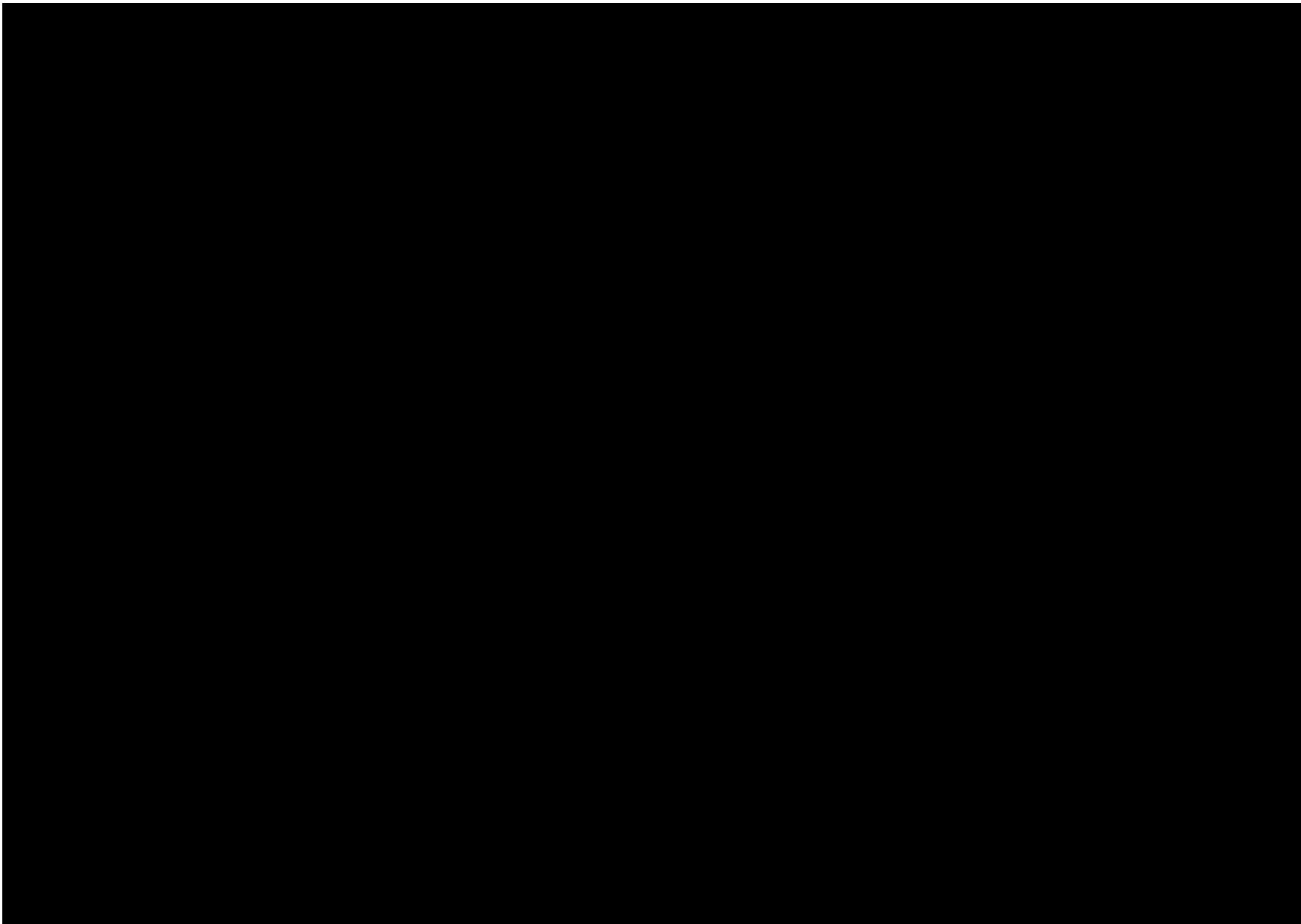


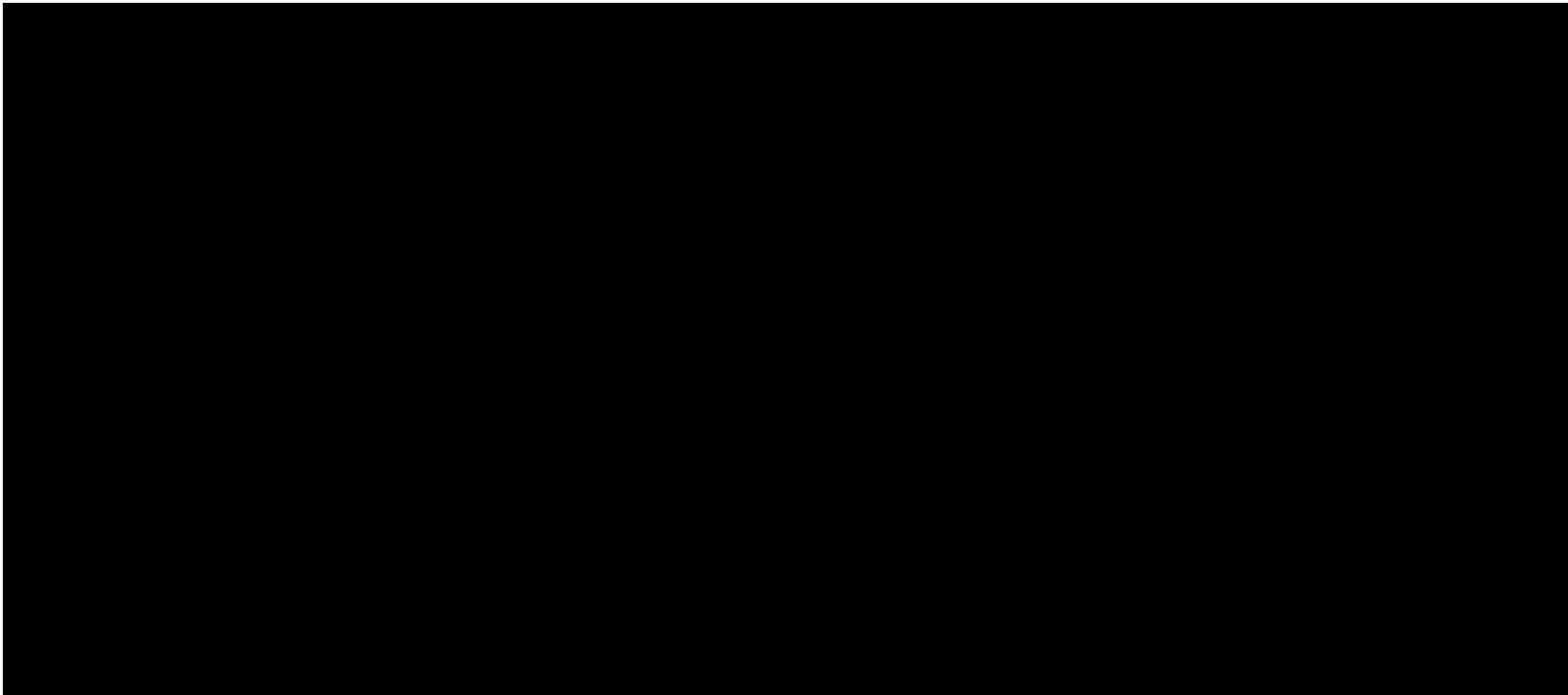
















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**Massachusetts Gaming Commission
Business Entity Disclosure Form
Item 32**

Wynn Social Sports US
ATTACHMENT 32A/B: Audited Financial Statements



Attachment 39

ITEM 39. ARTICLES OF INCORPORATION, CHARTER, BY-LAWS

Provide as Attachment 39 a certified copy of the Articles of Incorporation, Charter and By-Laws of the entity, or, if entity is in other than corporate form, all governing documents, with all amendments and proposed amendments to date.

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

October 8, 2018

Job Number: C20181008-0797
Reference Number:
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20180440113-74	Articles of Incorporation	3 Pages/1 Copies



Respectfully,

Handwritten signature of Barbara K. Cegavske in black ink.

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20181008-0797

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



040105

Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180440113-74 Filing Date and Time 10/08/2018 11:39 AM Entity Number E0470242018-0
--	---

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	BETBULL SOCIAL GAMES US		
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: NEVADA BUSINESS CENTER, LLC Name		
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)		
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity		
	Street Address	City	Nevada Zip Code
Mailing Address (if different from street address) City Nevada Zip Code			
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: 1000	Par value per share: \$ 0.01	Number of shares without par value: 0
4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) SADOK KOHEN Name		
	701 S. CARSON STREET, STE. 200 Street Address	CARSON CITY City	NV 89701 State Zip Code
5. Purpose: (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be: ANY LEGAL PURPOSE		
	6. Benefit Corporation: (see instructions) <input type="checkbox"/> Yes		
7. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.		
	LORI ARGALL Name	<input checked="" type="checkbox"/> LORI ARGALL Incorporator Signature	
	5441 KIETZKE LANE SECOND FLOOR Address	RENO City	NV 89511 State Zip Code
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> NEVADA BUSINESS CENTER, LLC Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity		
			10/8/2018 Date

This form must be accompanied by appropriate fees.

**ATTACHMENT TO
ARTICLES OF INCORPORATION
OF
BETBULL SOCIAL GAMES US**

ARTICLE 5. PURPOSE. Participate in lawful gaming activities and provide gaming related technology.

ARTICLE 9. DIRECTORS: The members of the governing board shall be styled directors. The number of directors may be increased or reduced in the manner provided for in the Bylaws of the corporation.

ARTICLE 10. INDEMNIFICATION: The corporation shall indemnify its officers and directors and may indemnify any other person to the fullest extent permitted by law.

ARTICLE 11. DISTRIBUTIONS: Subject to the terms of these Articles of Incorporation and to the fullest extent permitted by the Nevada Revised Statutes, the corporation shall be expressly permitted to redeem, repurchase, or make distributions, as that term is defined in Section 78.191 of the Nevada Revised Statutes, with respect to the shares of its capital stock in all circumstances other than where doing so would cause the corporation to be unable to pay its debts as they become due in the usual course of business.



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



180304

Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

In the matter of Betbull Social Games US

Name of Represented Business Entity

I, NEVADA BUSINESS CENTER, LLC

am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent*

(complete only one)

- a) commercial registered agent listed with the Nevada Secretary of State,
- b) noncommercial registered agent with the following address for service of process:

Street Address _____ City _____ Nevada _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

- c) represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity _____

Street Address _____ City _____ Nevada _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

and hereby state that on 10/08/2018
 the above named business entity. Date

I accepted the appointment as registered agent for

X

 Authorized Signature of R.A. or On Behalf of R.A. Company

10-8-18

 Date

*If changing Registered Agent when reinstating, officer's signature required.

X _____
 Signature of Officer

_____ Date

SECRETARY OF STATE



CORPORATE CHARTER

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that **BETBULL SOCIAL GAMES US**, did on October 8, 2018, file in this office the original Articles of Incorporation; that said Articles of Incorporation is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 8, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20181008-0797

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E0470242018-0
Secretary of State State Of Nevada	Filing Number 20201016660
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090204



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Certificate of Amendment
(PURSUANT TO NRS 78.385 AND 78.390)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Articles of Incorporation
For Nevada Profit Corporations
(Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)

1. Name of corporation:
Betbull Social Games US

2. The articles have been amended as follows: (provide article numbers, if available)
Article 1 of the articles of incorporation is hereby amended to read in its entirety as follows:
Wynn Social Sports US

3. The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation* have voted in favor of the amendment is:

100%

4. Effective date and time of filing: (optional) Date: _____ Time: _____
(must not be later than 90 days after the certificate is filed)

5. Signature: (required)


Signature of Officer

X

*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.
This form must be accompanied by appropriate fees.
Nevada Secretary of State Amend Profit-After
Revised 1-5-10

Attachment 40A

ITEM 40. ORGANIZATIONAL CHART

A. Provide as Attachment 40A a current ownership organizational chart of the entity, its parent entity and each subsidiary of the entity.

Attachment 41

ITEM 41. TAX RETURNS

Provide as Attachment 41 a copy of all federal IRS tax returns filed by the entity within the past 5 years, including, but not limited to, all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return).

G.2 SUITABILITY - INDIVIDUAL QUALIFIER INTEGRITY

Any Key Persons or Employees associated with an applicant must also complete and submit the following documents, before any suitability investigations or background checks will commence:

- **Massachusetts Gaming Commission Multi-Jurisdictional Personal History Disclosure Form – Attached is the MJPHD for [REDACTED] that was submitted to [REDACTED] as allowed per the following from the email from [REDACTED] dated October 28, 2022**

***Note:* If an individual qualifier has completed the MJPHD for another jurisdiction, and their form is dated within the past year, the individual may submit the form that has already been completed, and does not need to complete a new MJPHD.**

- **Massachusetts Gaming Submission Supplemental Form - Attached**

MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

MULTI JURISDICTIONAL CASINO/GAMING LICENSE PERSONAL HISTORY DISCLOSURE FORM

This application is designed to allow applicants for casino/gaming qualification to complete one form that is acceptable to several jurisdictions. The questions contained in this form have been designed to satisfy the variety of filing and informational requirements of the different jurisdictions that have agreed to accept this form as an application for qualification.

Each jurisdiction accepting this form may require unique information and documentation that is not requested in this standardized form. Prior to completing this form, you should contact the appropriate agency in the jurisdictions where you are seeking qualification, licensure or approval and obtain copies of any documentation or forms that are supplemental to this standardized form. In addition, copies of this multi jurisdictional form and all supplemental forms used by the jurisdictions accepting this form may be found on the Internet at www.lagr.org.

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. **You must use blue ink** to personally initial, date and identify the gaming agency to which your application is being submitted in the space provided on the bottom of each page of the form.
- e. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 65 may be used to provide this additional information. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of each of these attachment pages.
- f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the gaming agency with which it has been filed and will not be returned.

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

II. BE SURE TO:

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- b. Sign the Statement of Truth form on page 66 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials, the date, and identified the gaming agency to which you are applying, on the bottom of each page of this form in the space provided and on any attachment pages.

III. BEFORE YOU SUBMIT THIS FORM TO THE GAMING AGENCY TO WHICH YOU ARE APPLYING, BE SURE THAT:

- a. You have reviewed the particular gaming agency's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of Truth form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.
- f. You have completed any ancillary forms for the individual jurisdictions.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Once all questions have been answered, make sufficient copies for all jurisdictions where you will file your application. Note that you should do this BEFORE the form is signed, dated and notarized. Since each jurisdiction must receive an application containing original signatures, it is advisable to make copies before signing the form.
- c. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- d. Be sure to use blue ink where you sign, initial, date and identify the gaming agency where you are filing your application. Using blue ink will make it clear to the jurisdiction where you are filing that your application is to be considered an original and not a photocopy.

Initials



Gaming Agency



Date



**MULTI JURISDICTIONAL CASINO/GAMING LICENSE
PERSONAL HISTORY DISCLOSURE FORM**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE
FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)

FIRST

MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:

NUMBER AND STREET

APT #/FLAT #

CITY/TOWN

STATE/PROVINCE

ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)

NUMBER AND STREET

APT #/FLAT #

CITY/TOWN

STATE/PROVINCE

ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:

NUMBER AND STREET

APT #/FLAT #

CITY/TOWN

STATE/PROVINCE

ZIP/POSTAL CODE

HOME TELEPHONE NUMBER:

(AREA CODE)

(NUMBER)

CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT:

(AREA CODE)

(NUMBER)

(EXTENSION)

FAX NUMBER:

(AREA CODE)

(NUMBER)

DATE OF BIRTH: (MO)(DAY)(YEAR)

E-MAIL ADDRESS (REQUIRED):

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

SEX

COLOR OF EYES

COLOR OF HAIR

HEIGHT

WEIGHT

FT

IN/

CM

LBS/

KG

DO YOU HAVE ANY SCARS, TATOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

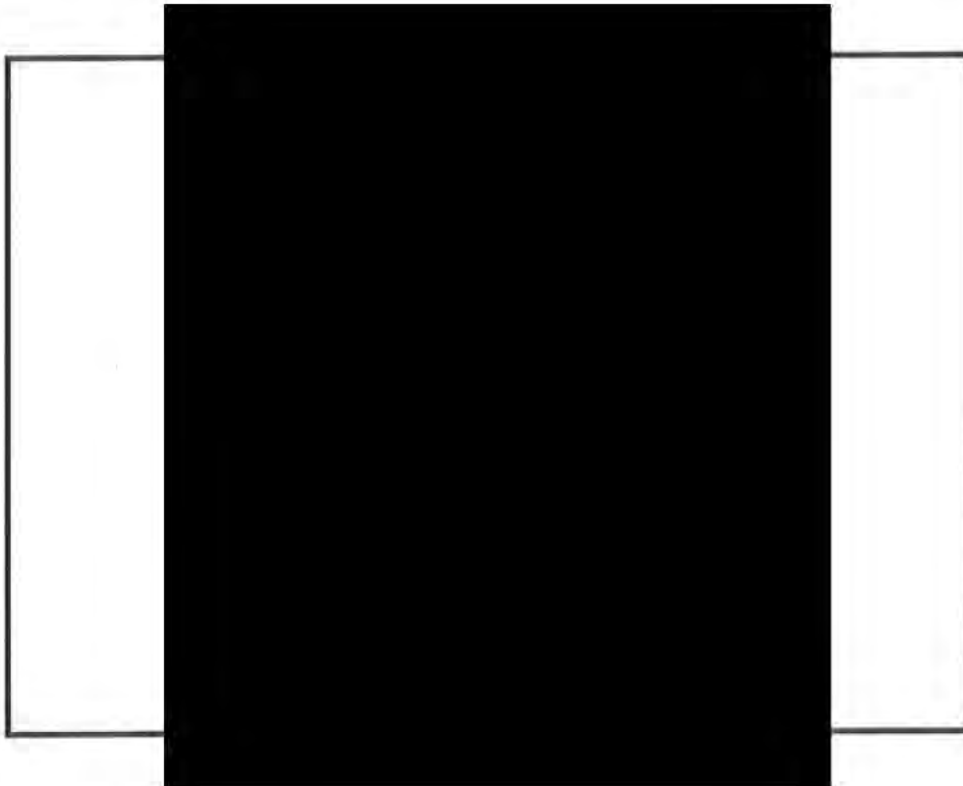
Initials

Gaming Agency

Date


IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION.



Initials 

Gaming Agency 

Date 

1. Of what country are you a citizen? _____

A. Please indicate:

1. Date of birth: _____ DAY MONTH YEAR

2. Place of birth: _____ CITY/TOWN STATE/PROVINCE COUNTRY

3. Country of birth: _____

2. Have you ever been issued a passport?

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE
_____	_____	_____	_____	_____

Initials _____

Gaming Agency _____

Date _____

Residences

FAMILY/SOCIAL DATA

4. What is your current marital status:

How many times have you been married? [REDACTED]

A. CURRENT MARRIAGE

Provide the information below regarding your current marriage and spouse:

Date of Marriage: _____ Where Married: _____
CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name of Spouse: _____ Spouse's Occupation: _____
FIRST MIDDLE MAIDEN

Date of Birth: _____ Place of Birth: _____
DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: _____ Telephone Number: _____
STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

B. PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages:
 (Do **NOT** include current spouse.)

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE # OF DIVORCE ACTION (IF KNOWN)	PRESENT ADDRESSES OF FORMER SPOUSE(S) (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)

Initial: [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

Previous Marriage

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5. a. In the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

5. b. Please mark the appropriate response regarding your child support obligations:

[REDACTED] I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 5a. above); or

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name

[REDACTED]

Address

[REDACTED]

Contact Person

Initials [REDACTED]

Gaming Agency

[REDACTED]

Date

[REDACTED]

6. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former parents-in-law*, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Father:				
Mother:				
Father-in-law:				
Mother-in-law:				
Former Parents-in-law*: [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* For former parents-in-law only provide names.

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

7. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and of their respective spouses: [REDACTED]

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/#FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

Initials: [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

Immediate Family Information

[Redacted]

Name	Relation	Age	DOB	Place of Birth	Address	Occupation	SSN	Phone #
[Redacted]								

[Redacted]

[Redacted]

[Redacted]

MILITARY SERVICE DATA

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? [REDACTED]

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Serial #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

9. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s): _____

Date of each discharge/separation: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as Exhibit 9M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records* labeled as an Exhibit 9M. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges** filed against you? [REDACTED]

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

* In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

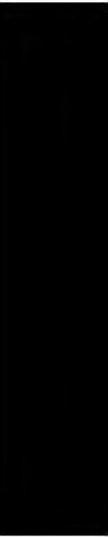
** Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

Initials [REDACTED] Gaming Agency [REDACTED] Date [REDACTED]

Education Data



Dates Attended	Name and Address of School	Type of Degree/Certification	Description of Program	Graduated
[Redacted]				



EMPLOYMENT AND LICENSING DATA

14. Have you ever been employed by a casino or gaming/gambling related company* in any jurisdiction?

* Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			

Initials [Redacted]

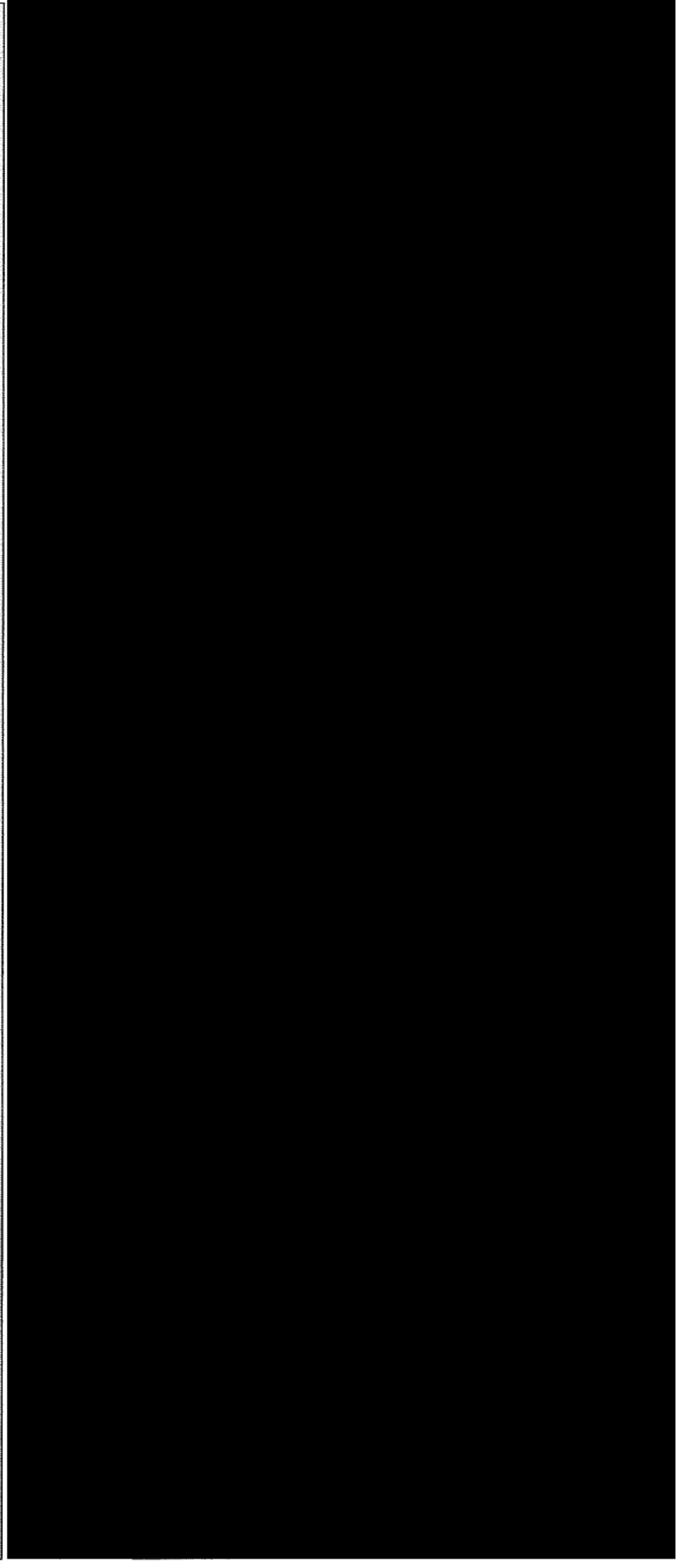
Gaming Agency [Redacted]

Date [Redacted]

Employment & Licensing



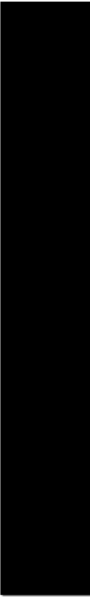
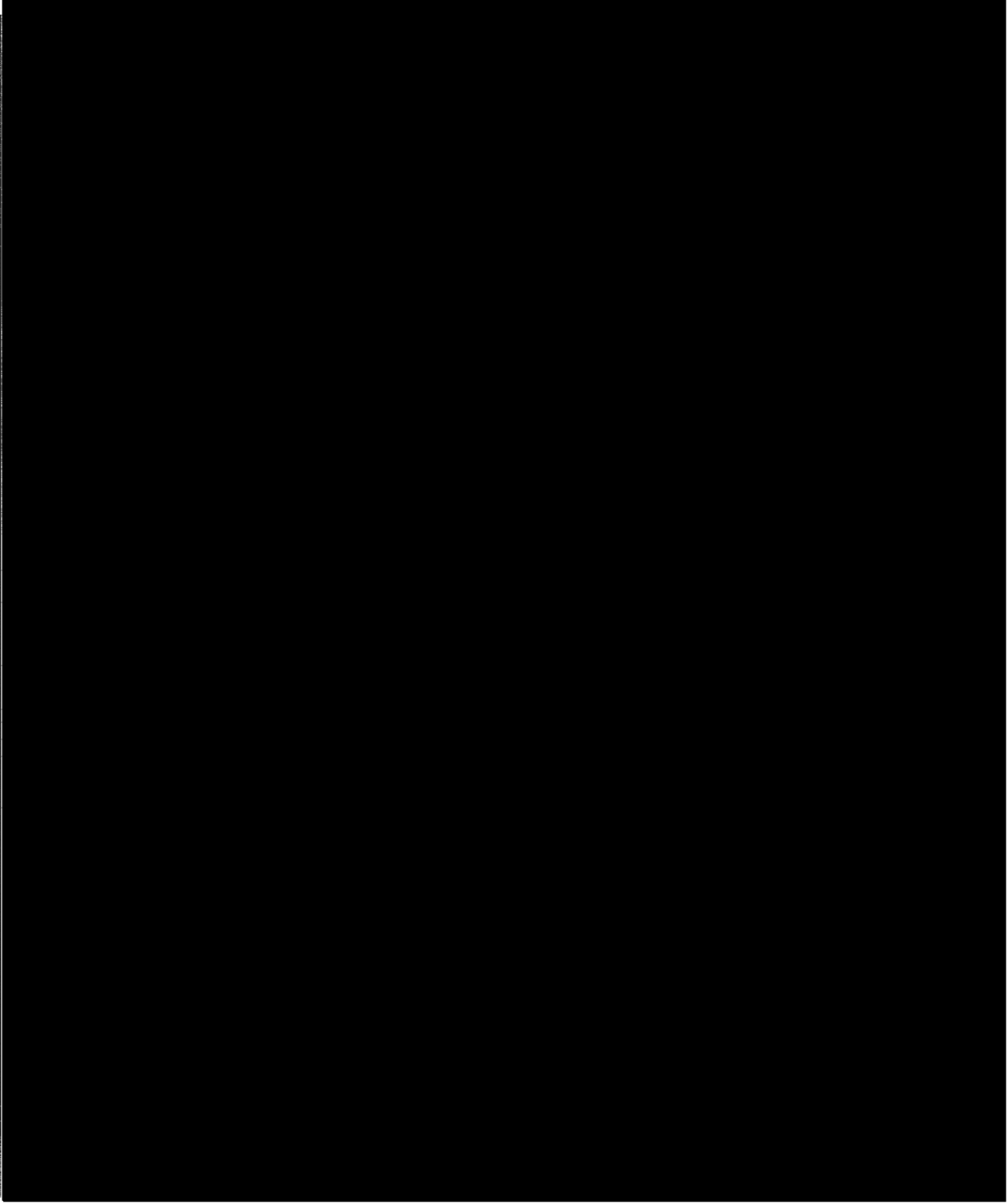
NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS & PHONE # OF EMPLOYER(S)	DATES FROM TO	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
--	---	--------------------	--	--------------------	--------------------



Employment History



From Mo/Yr	To Mo/Yr	Company Name	Mailing Address	Tele #	Title/Position	Supervisor	Reason for Leaving	Gaming Role	Salary
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17. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve month period. Begin with your spouse's current employer. [REDACTED]

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	TITLE/ POSITION HELD
FROM: (MO/YR)	TO: (MO/YR)		

18. To the best of your knowledge, have you or has your spouse served as a trustee or other fiduciary officer in any capacity during the last twelve month period? [REDACTED]

If yes, complete the following chart:

DATES		CAPACITY	NATURE OF TRUST OR OTHER FUND	INCOME RECEIVED	FOR WHOM HELD
FROM: (MO/YR)	TO: (MO/YR)				

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

19. a. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer?
 b. Have you or your spouse ever been suspended or removed from a position as a trustee or other fiduciary officer?

If yes to either question, complete the following chart:

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL

20. Have you or has your spouse ever made application for, or held, any **NON-GAMING** professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

If yes, complete the following chart:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

Initials

Gaming Agency

Date

21. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction? [REDACTED]

If yes, complete the following chart as to each denial, suspension, revocation or conditions:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

22. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions? [REDACTED]

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

Gaming License History

State/Province

Name & Address of Agency/Organization

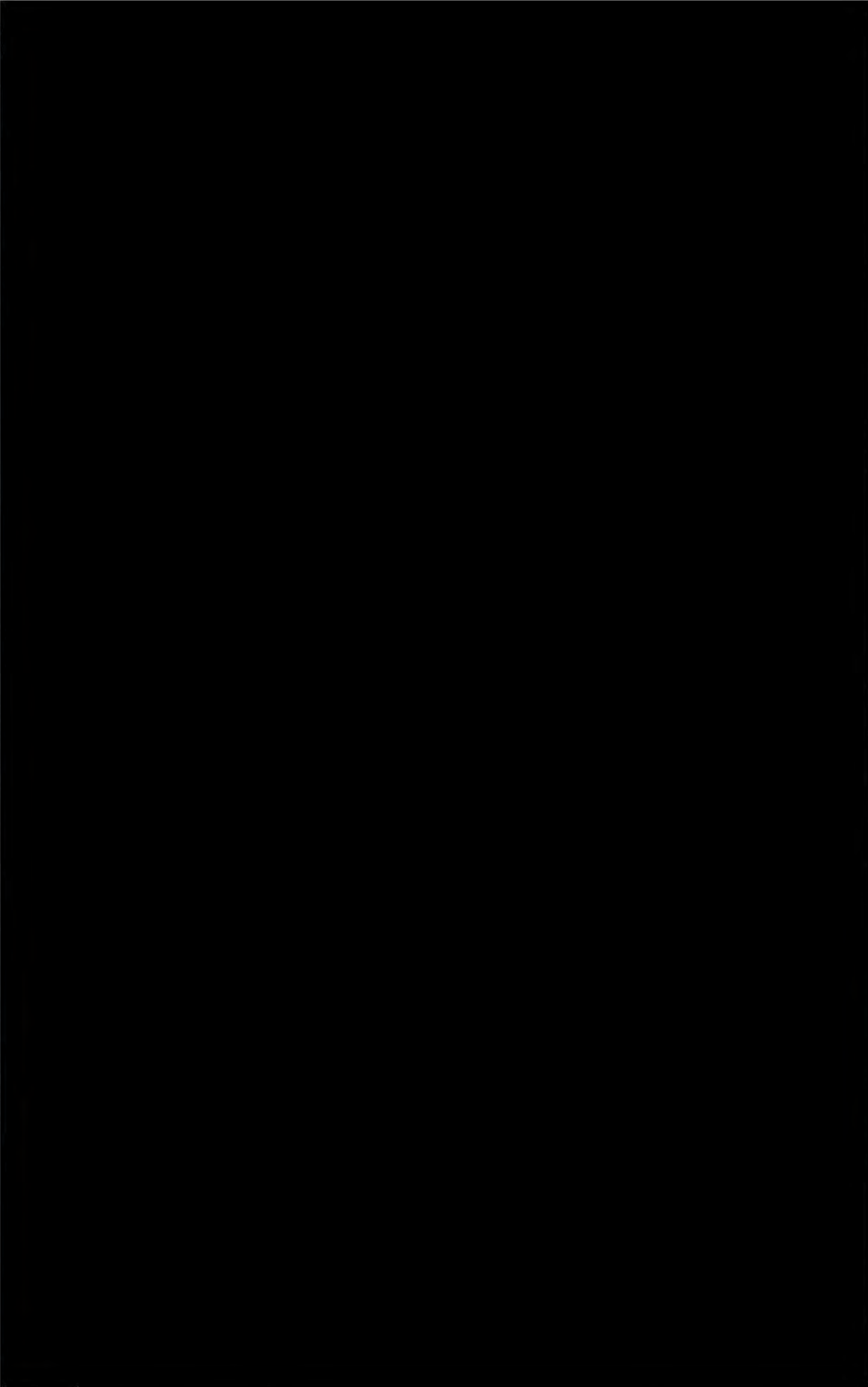
Type of License

Application Date

License Status

License, Permit, or
Registration Number

Expiration Date



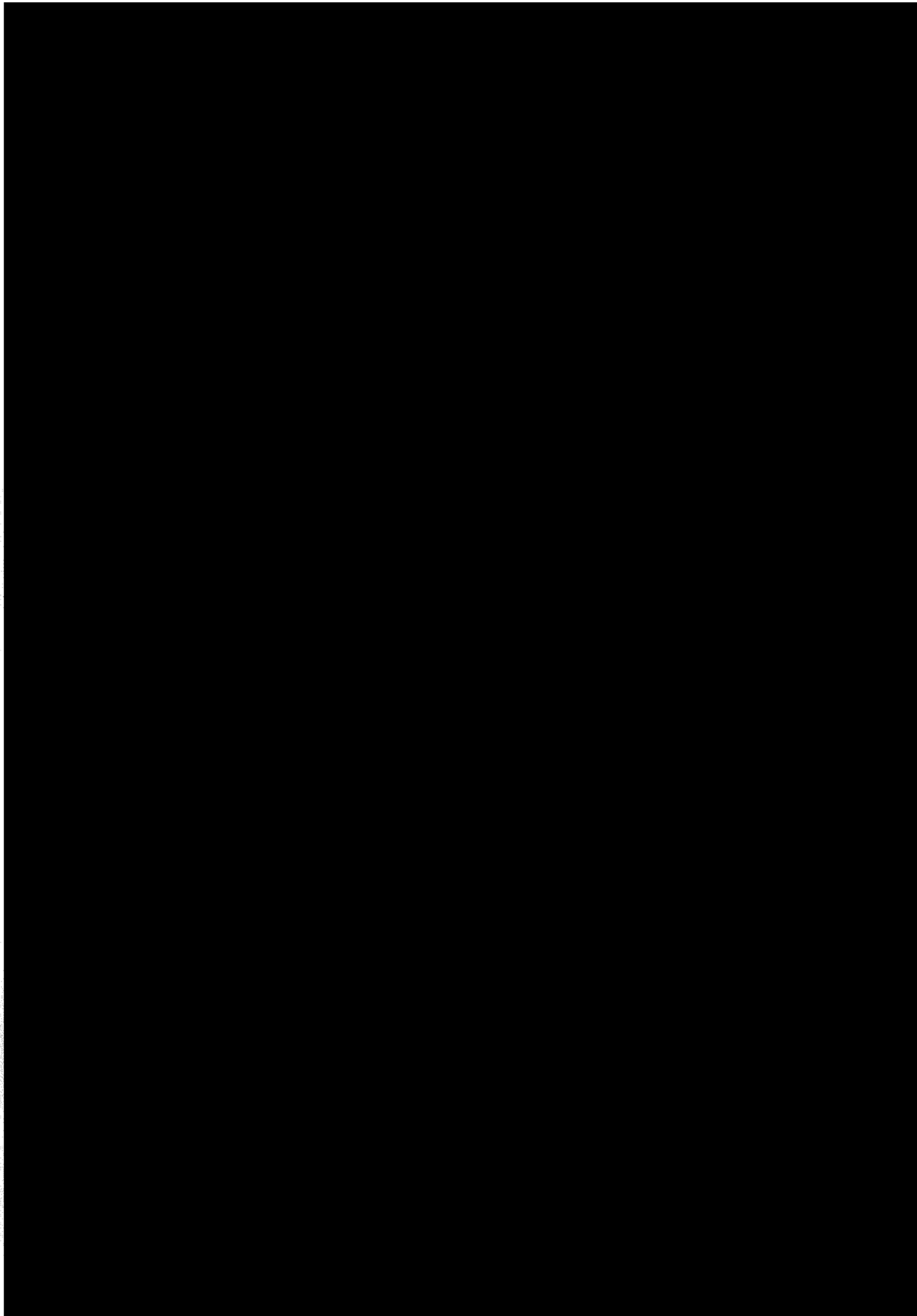
2

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

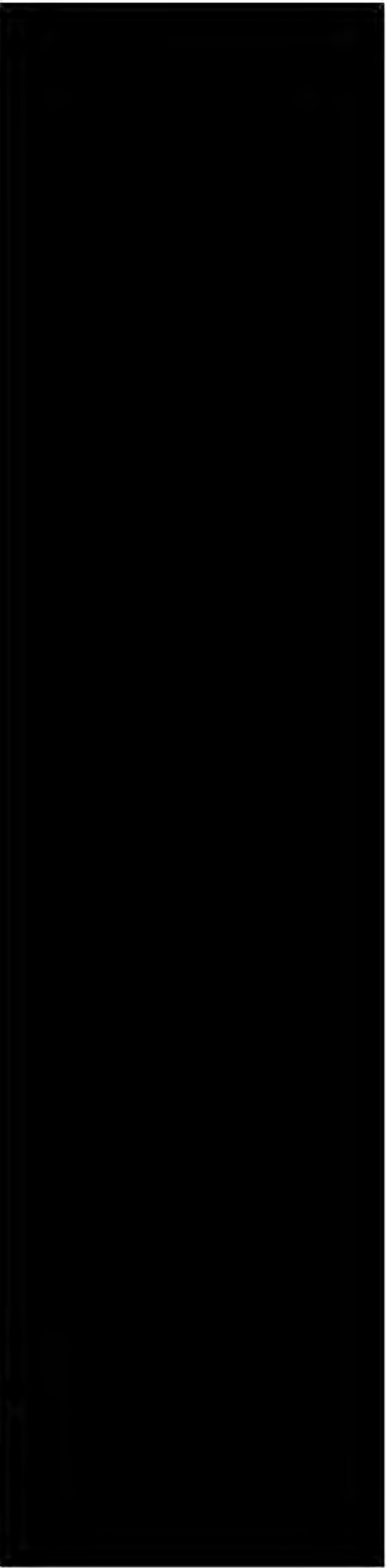


[Redacted]

[Redacted]

[Redacted]

[Redacted]



25. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

Initials

Gaming Agency

Date

26. To the best of your knowledge, in the past twenty years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

[Redacted]

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY TO WHICH APPLICATION WAS MADE	TYPE OF LICENSE APPLIED FOR	DISPOSITION OF APPLICATION
[Redacted]					

Initials [Redacted] Gaming Agency [Redacted] Date [Redacted]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

27. a. Are any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 26 in any jurisdiction?

b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

If yes to either question, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE

Initials: [Redacted]

Gaming Agency: [Redacted]

Date: [Redacted]

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

INSTRUCTIONS: 1. Answer "YES" and provide all information to the best of your ability **EVEN IF:**

- A. You did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.
2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency .

* Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.

IMPORTANT

The gaming agency will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

Initials

Gaming Agency

Date

28. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE



Initials 

Gaming Agency 

Date 

29. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction? [REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

30. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons? [REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

31. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons? [REDACTED]

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing? [REDACTED]

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

32. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense? [REDACTED]

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERAL

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

33. Has your spouse or any of your children, step-children or adopted children ever been arrested or charged with any crime or offense (as defined at the beginning of this section) in any jurisdiction? [REDACTED]

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

Initial [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

All companies the applicant has been an officer for, including current officer positions with WSI and WIL a subsidiary of WRL, a publicly traded company, and several of its affiliates (together the "companies") have been subject to lawsuits, contract disputes, employment disputes, personal injury suits, etc. in the ordinary course of business. The Applicant has never been named individually as a party in any such litigation.

35. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

[REDACTED]

If yes, complete the following chart:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)
[REDACTED]			
[REDACTED]			

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

37. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.) [REDACTED]

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

38. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Initials: [REDACTED] Gaming Agency: [REDACTED] Date: [REDACTED]

40. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? [REDACTED]

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

41. In the past twenty years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? [REDACTED]

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

42. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring? [REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

43. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period? [REDACTED]

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

Initials [REDACTED] Gaming Agency [REDACTED] Date [REDACTED]

44. In the past ten years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction? [REDACTED]

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

45. During the last ten year period, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received any thing of value under an intestacy statute; or
- c. A settlor/grantor, beneficiary or trustee of any trust?

If yes, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/ INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

46. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 45).

[Redacted]

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

47. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 45).

[Redacted]

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

Initials [Redacted]

[Redacted]

Gaming Agency

Date [Redacted]

48. a. Please state your country of residence [REDACTED]
 b. During the last ten year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in a. above? [REDACTED]

If yes, complete the following chart:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Initials [REDACTED] Date [REDACTED]

Gaming Agency [REDACTED]

- c. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in a. above (excluding any foreign bank accounts identified in b. above)?

If yes, complete the following chart:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

49. During the last ten year period, have you or has your spouse or any of your children, while dependent, received a loan in excess of \$25,000USD?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent to \$25,000USD in the national currency of the jurisdiction where you will be filing this application.)

If yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

Initials [Redacted] Gaming Agency [Redacted] Date [Redacted]

50. During the last ten year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000USD? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

51. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten years? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

Initials

Gaming Agency

Date

52. Do you maintain a brokerage or margin account with any securities or commodities dealer?

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

53. Have you or has your spouse or children, while dependent, filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy within the past ten year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

Initials _____

Gaming Agency _____

Date _____

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

54. During the last five year period, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value in any one year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

55. a. Do you have any safe deposit boxes in your name in any jurisdiction?

b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction?

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

Initial

Gaming Agency

Date

56. In the past ten years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000USD (if you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD. In the national currency of the jurisdiction where you will be filing this application.)

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

57. Have you, in the past ten years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

Initial: [Redacted]

Gaming Agency: [Redacted]

Date: [Redacted]

NET WORTH STATEMENT – ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 49 through 63 and copy the totals in the appropriate space below.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUSTANDING (D)
<p>58. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.</p>						
1. Cash						
a) On Hand		a)				
b) In Bank (Schedule A)		b)				
2. Loans, Notes and Other Receivables (Schedule B)						
3. Securities (Schedule C)						
4. Real Estate Interests (Schedule D)						
5. Cash Value Life Insurance (Schedule E)						
6. Cash Value Pension/Retirement Funds (Schedule F)						
7. Furniture and Clothing (Reasonable Estimate)						
8. Vehicles (Schedule G)						
9. Other (Schedule H)						
TOTAL ASSETS						
<p>59. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.</p>						
				10. Notes Payable (Schedule I)		
				11. Loans and Other Payables (Schedule J)		
				12. Taxes Payable (Schedule K)		
				13. Mortgages or Liens on Real Estate (Schedule L)		
				14. Loans Against Insurance/Pensions (Schedule M)		
				15. Other Indebtedness (Schedule N)		
				TOTAL LIABILITIES		
				NET WORTH		
				Total Assets (From Column B) /less		
				Total Liabilities (From Column D)		
				16. Contingent Liabilities (Schedule O)		
				Date of Statement		
				Please provide the name, address, and phone number of the person completing this statement if it is completed by someone other than you.		
				Name		
				Address		
				Phone		

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

Ian S. Williams

NET WORTH STATEMENT – ASSETS AND LIABILITIES

ASSET		Cost at Date Acquired or Purchased (A)	Current Market Value (B)	Special Valuation Date, If Any	LIABILITY	Original Amount of Liability (C)	Amount Outstanding (D)
Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse, domestic partner or dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.							
1. Cash							
a) On Hand			a) [REDACTED]				
b) In bank (Schedule A)			b) [REDACTED]				
2. Loans, Notes and Other Receivables (Schedule B)					10. Notes Payable (Schedule I)		
3. Securities (Schedule C)					11. Loans and Other Payables (Schedule J)	\$ [REDACTED]	\$ [REDACTED]
4. Real Estate Interests (Schedule D)			\$ [REDACTED]		12. Taxes Payable (Schedule K)		
5. Cash Value Life Insurance (Schedule E)			\$ [REDACTED]		13. Mortgages or Liens on Real Estate (Schedule L)	\$ [REDACTED]	\$ [REDACTED]
6. Cash Value Pension/Retirement Funds (Schedule F)			\$ [REDACTED]		14. Loans Against Insurance/Pensions (Schedule M)		
7. Furniture and Clothing (Reasonable Estimate)			\$ [REDACTED]		15. Other Indebtedness (Schedule N)		
8. Vehicles (Schedule G)			\$ [REDACTED]		TOTAL LIABILITIES	\$ [REDACTED]	\$ [REDACTED]
9. Other (Schedule H)			\$ [REDACTED]		NET WORTH Total Assets (From Column B) less	\$ [REDACTED]	\$ [REDACTED]
TOTAL ASSETS			\$ [REDACTED]		Total Liabilities (From Column D)	\$ [REDACTED]	\$ [REDACTED]
			\$ [REDACTED]		16. Contingent Liabilities		
NOTE: Complete the financial statements on pages 31 through 38 and copy the totals in the appropriate space below.							
					Date of Statement: [REDACTED]		
Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.							
					Name: [REDACTED]		
					Address: [REDACTED]		
					Phone: [REDACTED]		

[REDACTED]

List all bank accounts, foreign and domestic, maintained by you, your spouse, and/or your dependent children.

Name and Address of Financial Institution	Whose Account? You/Spouse/Child	Account # (last 4 digits)	Type of Account	Interest Rate	Current Balance
--	------------------------------------	------------------------------	-----------------	---------------	-----------------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------	------------	------------	------------

[REDACTED]

[REDACTED]

[REDACTED]

Schedule B - Accounts Notes Receivable

Ian S. Williams

President, Online Gaming

List all accounts and notes receivable held by you, your spouse, and/or your dependent children. Insert additional rows as needed.

Name, Address & # Number of Debtor	Whose Account? You/Spouse/Child	Date Incurred	Original Amount	Unpaid Balance	Interest Rate	Maturity Date	Purpose	Collateral Securing Account or Note
---------------------------------------	------------------------------------	------------------	--------------------	-------------------	------------------	------------------	---------	--

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SCHEDULE "D" - REAL ESTATE INTERESTS

63. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/ STAND NO./ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
\$ _____						\$ _____		\$ _____
						TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 48.)		TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 48.)

Initials: [Redacted] Date: [Redacted]

Gaming Agency: [Redacted]

[REDACTED]

[REDACTED]

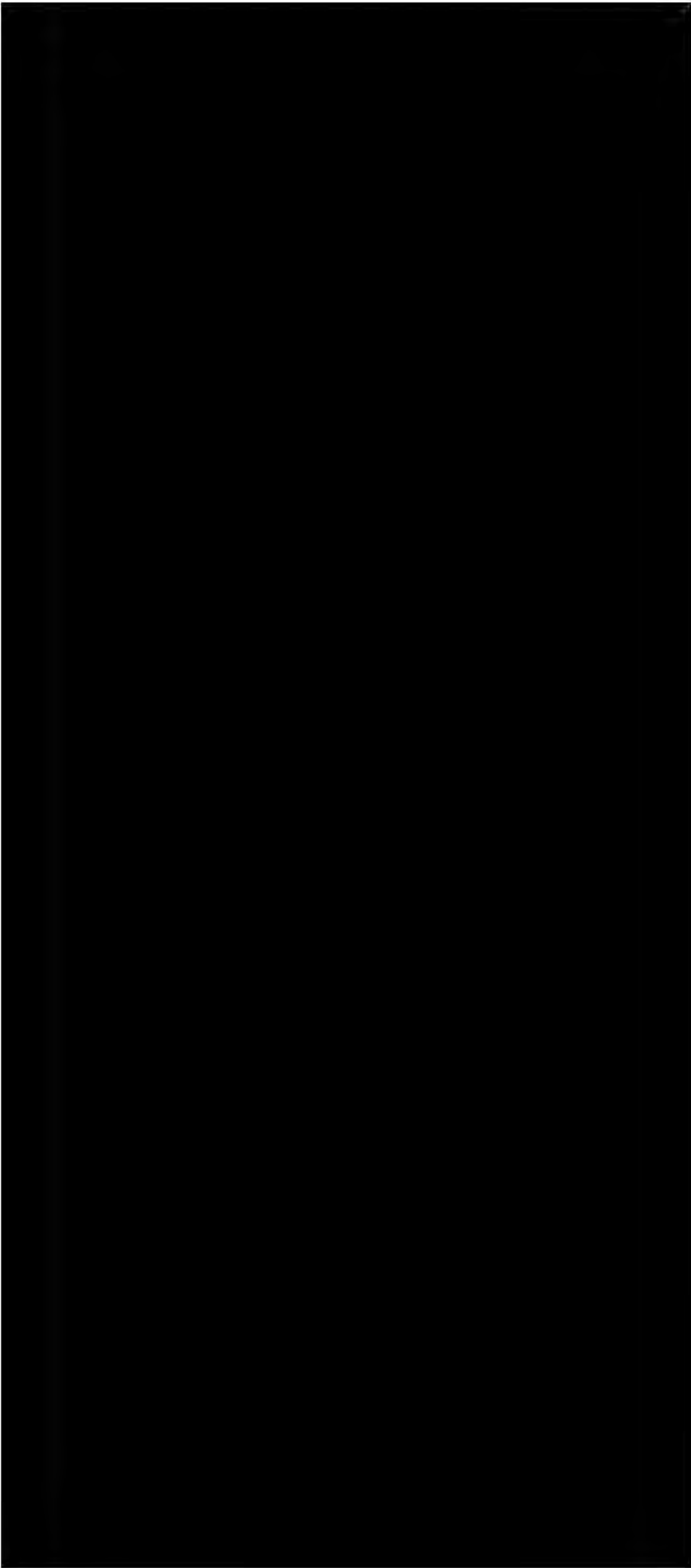
[REDACTED]

SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

65. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
\$ _____				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A on page 48.)		\$ _____	
\$ _____				TOTAL CUMULATIVE EMPLOYER CONTRIBUTION (Enter this figure in item 6, column B on page 48.)		\$ _____	
\$ _____				TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B on page 48.)		\$ _____	

*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.



SCHEDULE "G" - VEHICLES

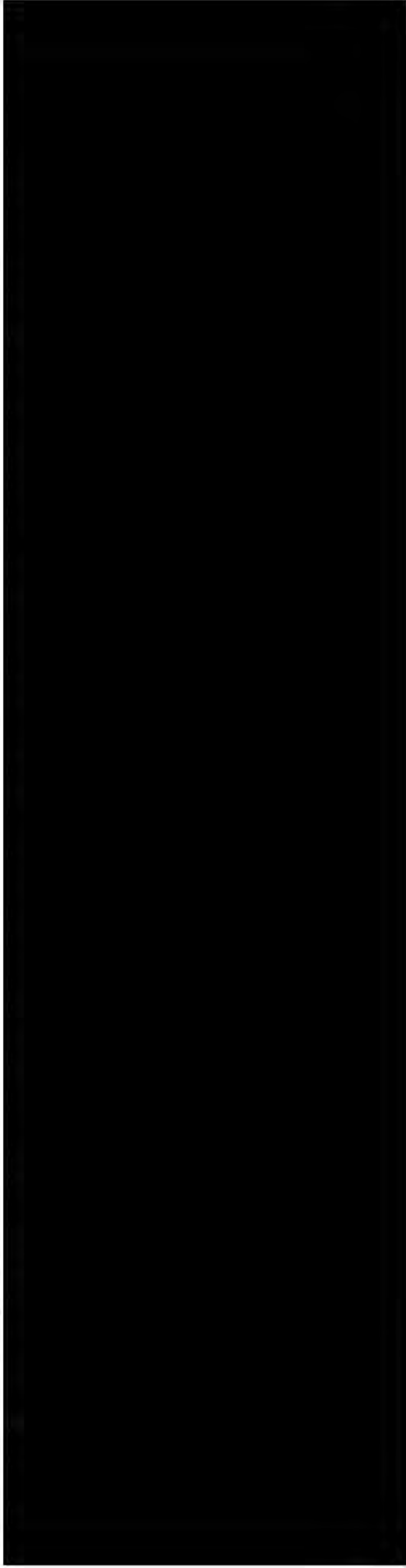
66. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
\$ _____						\$ _____	
TOTAL COST OF VEHICLES (Enter this figure in Item 8, column A on page 48.)						TOTAL CURRENT CASH VALUE (Enter this figure in Item 8, Column B on page 48.)	

* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

List all vehicles owned by you, your spouse, and/or your dependent children. Insert additional rows as needed. (†) For IGB purposes, Kelly Blue Book should be used to arrive at the current value of your vehicle.





List all other assets by category (i.e. art, collectables, furniture & fixtures, jewelry and other personal property) held by you, your spouse, and/or your dependent children. Insert additional rows as needed.

Type of Asset	Owned by: You/Spouse/Child	Date of Purchase	Purchase Price	% of Ownership	Current Market Value
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Schedule I - Notes Payable
Ian S. Williams
President, Online Gaming

List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated.

Owned by: You/Spouse/Child	Name, Address & Phone # of Creditor	Account #	Date Incurred	Due Date	Interest Rate %	Original Amount	Total Payments	Outstanding Amount of Liability
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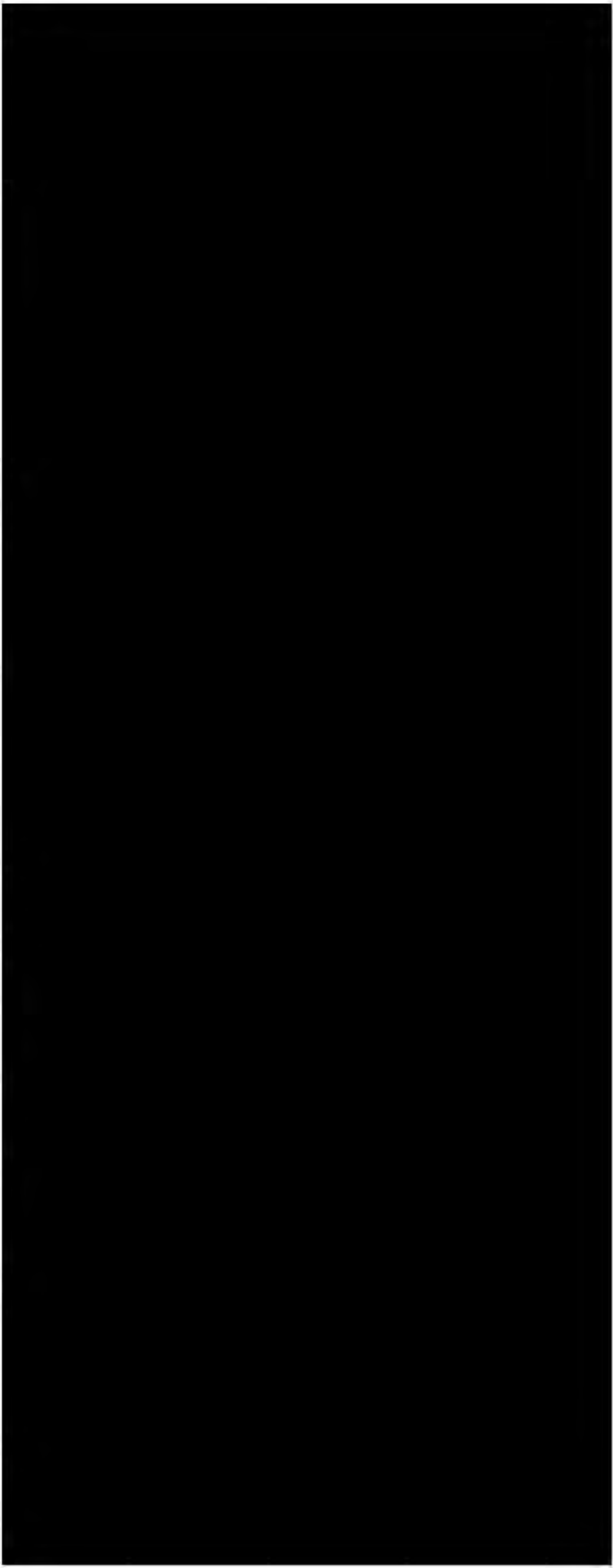
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

List all notes payable for which you, your spouse, and/or your dependent children are obligated. Include any markers, credit lines, employer-granted loans (including loans from employee's 401k plans and pension plans), loans against life insurance policies and employer-granted educational or tuition grants or loans.



SCHEDULE "K" - TAXES PAYABLE

70. List below the information requested with regard to all taxes payable for which you, your spouse, or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$ _____		\$ _____
			TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in item 12, column C on page 48.)		TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D on page 48.)

Initials [REDACTED] Date [REDACTED]

Gaming Agency [REDACTED]

Schedule K - Taxes Payable
Ian S. Williams
President, Online Gaming

List all taxes (real estate and income taxes) payable for which you, your spouse, and/or your dependent children are obligated. Insert additional rows as needed.

Taxing Authority	Type of Tax	Due Date	Original Obligation	Fines, Penalties & Interest, If Any	Total Amount Due	Whose Obligation? You/Spouse/Child
------------------	-------------	----------	------------------------	--	---------------------	---------------------------------------

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

List the mortgages or liens payable on real estate for which you, or your spouse are obligated.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

72. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or your dependent children.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/PAY PERIOD	CURRENT LOAN BALANCE		
			\$ _____				\$ _____		
			TOTAL ORIGINAL LIABILITY INSURANCE/PENSION LOANS (Enter this figure in item 14, column C on page 48.)					TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D on page 48.)	

Initials

Gaming Agency

Date



List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or your dependent children.

Owned by: You/Spouse/Child	Insurance Carrier/ Pension Plan	Purpose of Loan	Original Amount	Interest Rate %	Date of Loan	Payment Amounts Per Period	Current Loan Balance
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SCHEDULE "N" - ANY OTHER INDEBTEDNESS

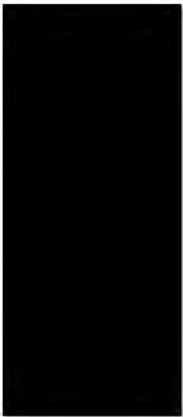
73. List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
\$ _____						\$ _____	
TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C on page 48.)						TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D on page 48.)	

Initials: [Redacted]

Gaming Agency: [Redacted]

Date: [Redacted]



List all accounts payable (revolving charge accounts and any other accounts) for which you, your spouse, and/or your dependent children are obligated. Insert additional rows as needed.

Name, Address & Phone # of Creditor	Account Number (last 4 digits)	Whose Account? You/Spouse/Child	Date Incurred	Due Date	Interest Rate	Monthly Payment	Unpaid Balance
-------------------------------------	--------------------------------	---------------------------------	---------------	----------	---------------	-----------------	----------------

DOES NOT APPLY





List all the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

Name and Address of Primary Debtor	Date Incurred	Account #	Names of other parties also contingently liable	Original Amount	Unpaid Balance	Amount you may be liable for	Monthly Payment	Interest Rate	Maturity Date	Description and/or Purpose of Liability
------------------------------------	---------------	-----------	---	-----------------	----------------	------------------------------	-----------------	---------------	---------------	---



75. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name

[Redacted]

Business Address

[Redacted]

Address

[Redacted]

Telephone No.

[Redacted]

Occupation

[Redacted]

How long have you known the reference?

[Redacted]

REFERENCE TWO

Name

[Redacted]

Business Address

[Redacted]

Address

Telephone No.

[Redacted]

Occupation

[Redacted]

How long have you known the reference?

[Redacted]

REFERENCE THREE

Name

[Redacted]

Business Address

[Redacted]

Address

Telephone No.

[Redacted]

Occupation

How long have you known the reference?

[Redacted]

Initials

[Redacted]

Gaming Agency

[Redacted]

Date

[Redacted]

76. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.**

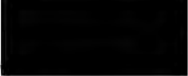
IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

IT IS GROUNDS FOR DENIAL OF AN APPLICATION OR DISCIPLINARY ACTION FOR ANY PERSON TO MAKE ANY UNTRUE STATEMENT OF MATERIAL FACT IN ANY APPLICATION, NOTICE, STATEMENT OR REPORT FILED WITH THE BOARD OR COMMISSION IN COMPLIANCE WITH THE PROVISIONS OF LAW AND REGULATIONS OR WILLFULLY TO OMIT TO STATE IN ANY SUCH APPLICATION, NOTICE, STATEMENT OR REPORT ANY MATERIAL FACT WHICH IS REQUIRED TO BE STATED THEREIN OR OMIT TO STATE A MATERIAL FACT NECESSARY TO MAKE THE FACTS STATED IN VIEW OF THE CIRCUMSTANCES UNDER WHICH THEY WERE STATED, NOT MISLEADING. ALL INFORMATION REQUIRED TO BE INCLUDED IN AN APPLICATION MUST BE TRUE AND COMPLETE AS OF THE DATES OF THE BOARD AND COMMISSION ACTION SOUGHT BY SUCH APPLICATION; AND AN APPLICANT SHALL PROMPTLY SUPPLY BY AMENDMENT PRIOR TO SUCH DATE ANY INFORMATION BASED ON FACTS OCCURRING AFTER THE ORIGINAL APPLICATION SO AS TO MAKE SUCH INFORMATION NOT MISLEADING AS OF THE DATES OF SUCH ACTION BY THE BOARD AND THE COMMISSION.

Initials 

Gaming Agency 

Date 

STATEMENT OF TRUTH

STATE/PROVINCE OF [REDACTED]:

SS:

COUNTY/DISTRICT OF [REDACTED]:

[REDACTED], being duly sworn according to law deposes and says:
(Print Name of Applicant)

- 1. I am the applicant who is submitting this application form.
- 2. I personally supplied the information contained in this form.
- 3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
- 4. Any document accompanying this Multi Jurisdictional Casino/Gaming License Personal History Disclosure Form that is not an original document is a true copy of the original document.
- 5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: [REDACTED] [REDACTED] (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to [REDACTED]
before me this [REDACTED] day
of [REDACTED] [REDACTED]

[REDACTED]

NOTARY PUBLIC, JUSTICE OF THE PEACE/
COMMISSIONER FOR DECLARATIONS OR OTHER
PERSON AUTHORIZED TO TAKE DECLARATIONS

Initials [REDACTED]

Gaming Agent [REDACTED]

Date [REDACTED]

**MASSACHUSETTS
SUPPLEMENTAL FORM**



Applicant: _____

**MASSACHUSETTS SUPPLEMENTAL FORM FOR KEY GAMING EMPLOYEE EXECUTIVE
AND CASINO QUALIFIER APPLICANTS**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME AND ADDRESS

[REDACTED]

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)	FIRST	MIDDLE		
[REDACTED]	[REDACTED]	[REDACTED]		
MAILING ADDRESS: NUMBER AND STREET	APT#	CITY	STATE	ZIP CODE
SAME AS ABOVE				
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS	APT#	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PRESENT BUSINESS ADDRESS: NUMBER AND STREET		CITY	STATE	ZIP CODE
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

DESCRIPTIVE INFORMATION

DATE OF BIRTH (MM/DD/YYYY)	HEIGHT FT	IN	WEIGHT LBS	SOCIAL SECURITY NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HAIR COLOR	EYE COLOR	SEX	RACE	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? [REDACTED] YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME)				
[REDACTED]				
PLACE OF BIRTH	CITY/TOWN	STATE/PROVINCE	COUNTRY	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

Initials/

[REDACTED]

IMPORTANT
FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION OR A NEGATIVE SUITABILITY DETERMINATION

1. Provide the following information about the gaming license applicant or licensee with which you are, or are seeking to be, associated:

[REDACTED]

NAME OF ENTITY

[REDACTED]

ADDRESS OF ENTITY: NUMBER AND STREET CITY STATE ZIP CODE

[REDACTED]

NATURE OF APPLICANT'S POSITION WITH OR INTEREST IN SUCH ENTITY

2. Check the appropriate box, either A or B below, indicating the reason for submitting this application.

[REDACTED]

OR

B. [REDACTED]

- C. If applicable, list the name of the holding company(ies) of the gaming license applicant or licensee with which the applicant is associated, and the nature of the applicant's interest in, such entity.

[REDACTED]

3. Do you have any ownership interest, financial interest or financial investment in any business which is applying to, or presently licensed by, the Massachusetts Gaming Commission?

[REDACTED]

If you checked yes, complete the following chart:

NAME OF BUSINESS	NATURE AND AMOUNT OF YOUR INTEREST / INVESTMENT	% OF OWNERSHIP IN THE BUSINESS

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 3.**

4. Are you a citizen of the United States? [REDACTED]
5. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as **attachment to question 5.** [REDACTED]

If you answered "YES" to Question 5 and if applicable provided the certificate of naturalization, please continue to Question 8.

6. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen. [REDACTED]

Initials [REDACTED]

B. Your place of birth: _____
CITY STATE COUNTRY

C. Your port of entry to the United States _____

D. Name and address of your sponsor upon arrival:

7. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your "USCIS A" number or other USCIS authorization number in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment label as attachment to question 7.
USCIS "A" number _____

8. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any business that:
- A. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account? _____
 - B. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business? _____
 - C. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? _____
 - D. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign? _____
 - E. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party either domestic or foreign? _____
 - F. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions? _____

9. State when you filed your last Federal Income Tax Return 1040, to what IRS Center was it sent, and the tax period it covered.
Date Filed: _____ Period Covered: _____
IRS Location: _____

Attach to the back of this form and label as **attachment to question 9**, a copy of each IRS Form 1040 and Form 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

10. Has your Federal Income Tax Return ever been audited or adjusted? _____
If you checked yes, for what tax year(s)? _____

11. Have you ever failed to file required Federal or State Income Tax Returns? _____
If you checked yes, for what year(s)? _____

Initials/Date _____

12. Have you or your spouse filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?



If you checked yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 12.

13. As part of the application process, you are required to submit a **Certificate of Good Standing/Tax Compliance Request Status** from the **Massachusetts Department of Revenue**. Even if you have not resided in the Commonwealth of Massachusetts, you still must apply for this certificate and submit it with your application and label it **attachment to question 13**.

To obtain this certificate go to **Mass Tax Connect** at: <http://mtc.dor.state.ma.us/mtc/> /

14. (A) Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.)



(B) Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.)



If you checked yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 14-A or B.

15. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**?



If you checked yes, attach to this application, labeled as **attachment to question 15**, a copy of the bankruptcy petition and discharge (if available).

16. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**?

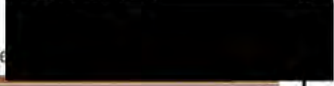


If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF THE COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

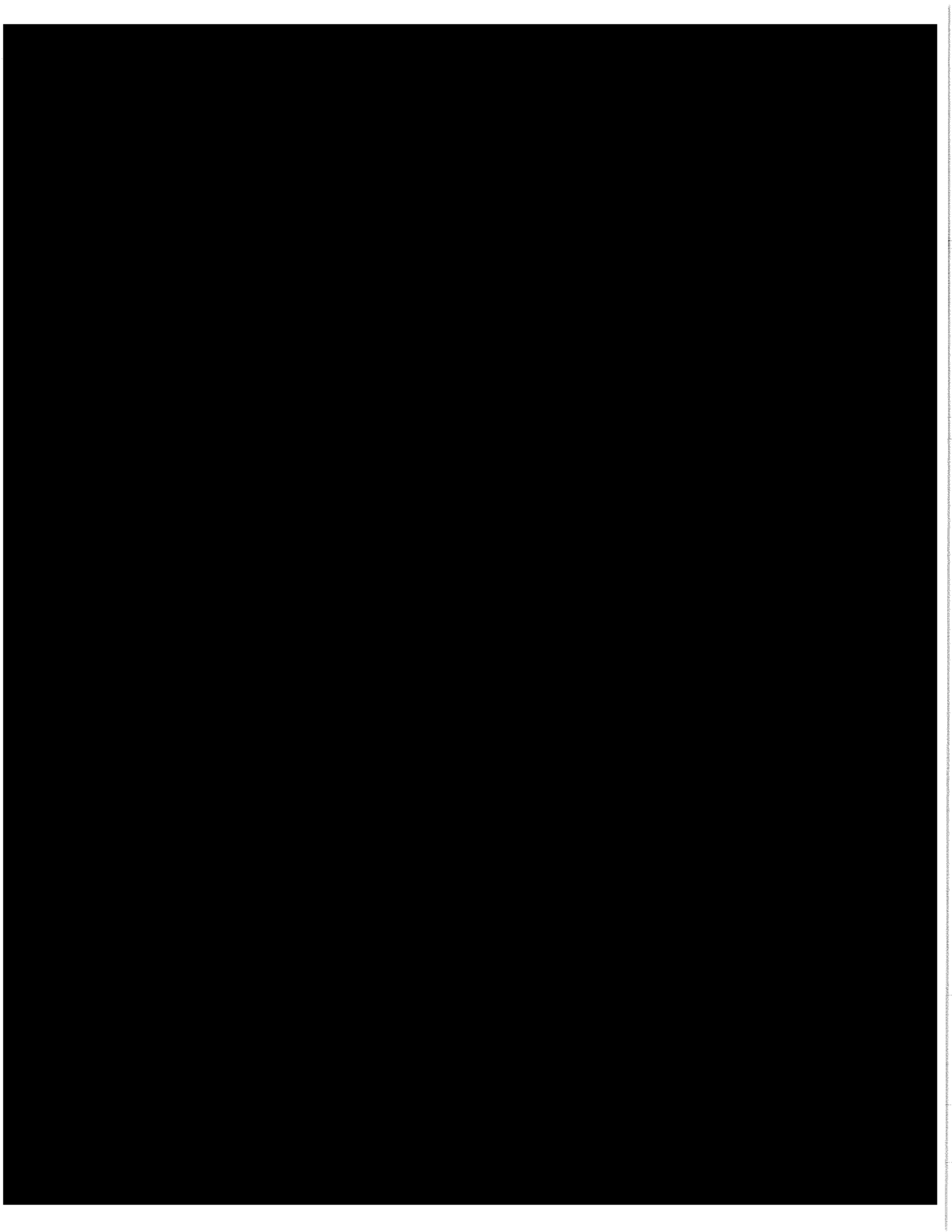
Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 16.

Initials/Date



ATTACHMENT TO QUESTION 13

1. The Board of Directors of the City of Chicago is hereby authorized to execute and deliver to the City of Chicago, on behalf of the City of Chicago, the following:



SETTLEMENTS, ALLEGATIONS, AND ADDITIONAL DISCLOSURES

18. Have you ever reached a settlement or had a settlement reached by another person or entity, on your behalf, prior to or in the absence of litigation or criminal charges being filed?



If you checked "Yes", provide a detailed explanation below:

Empty text box for providing a detailed explanation for question 18.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 18.**

19. Have you ever reached a settlement or had a settlement reached by another person or entity, on behalf of a company with which you were/are affiliated, prior to or in the absence of litigation or criminal charges being filed?



If you checked "Yes", provide a detailed explanation below:

Empty text box for providing a detailed explanation for question 19.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 19.**

20. Have you participated in any type of sexual harassment, sexual misconduct, or unlawful discrimination?



If you checked "Yes", provide a detailed explanation below:

Empty text box for providing a detailed explanation for question 20.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 20.**

Initials/Date



21. Have any allegations of sexual harassment, sexual misconduct, or unlawful discrimination been made concerning your behavior (including by employees and/or subordinates)?



If you checked "Yes", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 21.**

22. In the interest of full disclosure and your obligation to be forthcoming in your application, is there any other information which might reflect adversely in an evaluation of your honesty, integrity, or good character, or otherwise impact a determination on your suitability for gaming licensure/qualification?



If you checked "Yes", provide a detailed explanation below:


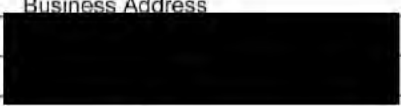




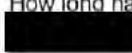
NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 22.**

Initials/Date






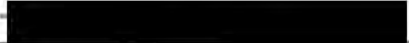



23. Provide the information requested below for three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person who is a member of your family can be used as a reference. (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)







REFERENCE ONE


Name  Business Address 
Address 
Telephone number  Occupation 
Email address  How long have you known this reference? 

REFERENCE TWO

Name  Business Address 
Address 
Telephone number  Occupation 
Email address  How long have you known this reference? 

REFERENCE THREE

Name  Business Address 
Address 
Telephone number  Occupation _____
Email Address  How long have you known this reference? 

Initials/D 

WAIVER OF LIABILITY AND CONSENT AND STATEMENT OF TRUTH

Waiver of Liability

I, _____, hereby waive liability as to the _____ and
its instrumentalities and agents, for any damages resulting to me from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing, registration or permitting process or during any inquiries, investigations or hearings related thereto.

Consent

I, _____, hereby consent to fingerprinting, photographing and the supplying of
handwriting exemplars as authorized by _____

Statement of Truth

I, _____, hereby state under the pains and penalties of perjury:

1. The information contained herein and accompanying this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false, this application may be denied.

I understand if I have questions regarding this form, I should ask an employee of the Licensing Division.

Signature

Print Name

Date

RELEASE AUTHORIZATION

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the "issuing entity").

I, [Redacted] (Print Name) authorize the Massachusetts Gaming Commission and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the term duration of the license (3 years).

A photocopy of this authorization will be considered as effective and valid as the original.

[Redacted Signature]

[Redacted Name] (Type, Stamp or Print Name)


[Redacted Date] (Date)

On this [Redacted] before me, the undersigned notary public, personally appeared [Redacted] (name of document signer), proved to me through satisfactory evidence of identification, which was [Redacted], to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

[Redacted Signature] (Signature)

[Redacted Notary Stamp] (Notary Stamp)



The  requires the submission of this Certification.

I do hereby certify that (Check all boxes that apply):



OR

- 3. I did not file U.S. Federal tax returns. Please explain why, including the non-U.S. jurisdiction where tax returns were filed.



Signature of Individual



Date



Printed Name of Individual

Authorization to Obtain Tax Information from the Department of Revenue

To Whom it May Concern: I hereby authorize any investigator of the [redacted] or the [redacted] or their designee(s) to receive information from the [redacted] Department of Revenue regarding any non-compliance with the tax laws for the years 2015-2019; and to ascertain whether any outstanding liability to the Commonwealth or other taxing authorities exists; and to ascertain whether a child support obligation exists. The attorneys-in-fact are authorized, subject to revocation, to receive this information on behalf of the taxpayer. Said confidential information may be released by the attorney-in-fact to the state office, board or other authority to which I am seeking appointment. The authorization is good for one hundred and eighty days from signing and shall thereupon automatically be terminated. I acknowledge that, if the Department of Revenue determines that I am in non-compliance with the tax and/or child support laws of the Commonwealth, I shall be subject to appropriate enforcement action to facilitate the assessment and/or collection of tax liabilities or child support obligations prior to appointment.

Have you filed a Massachusetts income tax return for the following tax years? **Answer Yes or No for each year:** [redacted]

2017 _____; 2018 _____; 2019 _____; 2020 _____; 2021 _____

Important: If you answered No for any of the years listed above, complete A, B, or C below and specify for which year(s) the relevant statement applies.

- A. I was a legal resident of [redacted] gross income was less than \$8,000.00 for the tax year(s): _____
- B. I was a nonresident of [redacted] and I did not receive sufficient [redacted] source income to require filing a [redacted] income tax return for the above tax year(s). List other states and years of filing: _____
- C. Other Reason: _____

Have you filed a joint tax return in any of the years [redacted]
[redacted]

If **Yes**, please list your spouse's name, Social Security number, and years filed jointly:

I understand that by signing my name, address, and Social Security Number, under penalty of perjury, I am authorizing the [redacted] to release the information listed above to the persons listed above.

Signature: [redacted] Date: [redacted]

Social Security Number: [redacted]

Current Address: [redacted]

Spouse's Signature (if applicable): _____ Date: ____ / ____

[Redacted]

[Redacted]

The Investigations and [Redacted] requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant

[Redacted]

Signature of Authorized Certifying Official: _____ Date: _____

Printed Name and Title: _____

Name of Applicant for Operator License: _____

Section 2 FOR EACH QUALIFIER:

I understand that the [Redacted] may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to [Redacted]

Signature of Individual Qualifier: _____ Date: _____

Printed Name and Title: _____

Name of Applicant for Operator License: _____

G.2 SUITABILITY - INDIVIDUAL QUALIFIER INTEGRITY

Any Key Persons or Employees associated with an applicant must also complete and submit the following documents, before any suitability investigations or background checks will commence:

- **Massachusetts Gaming Commission Multi-Jurisdictional Personal History Disclosure Form – Attached is the MJPHD for [REDACTED] that was submitted to [REDACTED] as allowed per the following from the email from [REDACTED]**

Note: If an individual qualifier has completed the MJPHD for another jurisdiction, and their form is dated within the past year, the individual may submit the form that has already been completed, and does not need to complete a new MJPHD.

- **Massachusetts Gaming Submission Supplemental Form - Attached**

MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

MULTI JURISDICTIONAL CASINO/GAMING LICENSE PERSONAL HISTORY DISCLOSURE FORM

This application is designed to allow applicants for casino/gaming qualification to complete one form that is acceptable to several jurisdictions. The questions contained in this form have been designed to satisfy the variety of filing and informational requirements of the different jurisdictions that have agreed to accept this form as an application for qualification.

Each jurisdiction accepting this form may require unique information and documentation that is not requested in this standardized form. Prior to completing this form, you should contact the appropriate agency in the jurisdictions where you are seeking qualification, licensure or approval and obtain copies of any documentation or forms that are supplemental to this standardized form. In addition, copies of this multi jurisdictional form and all supplemental forms used by the jurisdictions accepting this form may be found on the Internet at www.iagr.org.

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted in the space provided on the bottom of each page of the form.
- e. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 65 may be used to provide this additional information. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of each of these attachment pages.
- f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the gaming agency with which it has been filed and will not be returned.

II. BE SURE TO:

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- b. Sign the Statement of Truth form on page 66 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials, the date, and identified the gaming agency to which you are applying, on the bottom of each page of this form in the space provided and on any attachment pages.

III. BEFORE YOU SUBMIT THIS FORM TO THE GAMING AGENCY TO WHICH YOU ARE APPLYING, BE SURE THAT:

- a. You have reviewed the particular gaming agency's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of Truth form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.
- f. You have completed any ancillary forms for the individual jurisdictions.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Once all questions have been answered, make sufficient copies for all jurisdictions where you will file your application. Note that you should do this BEFORE the form is signed, dated and notarized. Since each jurisdiction must receive an application containing original signatures, it is advisable to make copies before signing the form.
- c. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- d. Be sure to use blue ink where you sign, initial, date and identify the gaming agency where you are filing your application. Using blue ink will make it clear to the jurisdiction where you are filing that your application is to be considered an original and not a photocopy.

**MULTI JURISDICTIONAL CASINO/GAMING LICENSE
PERSONAL HISTORY DISCLOSURE FORM**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE
FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

PERSONAL DATA

NAME: LAST (INCLUDE SR, JR, ETC, IF APPLICABLE) [REDACTED]

MAILING ADDRESS/POSTAL ADDRESS:
NUMBER AND STREET APT #/FLAT # [REDACTED] ZIP/POS [REDACTED]
[REDACTED]
[REDACTED] STATE/PROVINCE [REDACTED]
[REDACTED]
[REDACTED] STATE/PROVINCE [REDACTED]
[REDACTED]

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) [REDACTED]
CURRENT BUSINESS TELEPHONE NO. (AREA CODE) (NUMBER) [REDACTED]
AT PLACE OF EMPLOYMENT: (EXTENSION) [REDACTED]

DATE OF BIRTH: (MO)(DAY)(YEAR) [REDACTED] E MAIL ADDRESS (REQUIRED): [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

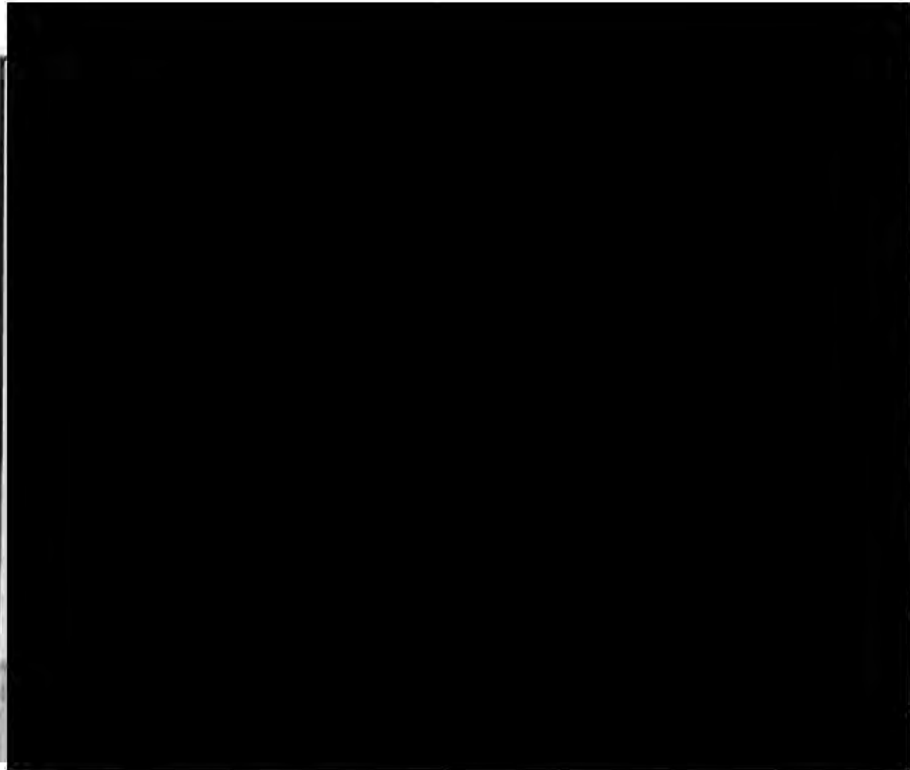
[REDACTED]

[REDACTED]

[REDACTED] Date [REDACTED]


IMPORTANT


FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION.



1. Of what country are you a citizen? 

A. Please indicate:


1. Date of birth: 
DAY MONTH YEAR

2. Place of birth: 
CITY/TOWN STATE/PROVINCE COUNTRY

3. Country of birth: 

2. Have you ever been issued a passport? 

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE
				

5. a. In the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former parents-in-law*, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]				

[REDACTED]

[REDACTED] *AB*
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

7. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and of their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling: [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				



MILITARY SERVICE DATA

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? [REDACTED]

If yes, provide the following information:

Country of Service: [REDACTED]

[REDACTED]

From: _____ To: _____

9. Date and type of discharge or separation (honorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/ [REDACTED]

[REDACTED] a copy of a letter to the appropriate branch of the military requesting a copy of your military records* labeled as an Exhibit 9M. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges** filed against you? [REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

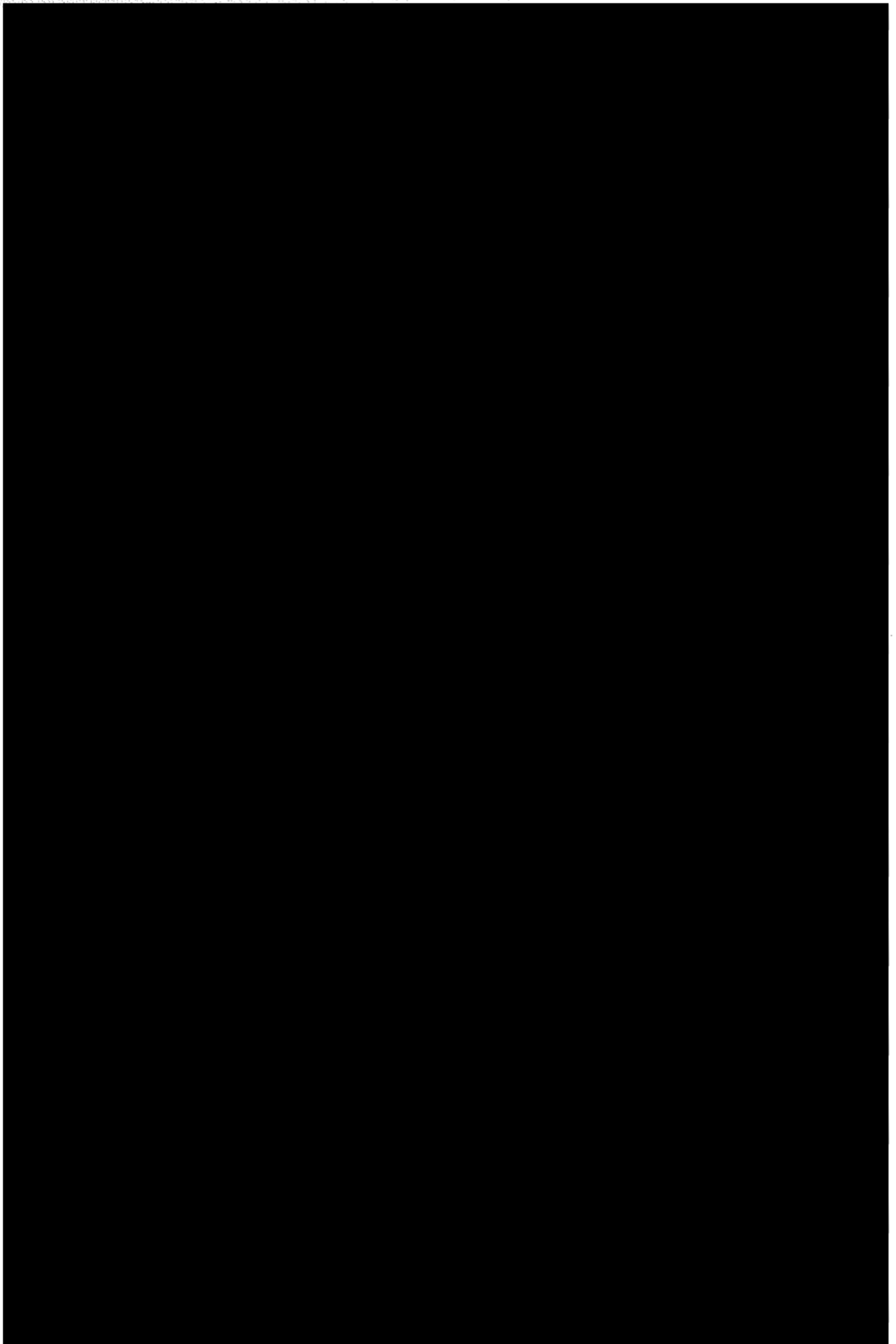
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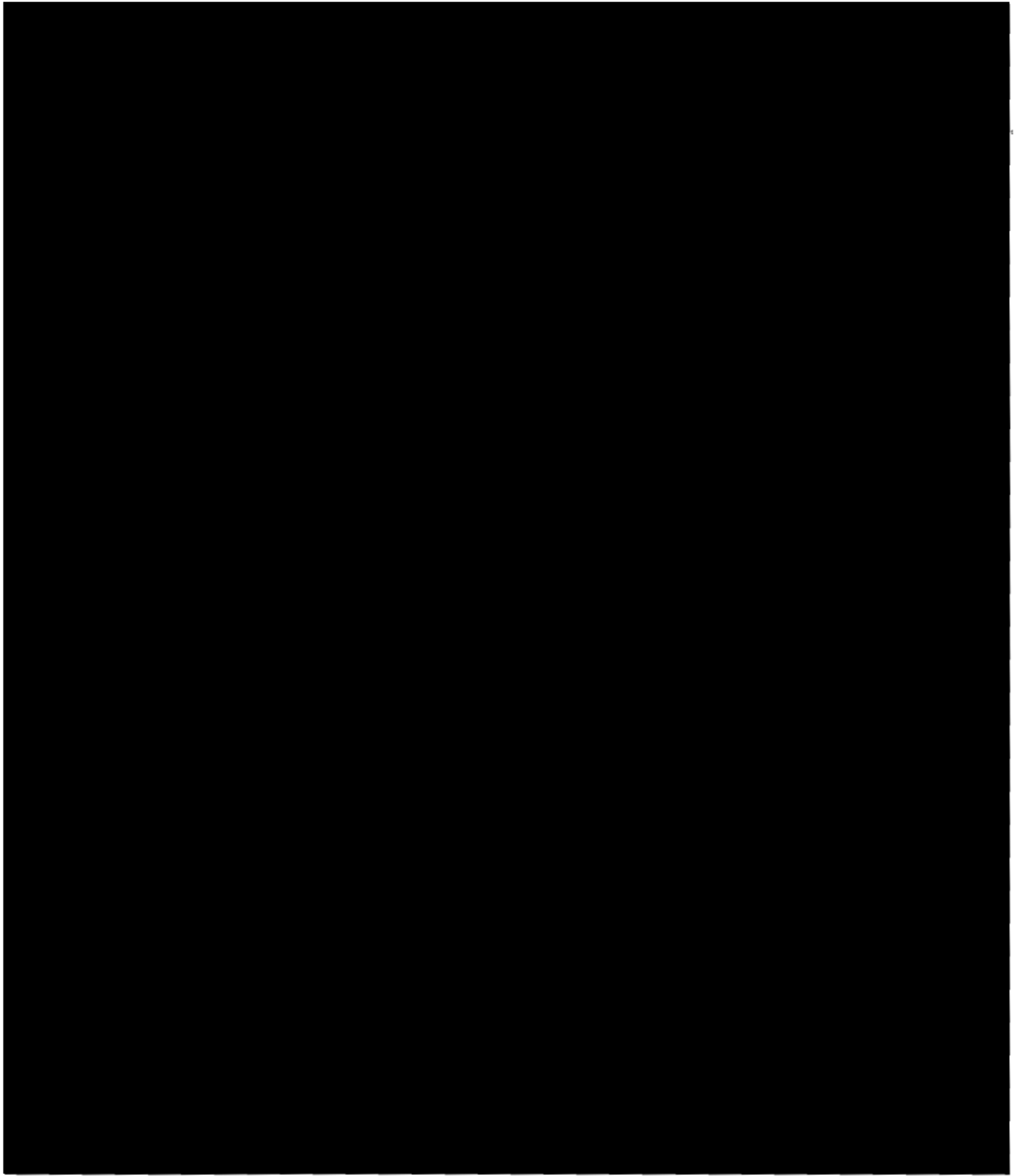


[REDACTED]
Multi-Jurisdictional Personal History Disclosure Form
Question 9

EXHIBIT 9M

[REDACTED]





EDUCATIONAL DATA

11. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	[REDACTED]	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

[REDACTED]

[REDACTED]
 [REDACTED]
 [REDACTED] Agency _____

[REDACTED]
 [REDACTED]

OFFICES AND POSITIONS

12. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	[REDACTED]	[REDACTED]
FROM: (MO/YR)	TO: (MO/YR)			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05/21		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12. (Cont.)

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

13. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		
[REDACTED]		[REDACTED]	[REDACTED]



EMPLOYMENT AND LICENSING DATA

14. Have you ever been employed by a casino or gaming/gambling related company* in any jurisdiction? [REDACTED]

* Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15. In the chart below, provide the information regarding your employment for the past twenty years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	[REDACTED]	[REDACTED]	[REDACTED]
FROM: (MO/YR)	TO: (MO/YR)				
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Sosyal Yazılım ve Danışmanlık Hizmetleri A.S., Yesilce Mah. Yunus Emre Cad., Nil Ticaret Merkezi No:8 K:3, Kagithane, 34418	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19. a. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer? [REDACTED]
- b. Have you or your spouse ever been suspended or removed from a position as a trustee or other fiduciary officer?
- If yes to either question, complete the following chart:

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL

20. Have you or has your spouse ever made application for, or held, any **NON-GAMING** professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending. [REDACTED]

If yes, complete the following chart:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

21. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction? [REDACTED]

If yes, complete the following chart as to each denial, suspension, revocation or conditions:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL SUSPENSION OR REVOCATION

22. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions? [REDACTED]

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION



23. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past twenty years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you owned stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FROM: (MO/YR)	TO: (MO/YR)						
[REDACTED]	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

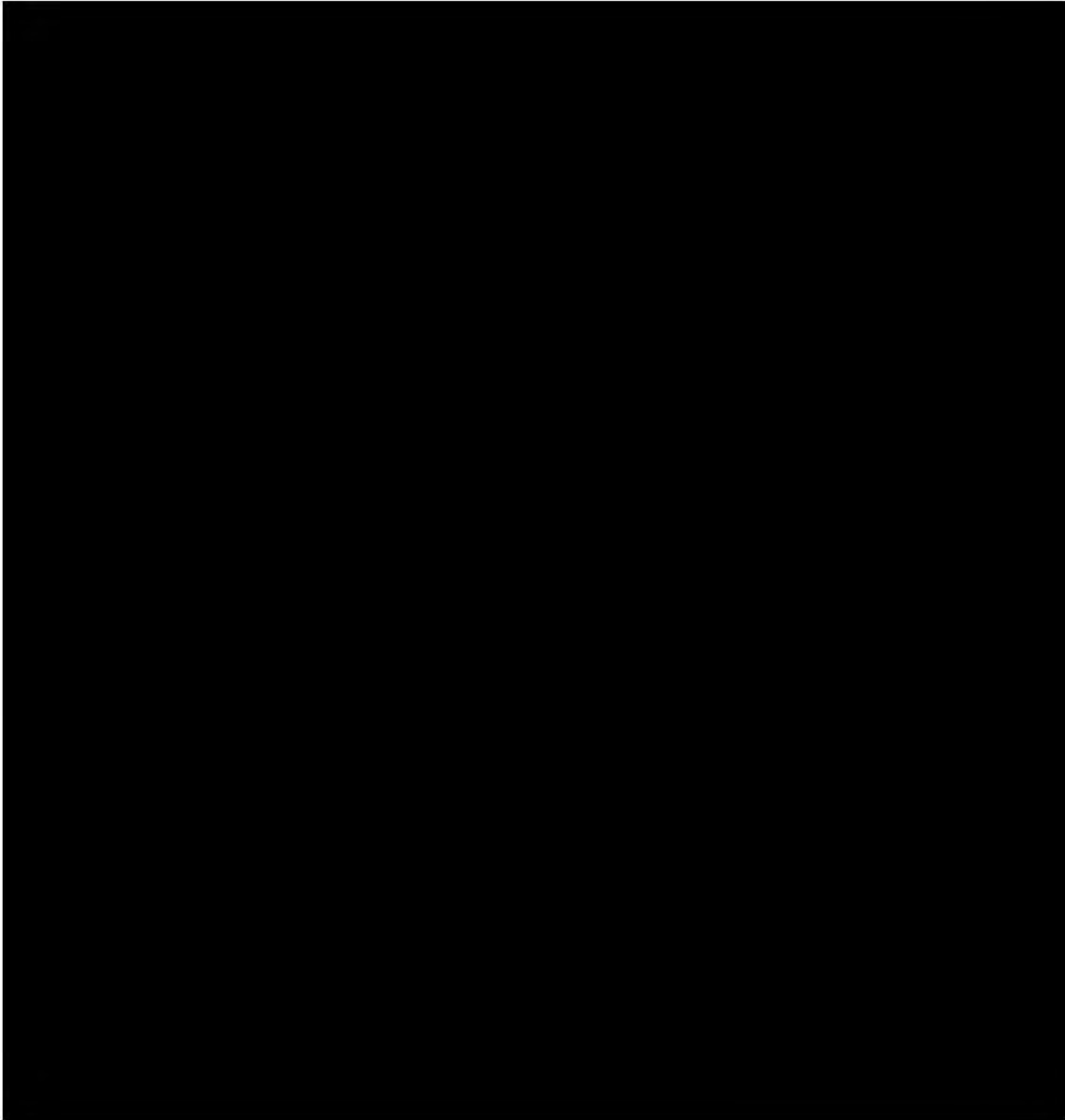
[REDACTED] [REDACTED] [REDACTED]

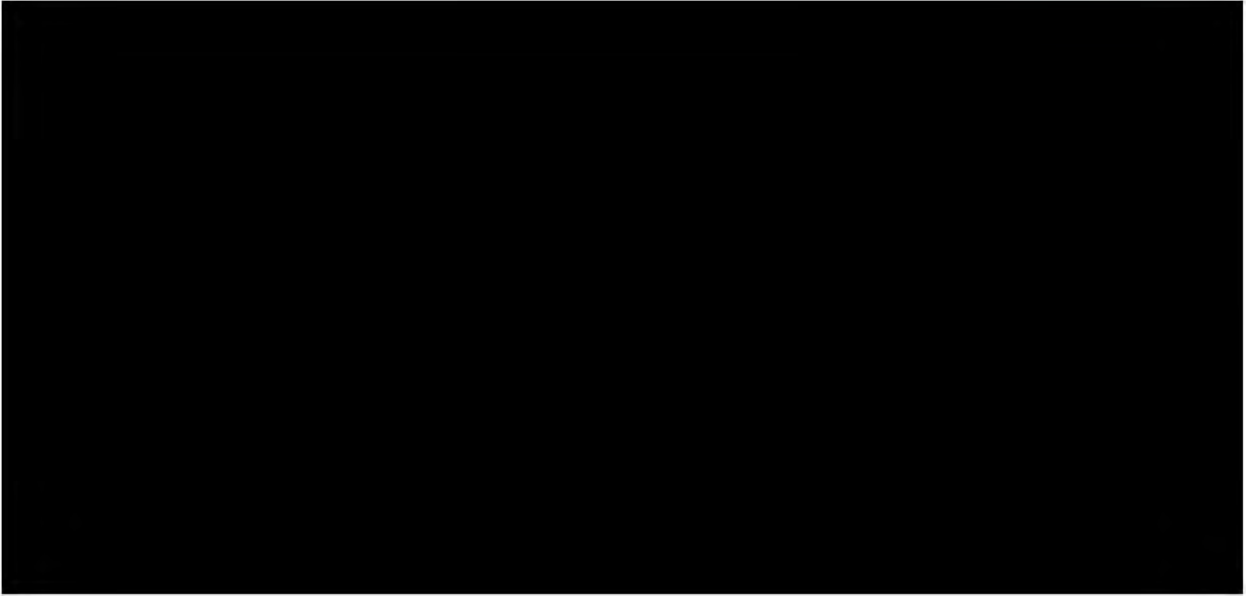


[REDACTED]
Multi-Jurisdictional Personal History Disclosure Form
Question 23

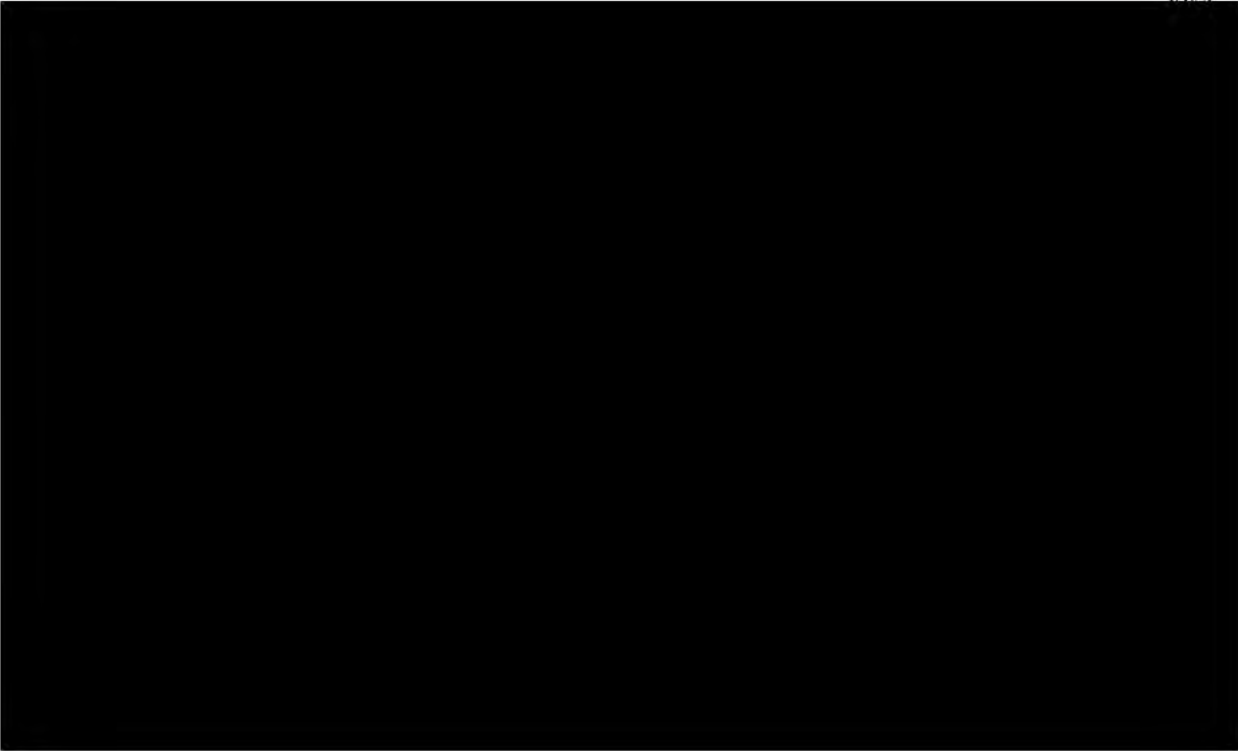
EXHIBIT 23

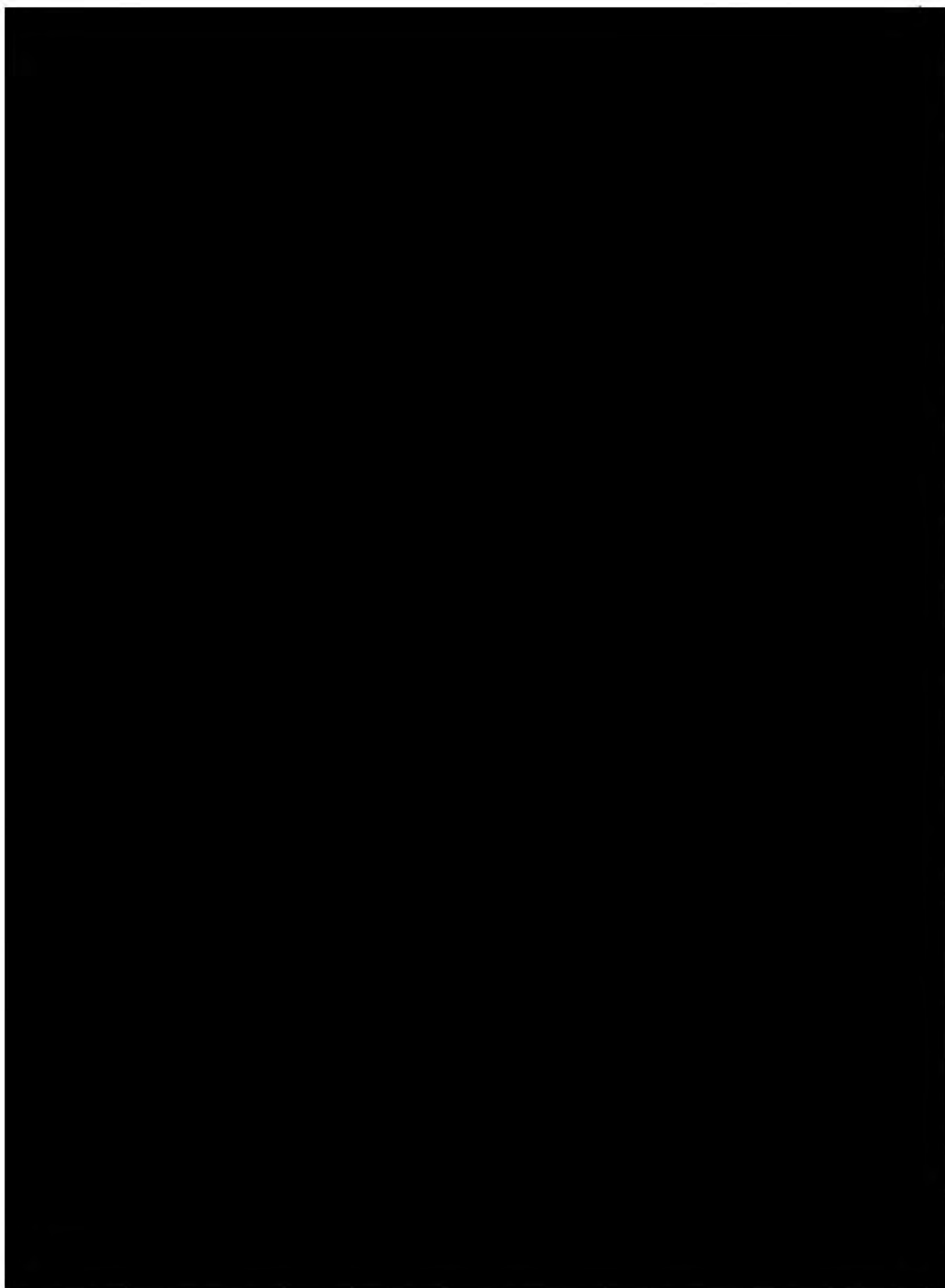
Attached, please find a copy of the ownership records referenced as supporting documents in [REDACTED] response to Question 23.

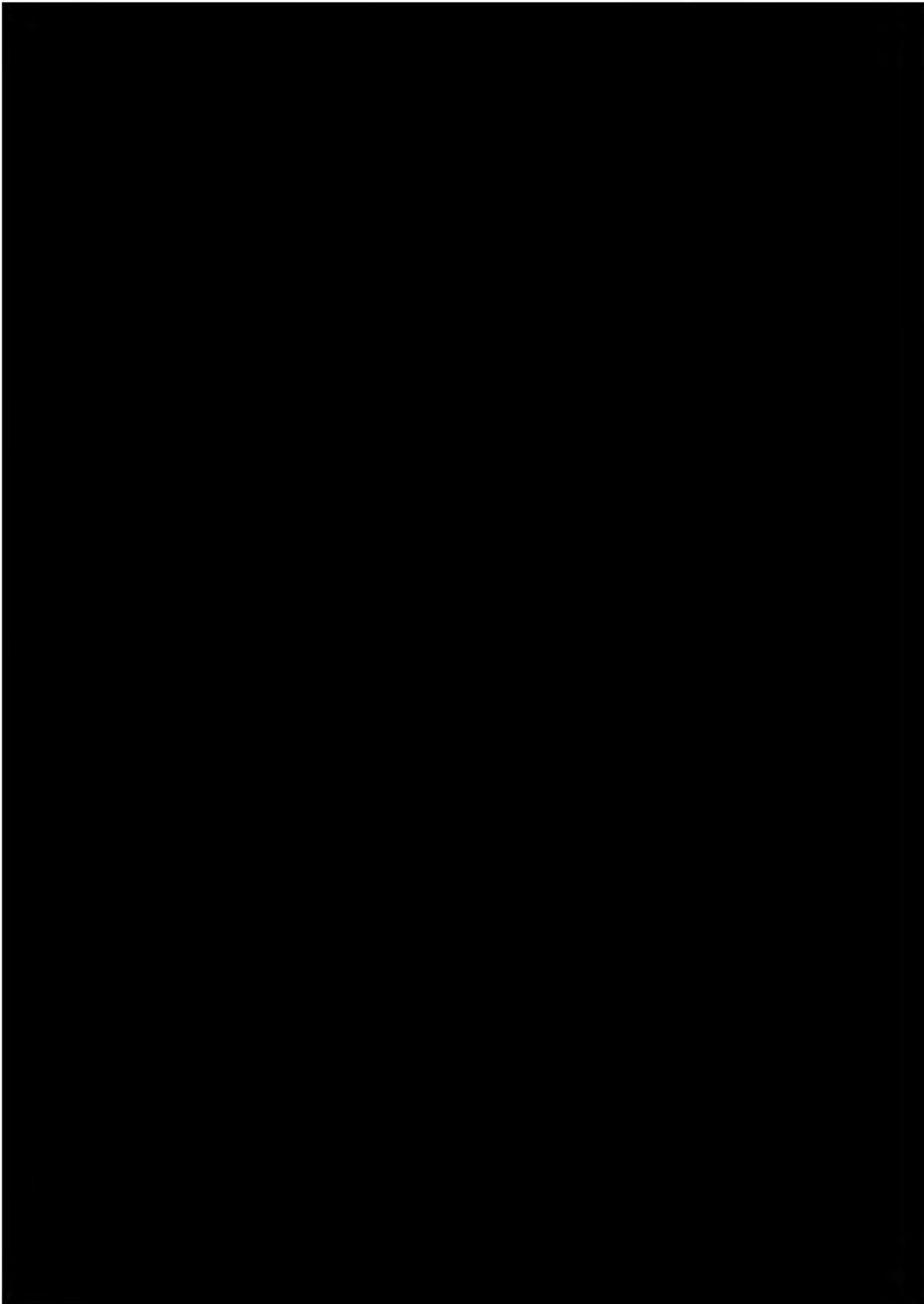


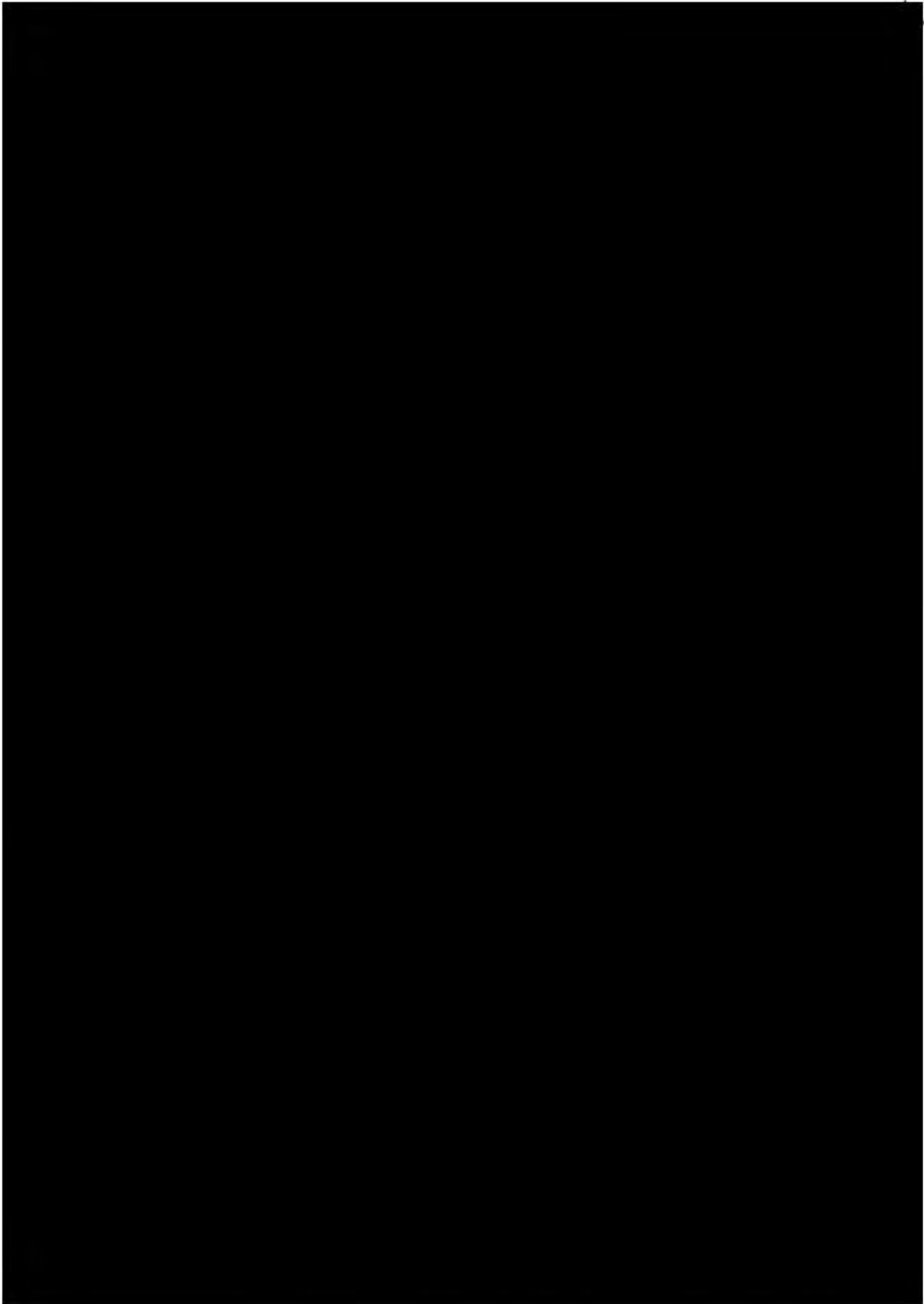


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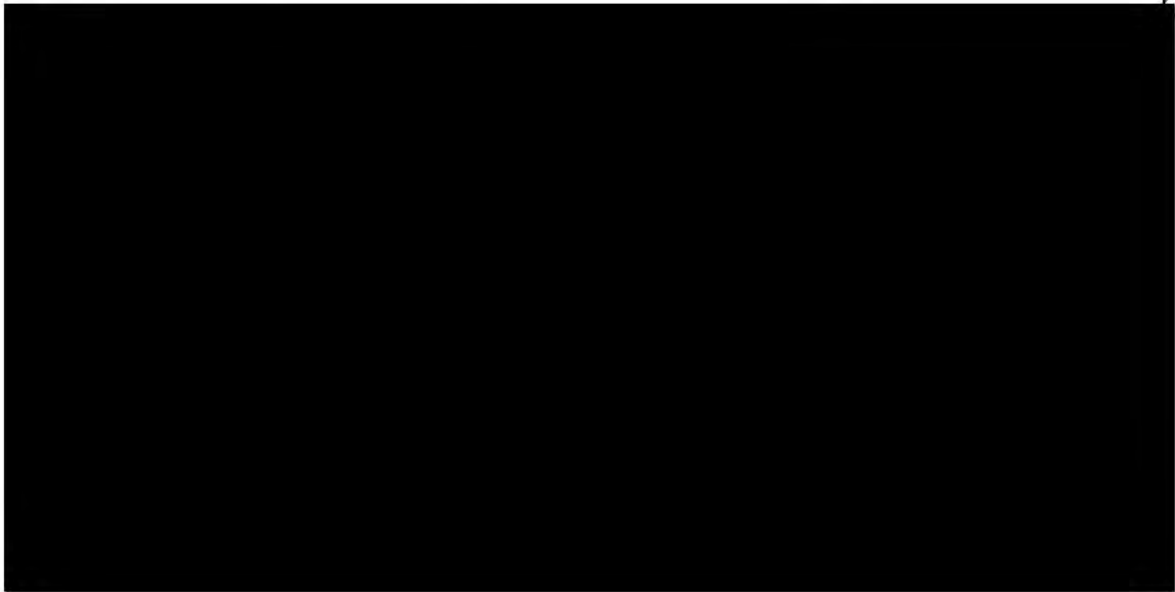




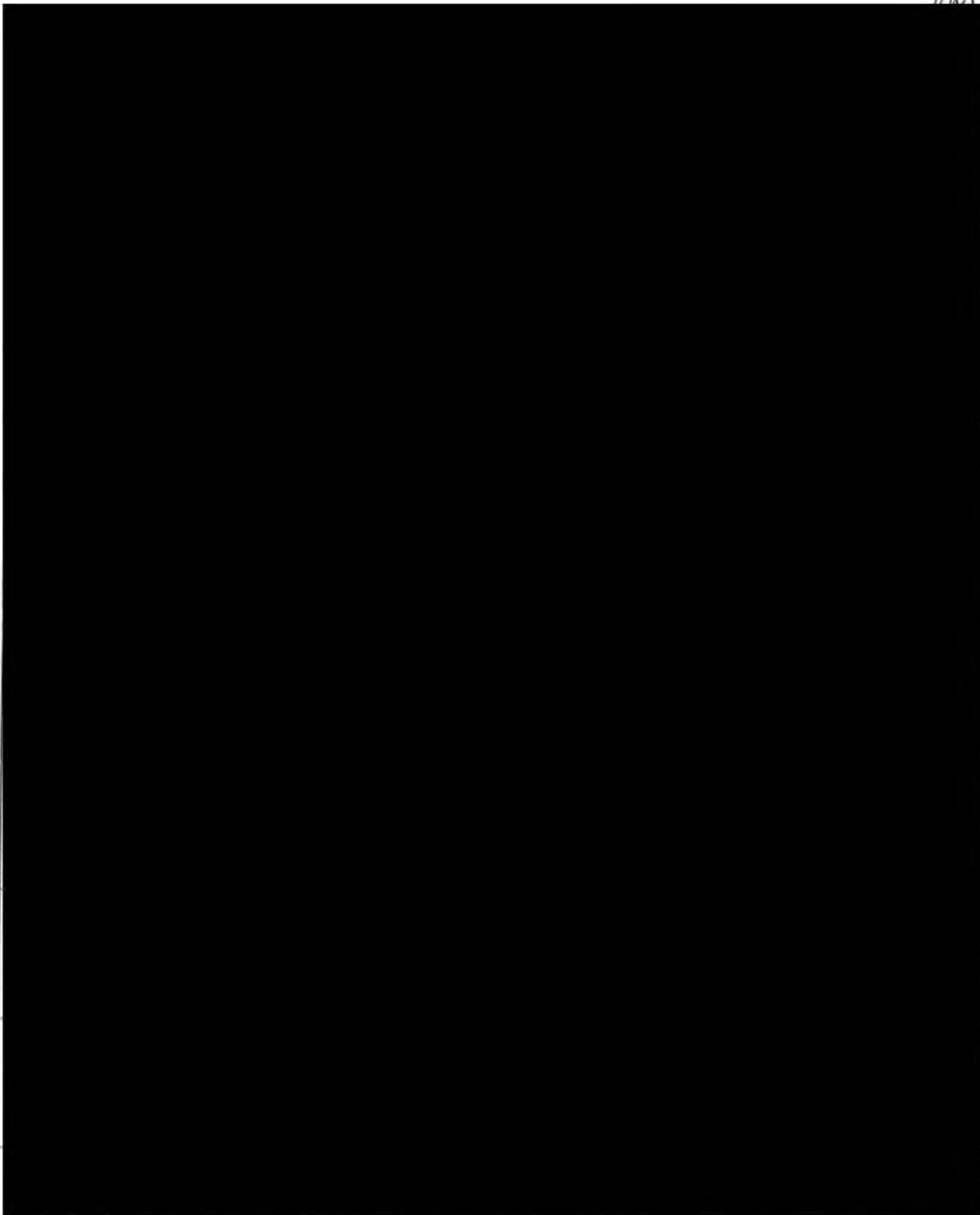




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24. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.



If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER
[REDACTED]				

Sadok Kohen

Individual Key Person Personal Disclosure Form
Exhibit 24, Other Licenses

Other than a Driver's License, Mr. Kohen has applied for and been granted various gaming licenses in multiple jurisdictions. Mr. Kohen and his licenses have never been the independent subject of any type of disciplinary action in any jurisdiction. These licenses are listed below:

Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, Pending, etc.)	License, Permit, Approval or Registration Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* [REDACTED]

25. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

■ ■ ■ ■

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

26. To the best of your knowledge, in the past twenty years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

[REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY TO WHICH APPLICATION WAS MADE	TYPE OF LICENSE APPLIED FOR	DISPOSITION OF APPLICATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Bermuda [REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Gaming Agency [REDACTED]

[REDACTED]

27. a. Are any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 26 in any jurisdiction?



b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?



If yes to either question, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE



CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

INSTRUCTIONS:

- 1. Answer "YES" and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.
- 2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency*.

* Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.

IMPORTANT

The gaming agency will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

28. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

[REDACTED]

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

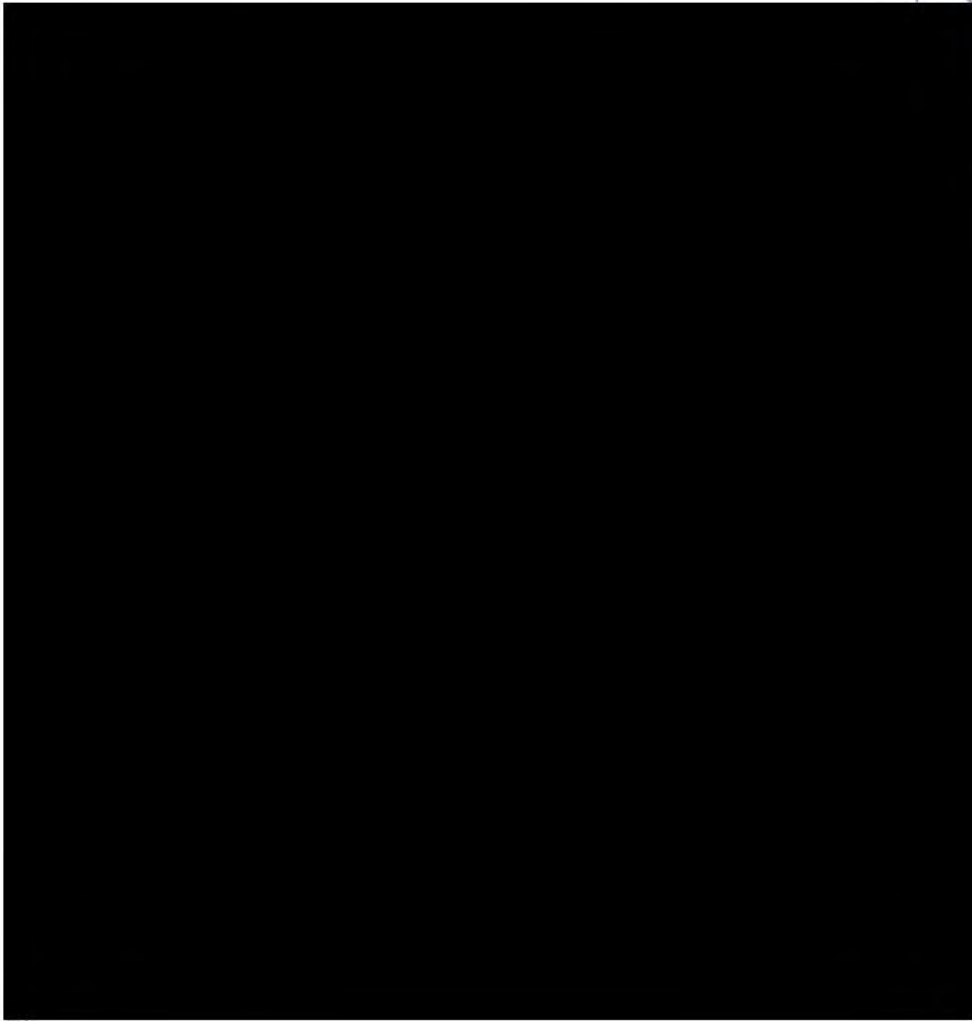
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[REDACTED]
Multi-Jurisdictional Personal History Disclosure Form
Question 28

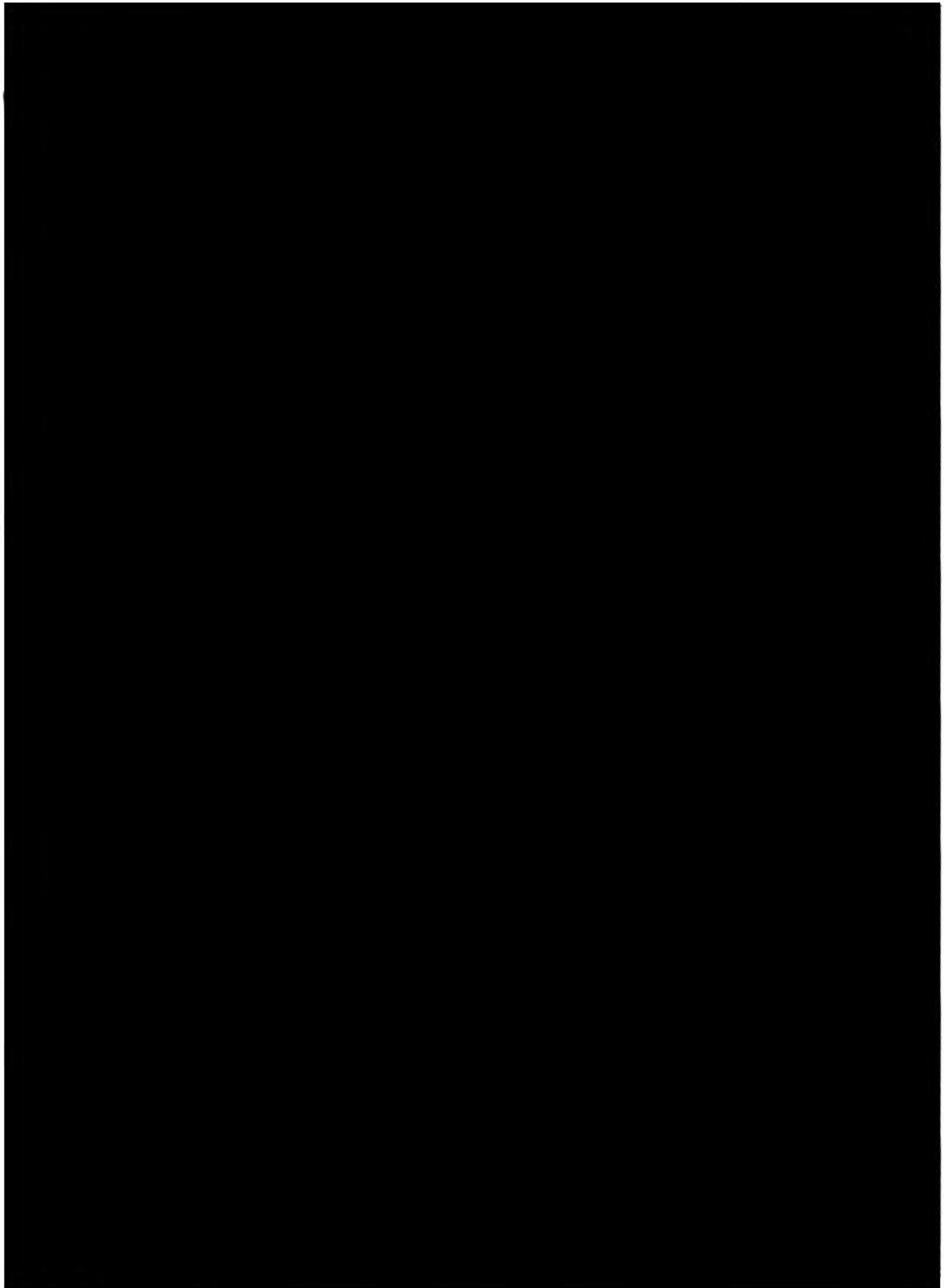
EXHIBIT 28

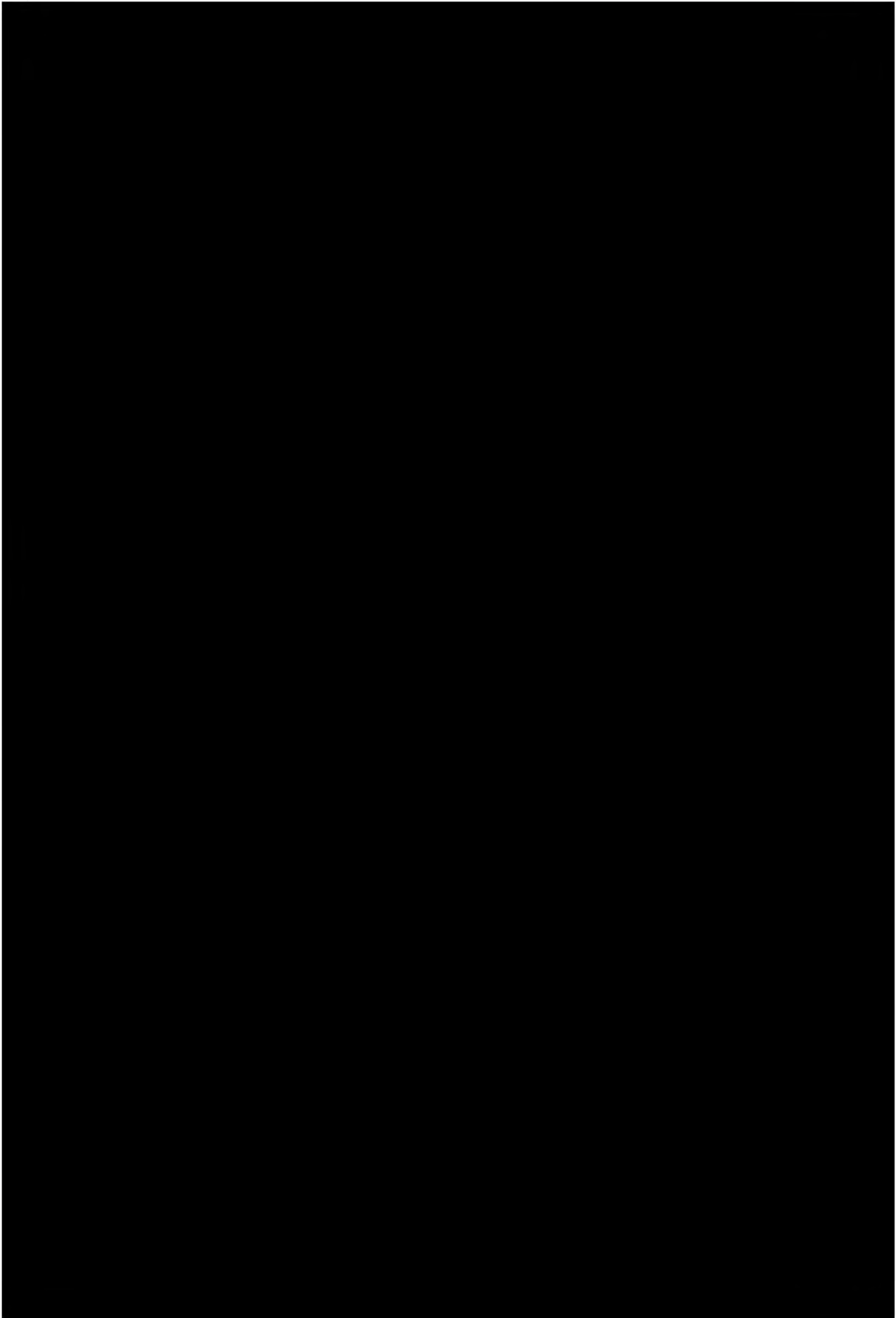
Attached, [REDACTED]
[REDACTED]

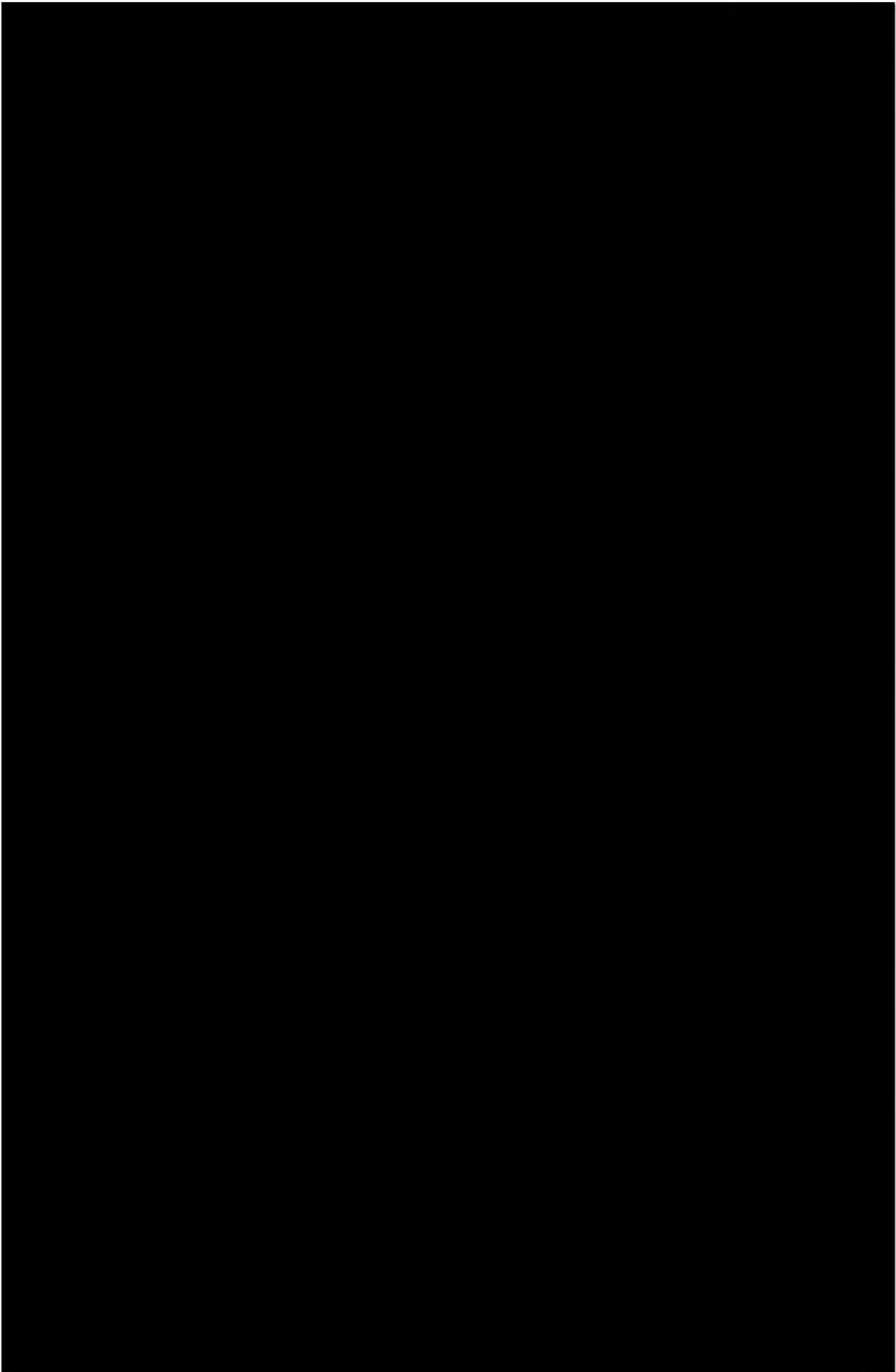


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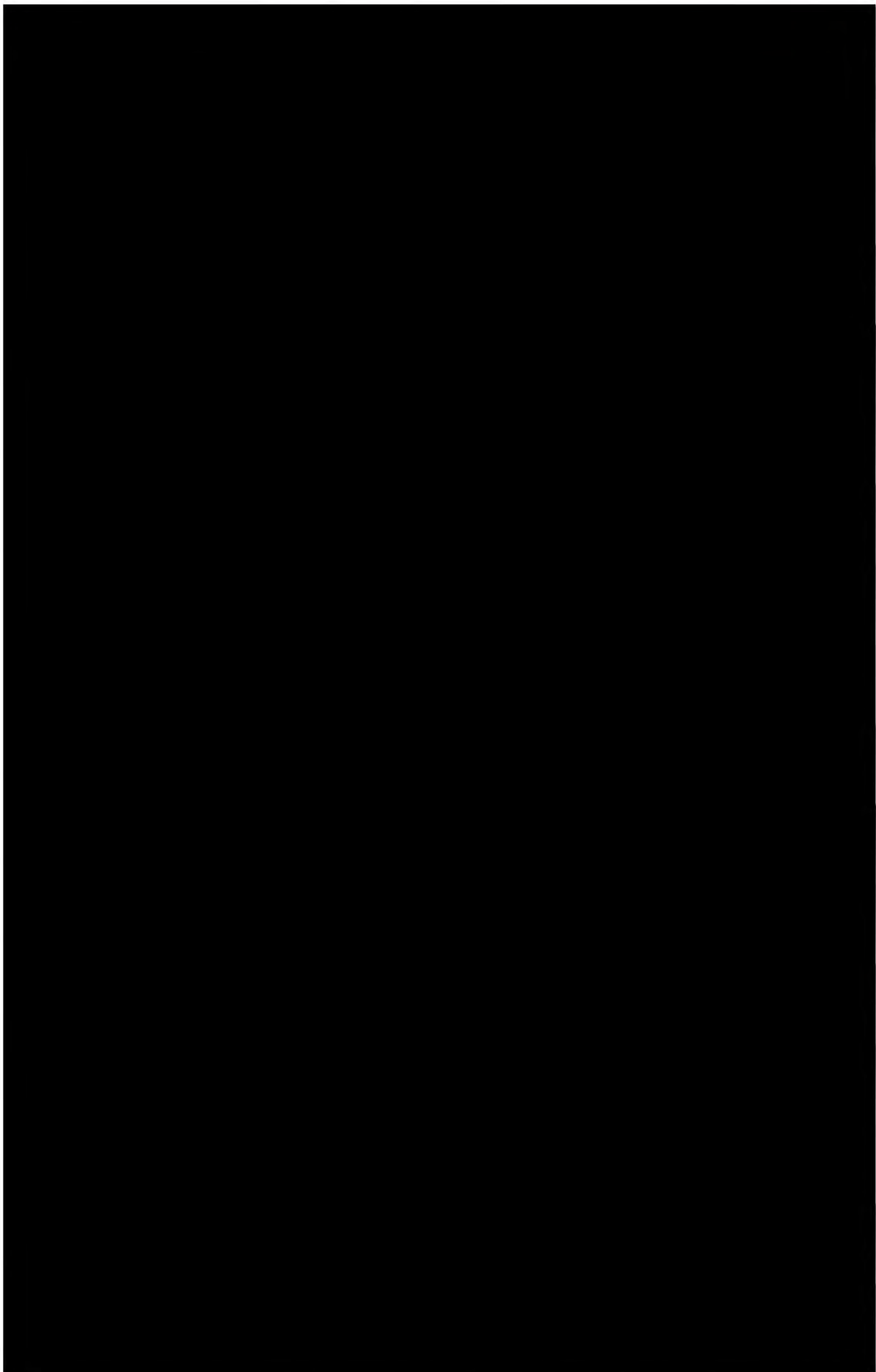






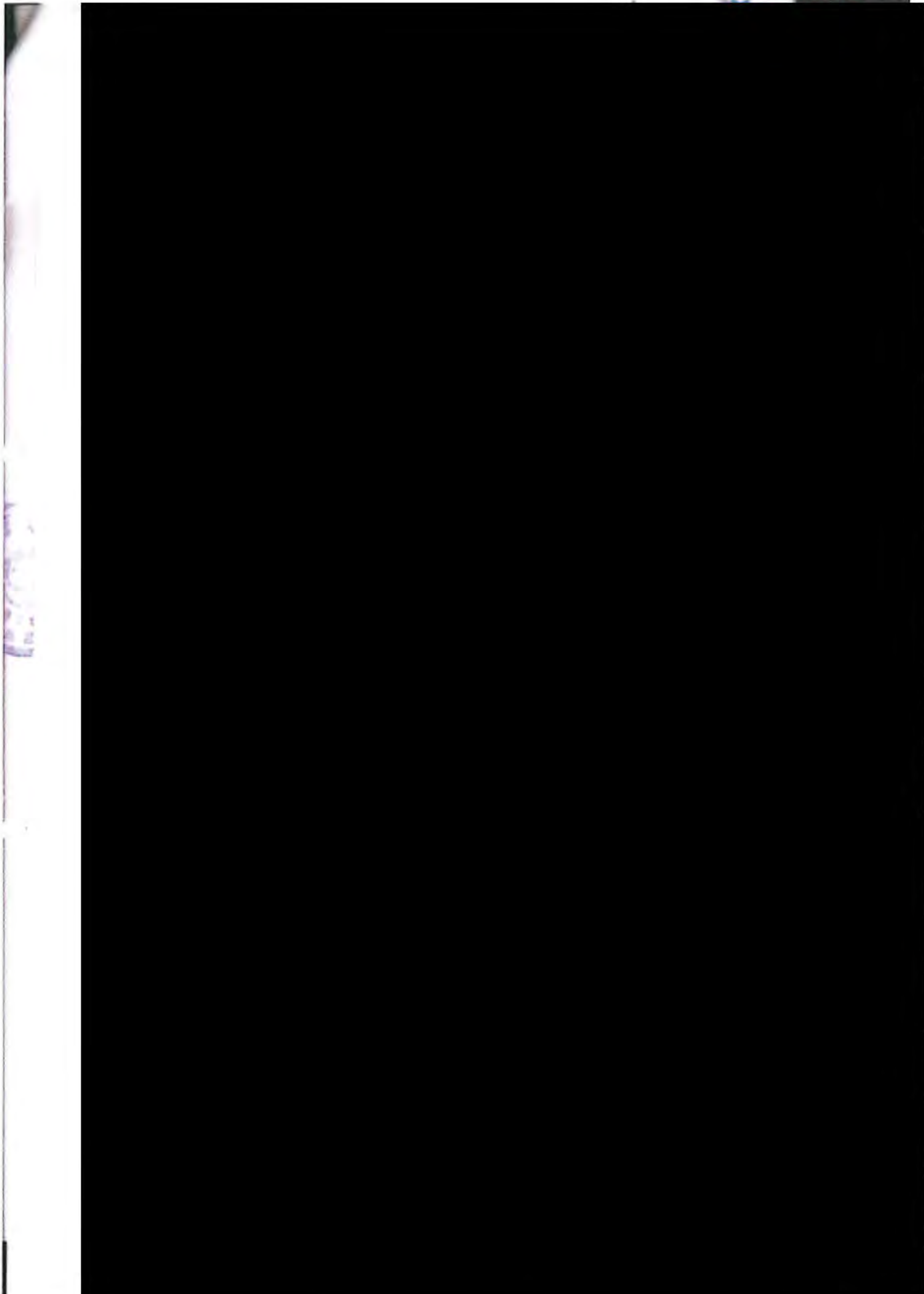


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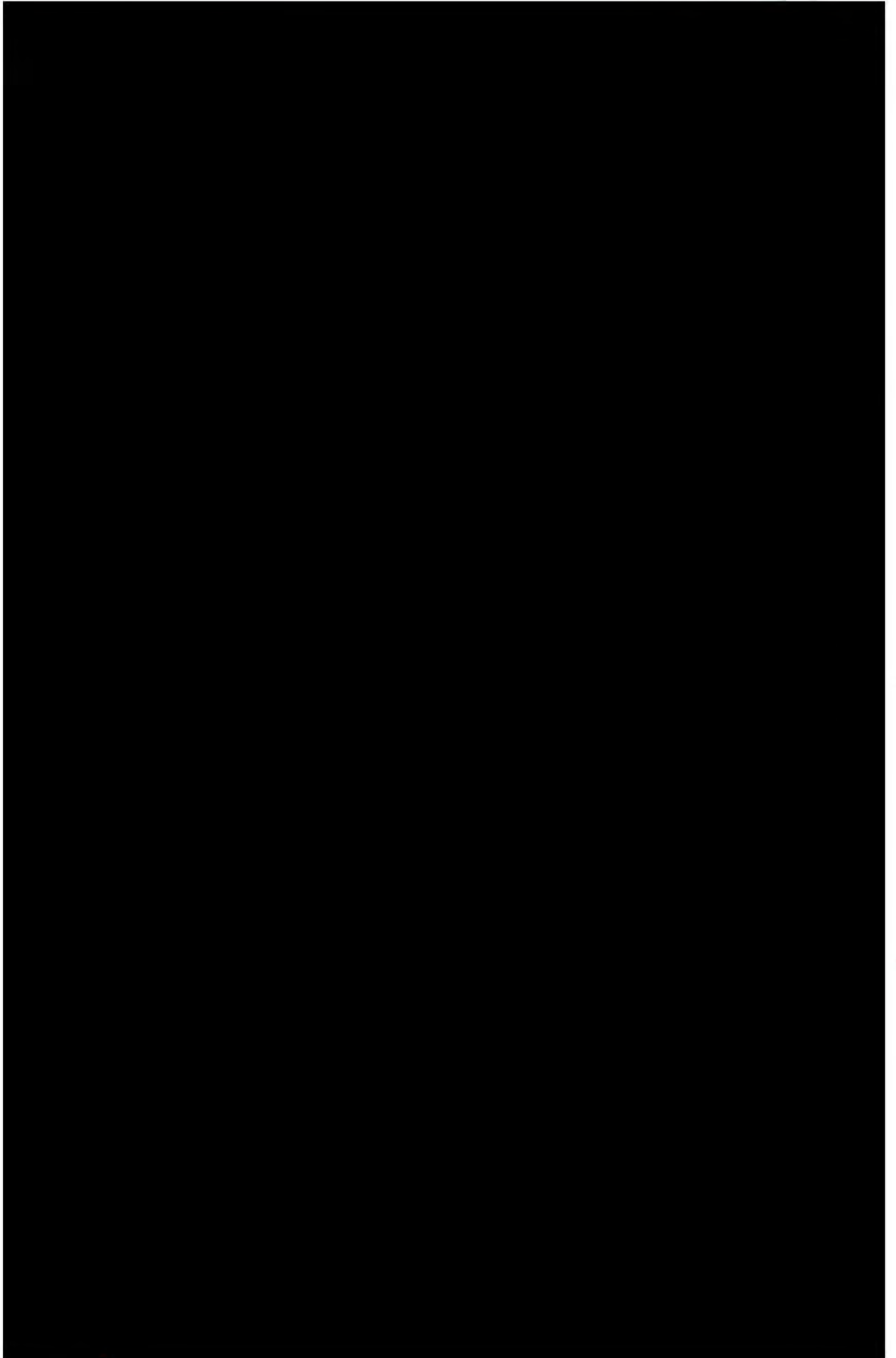


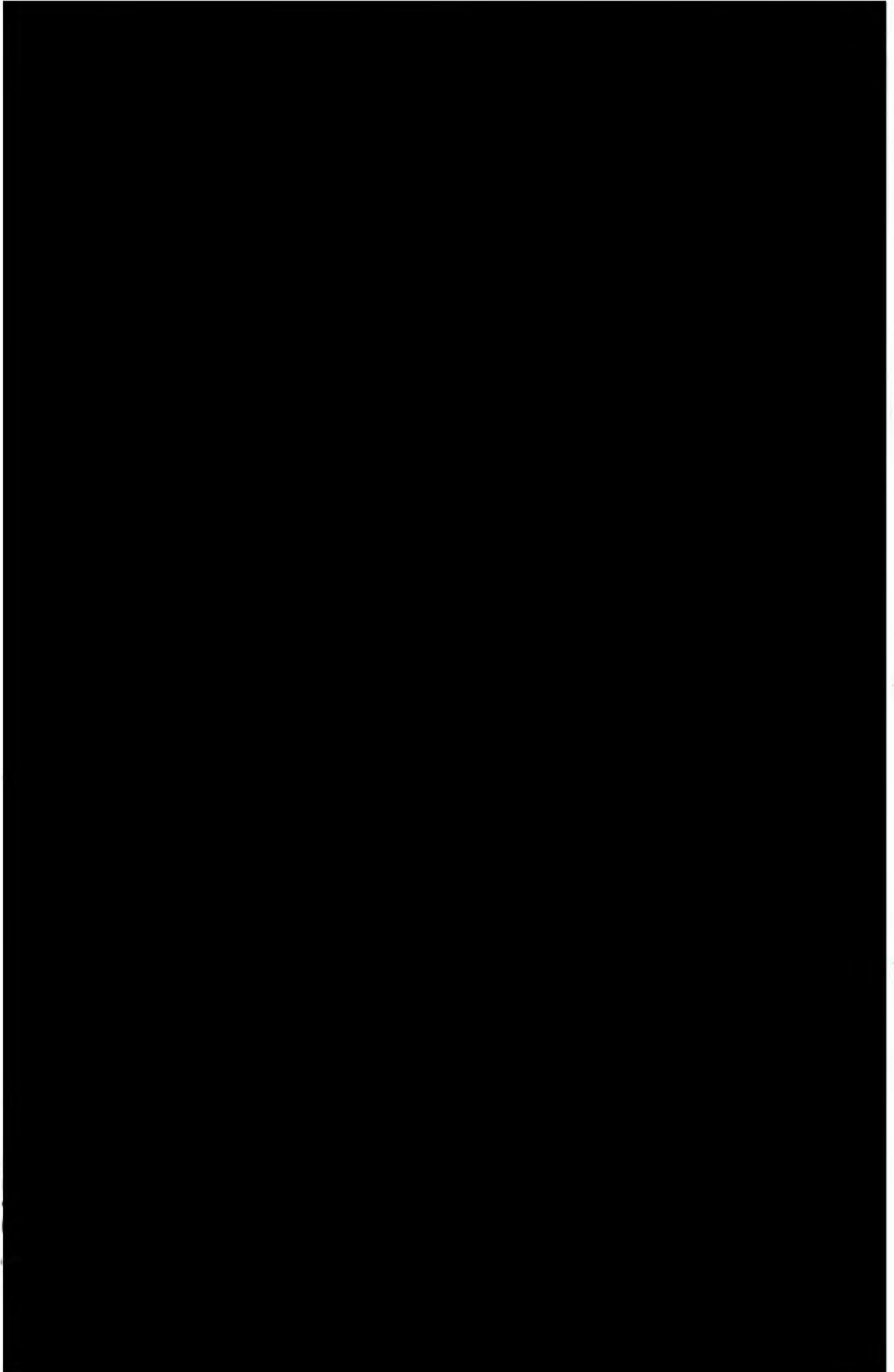
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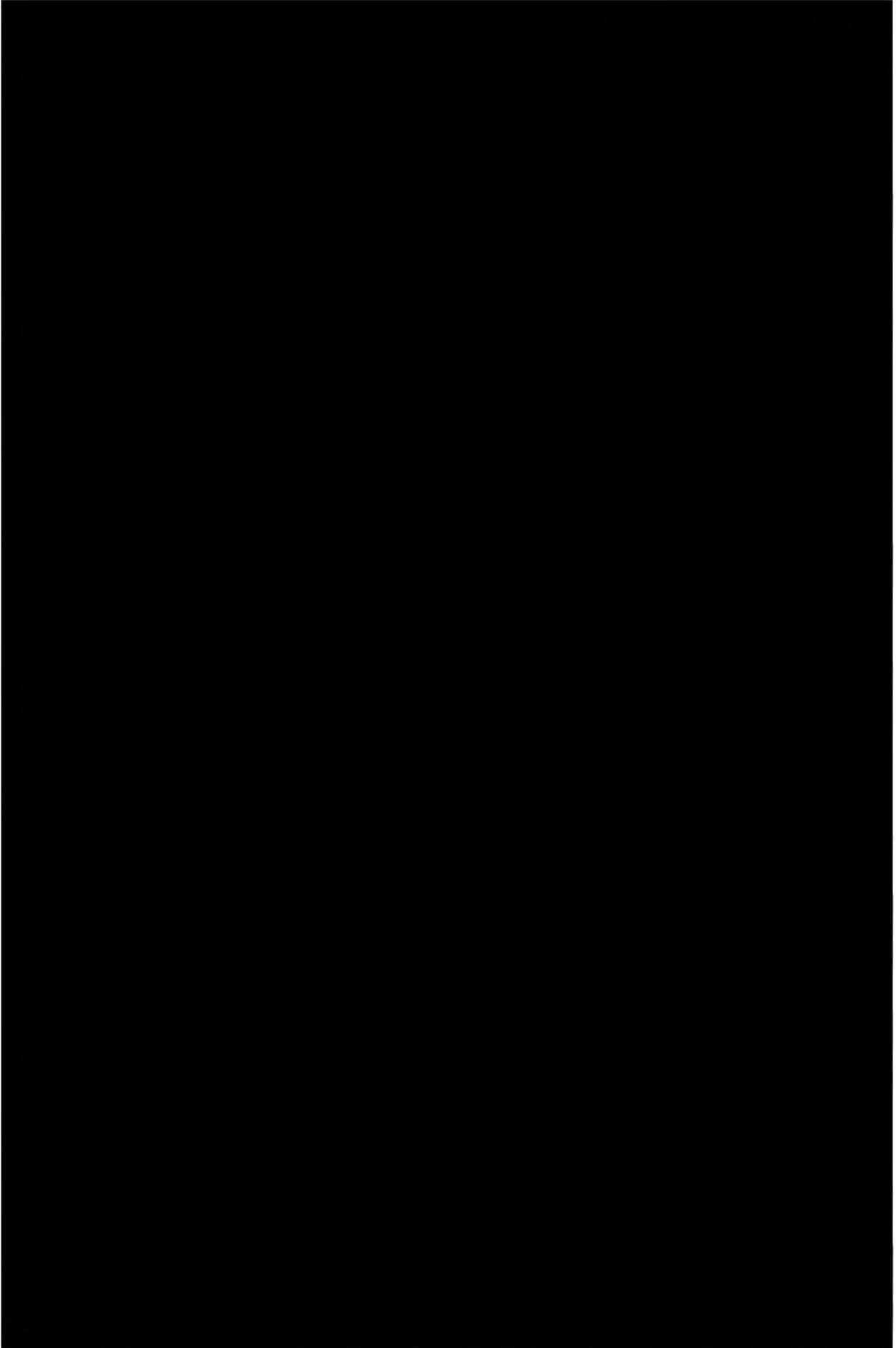


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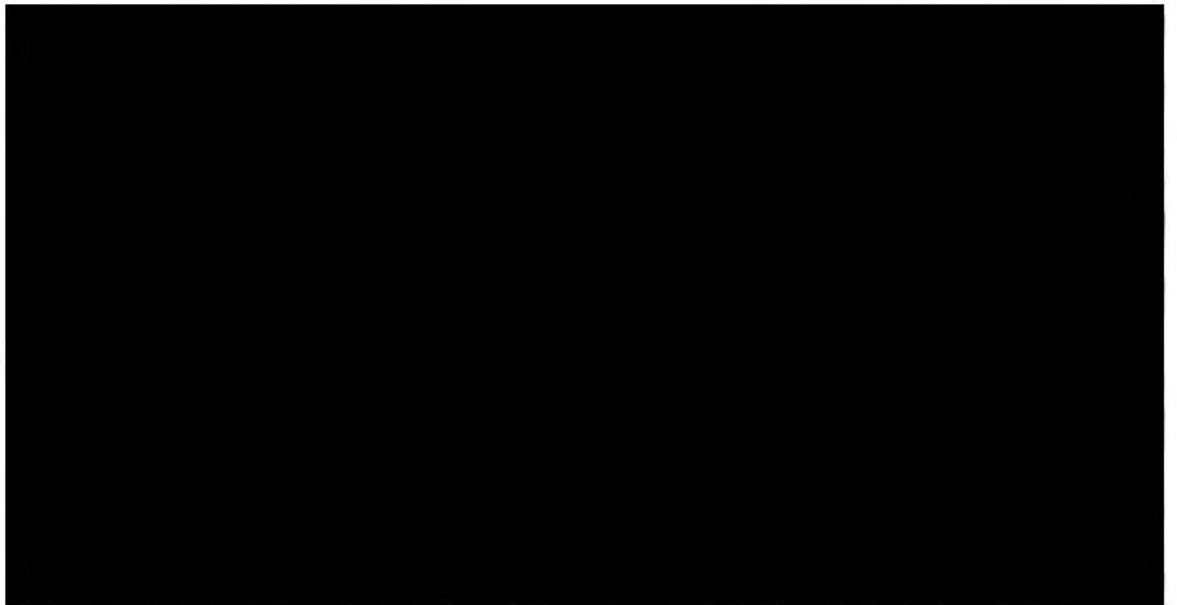
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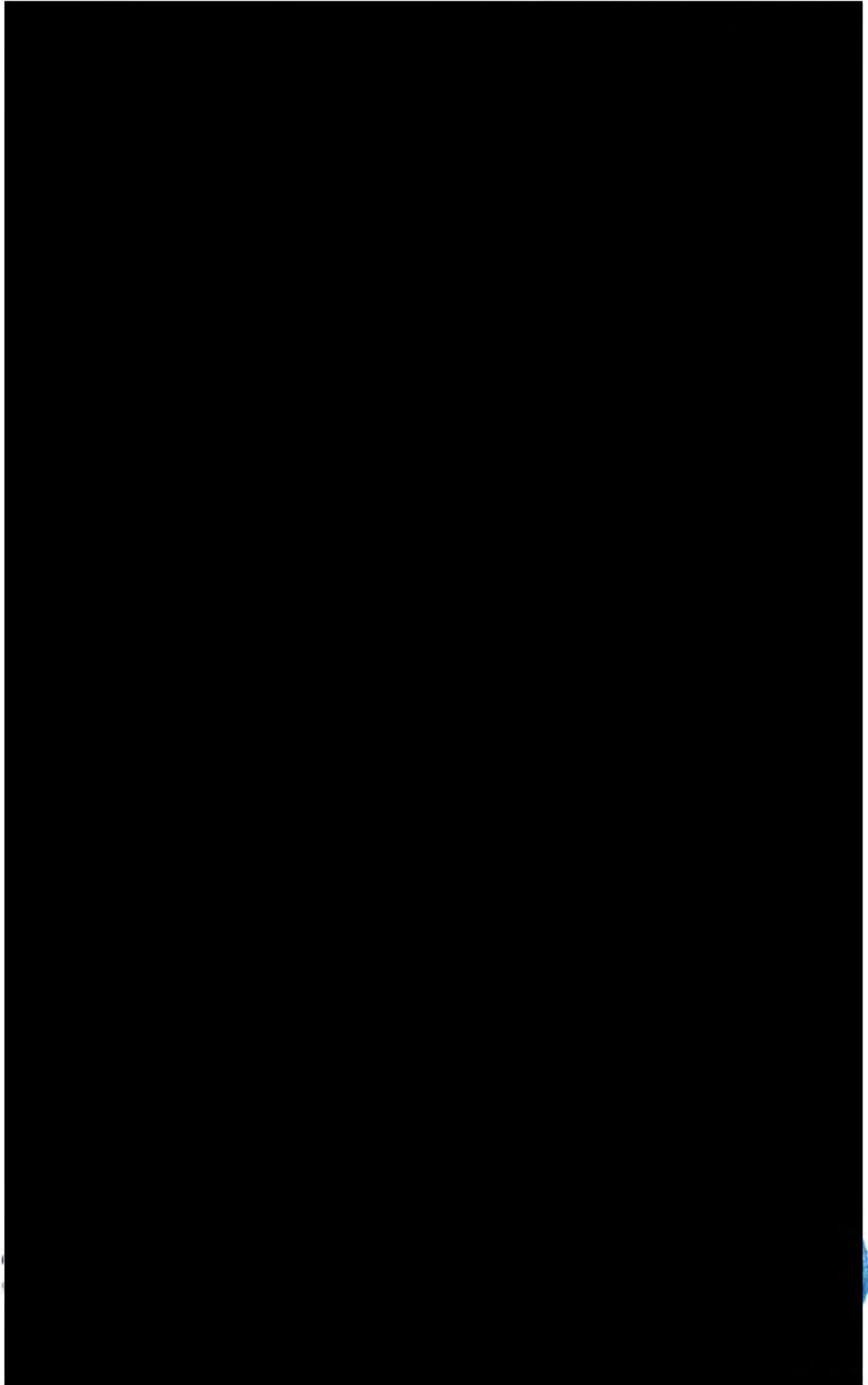


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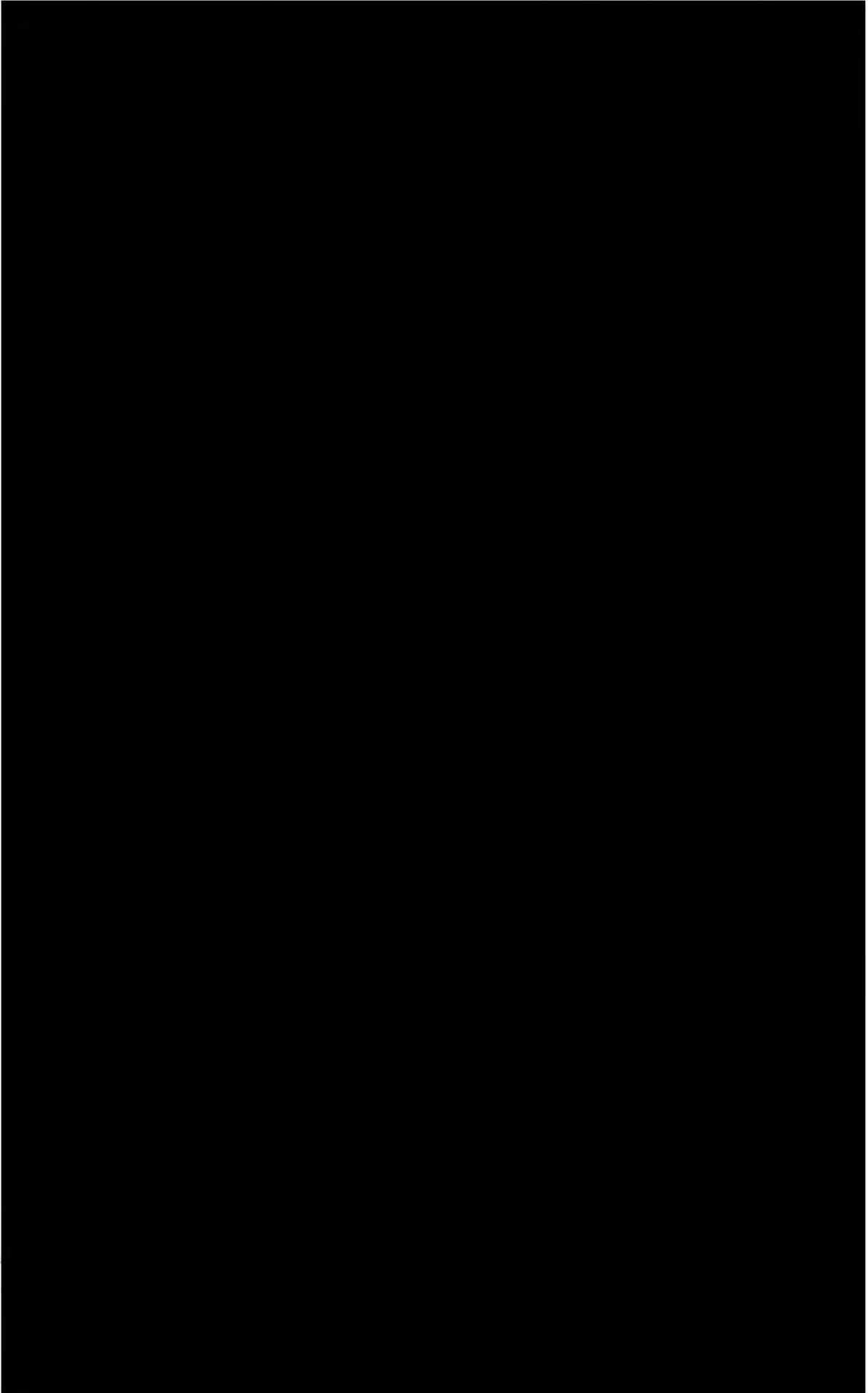
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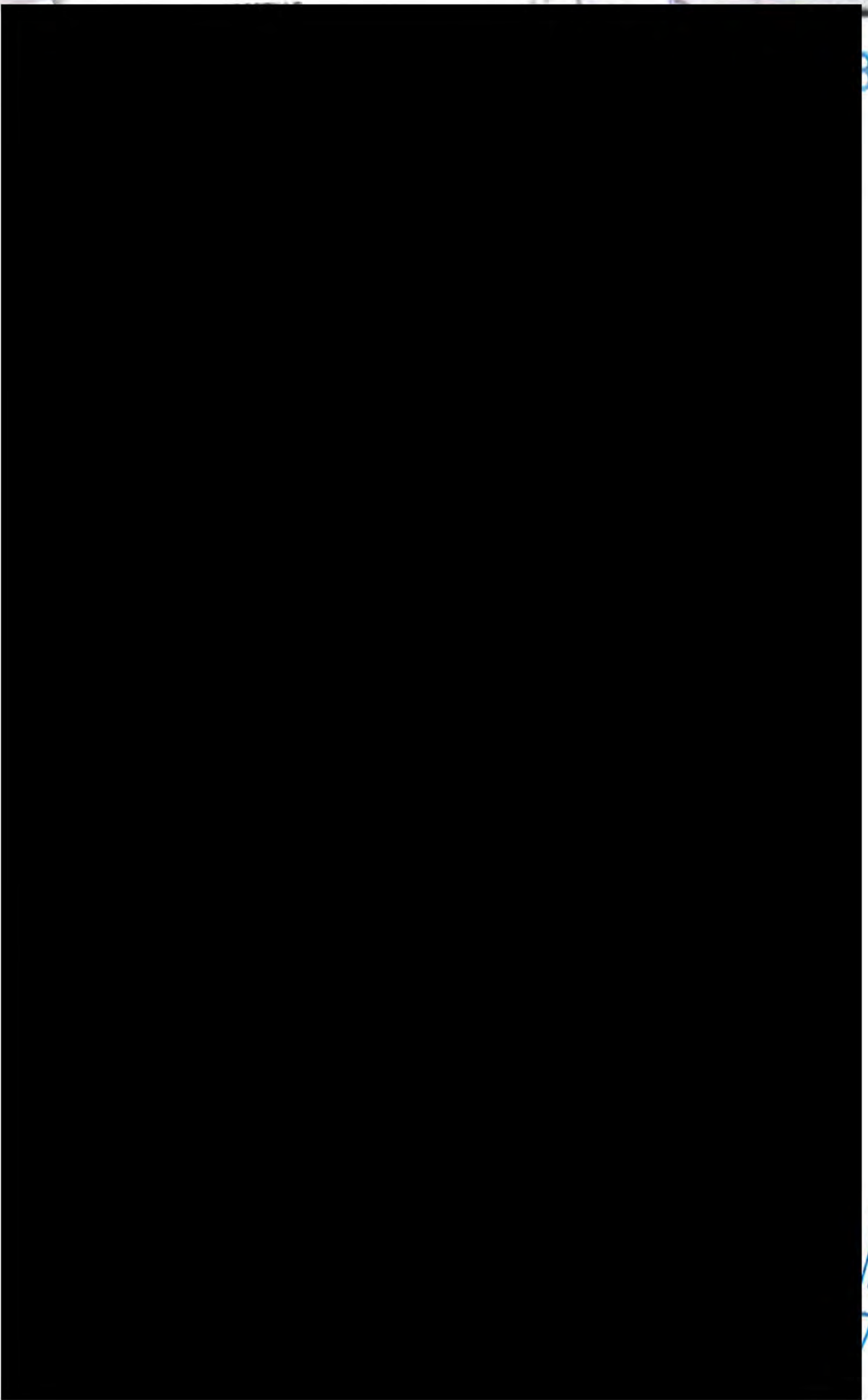




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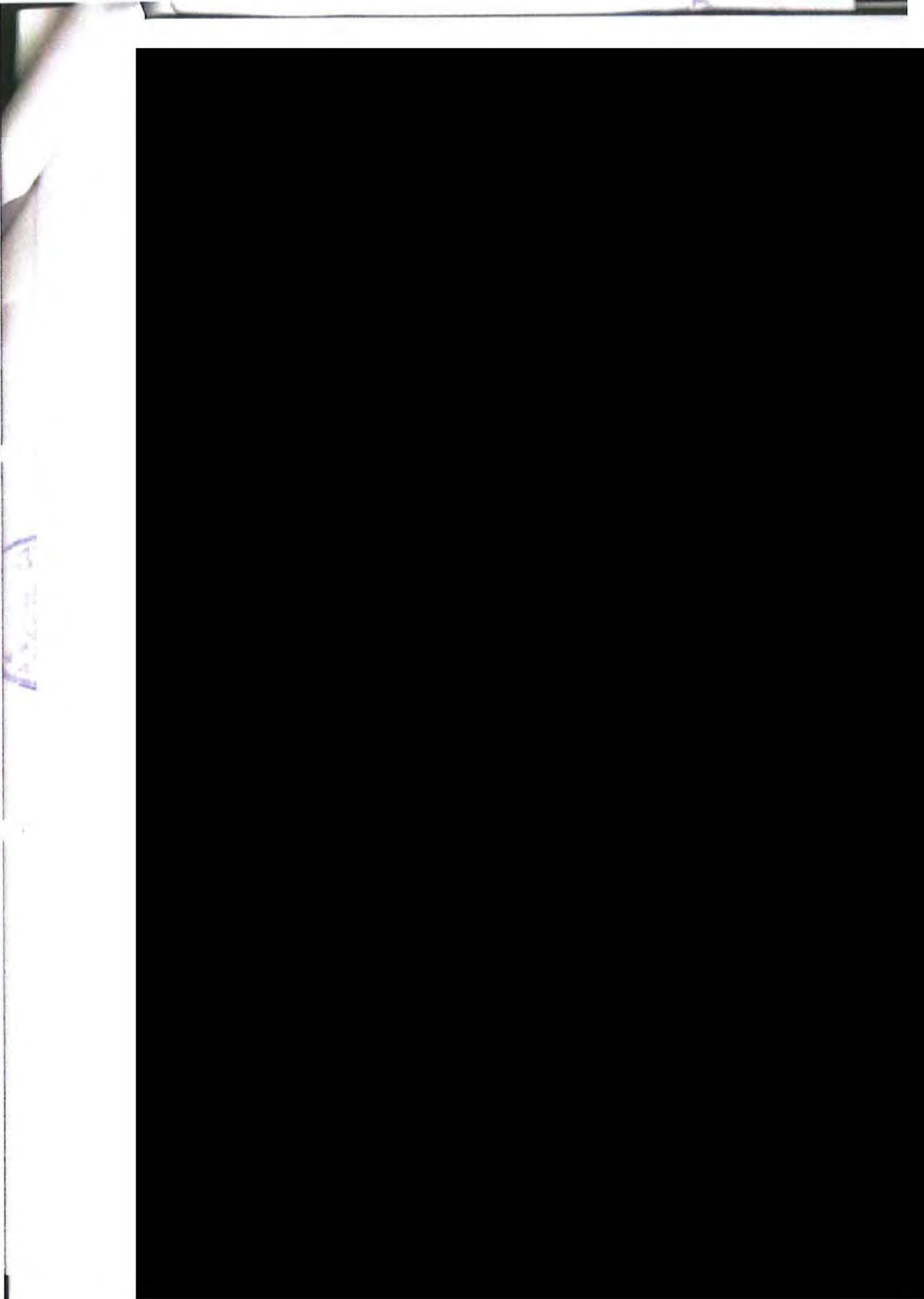
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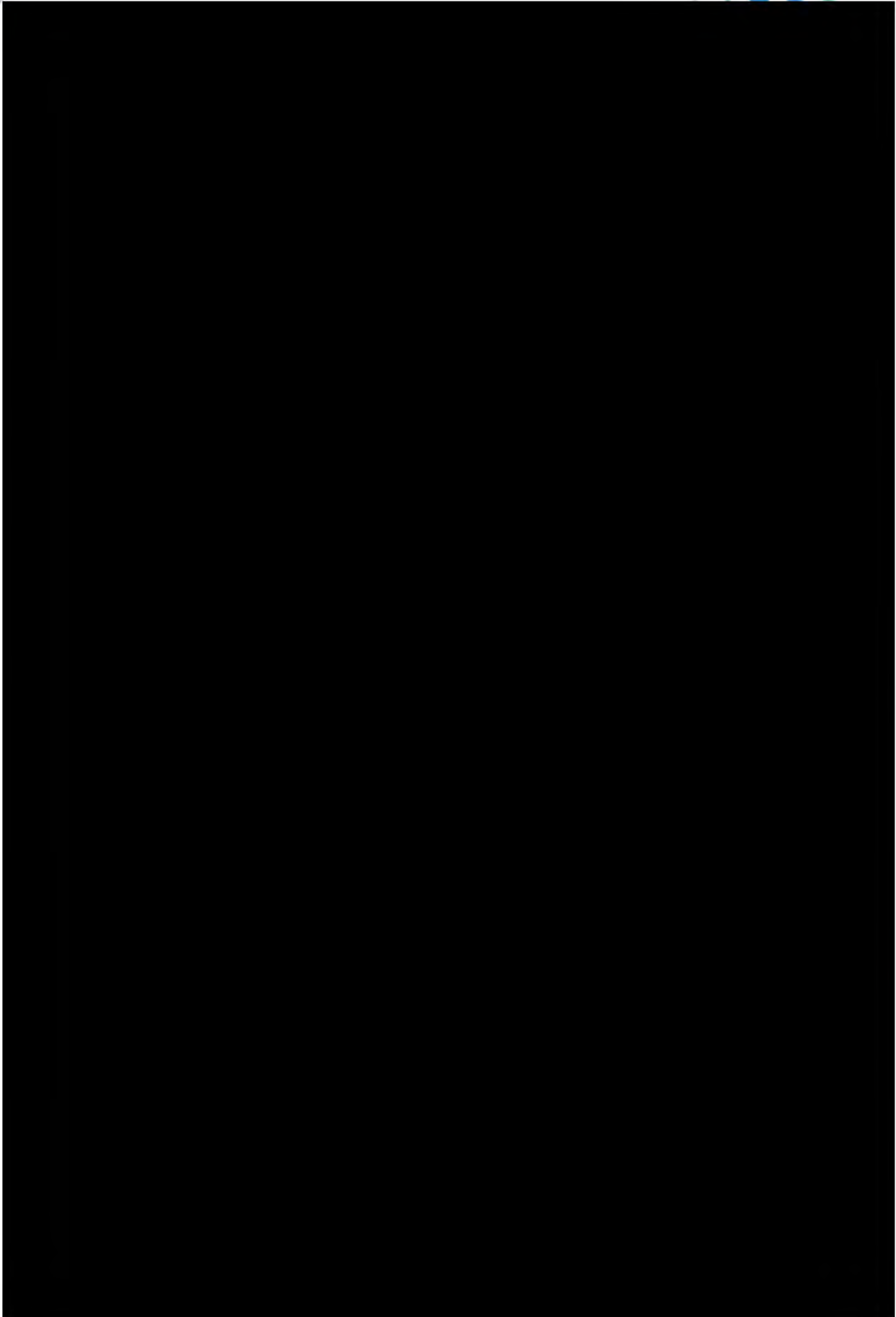


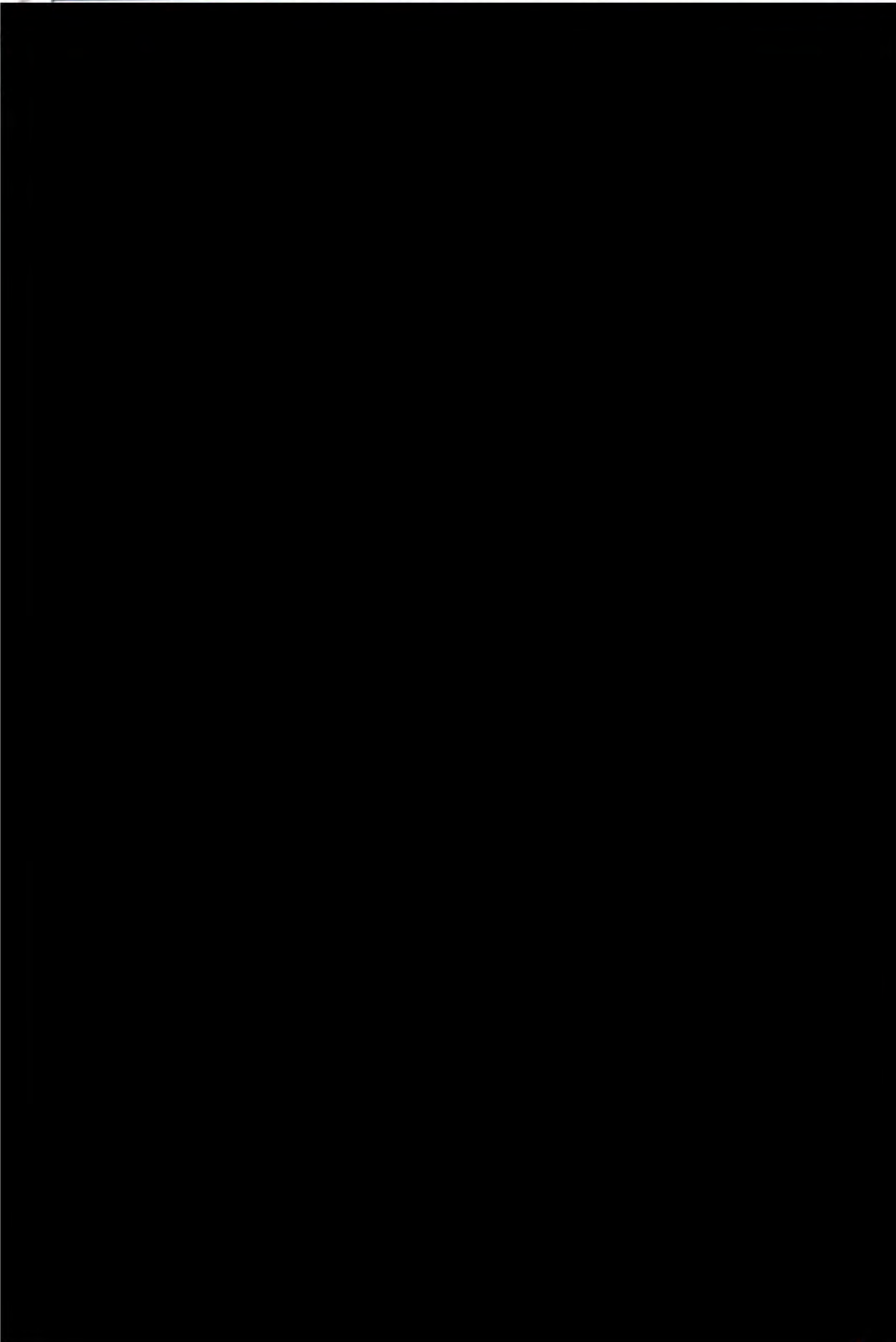
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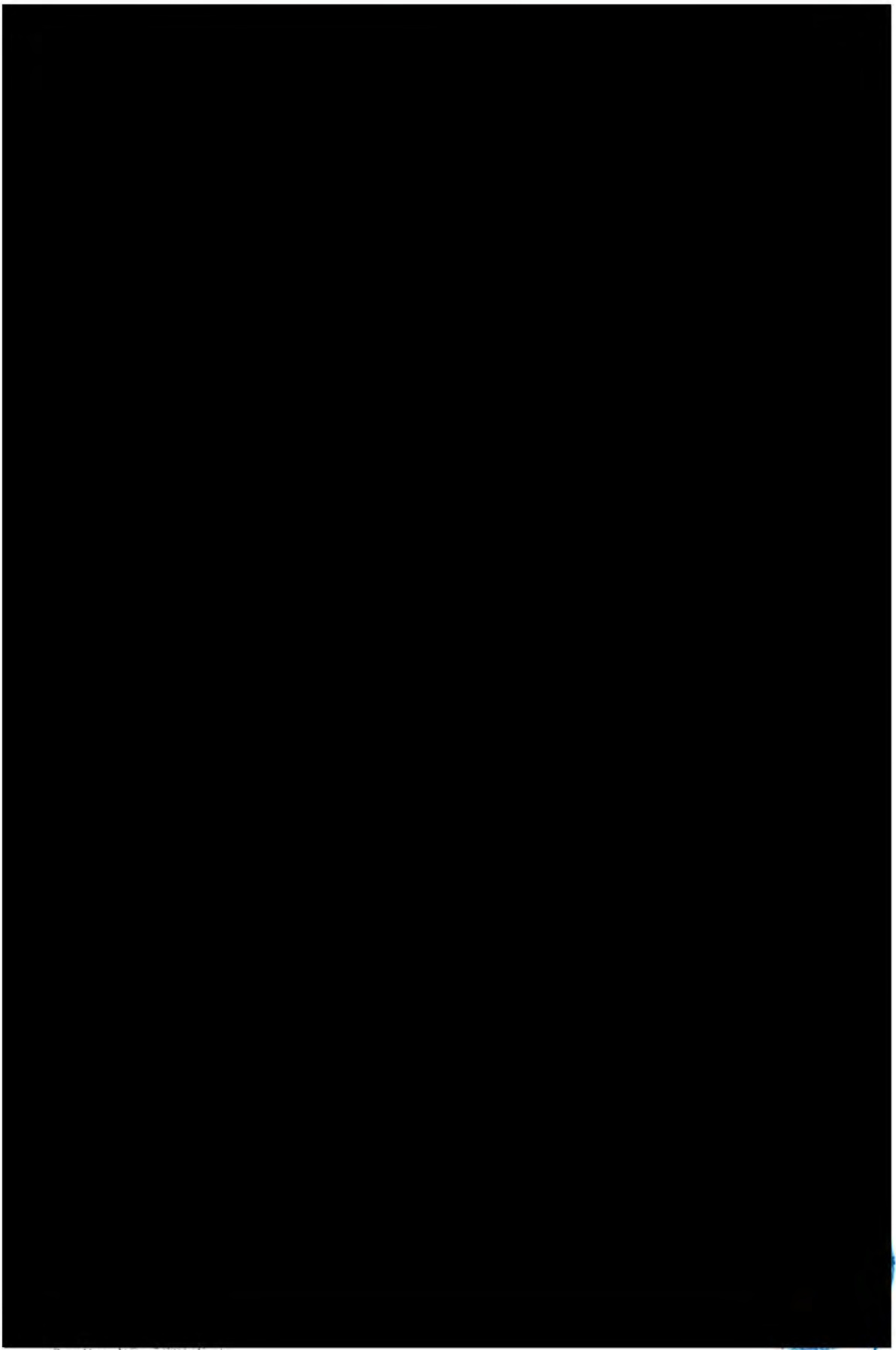
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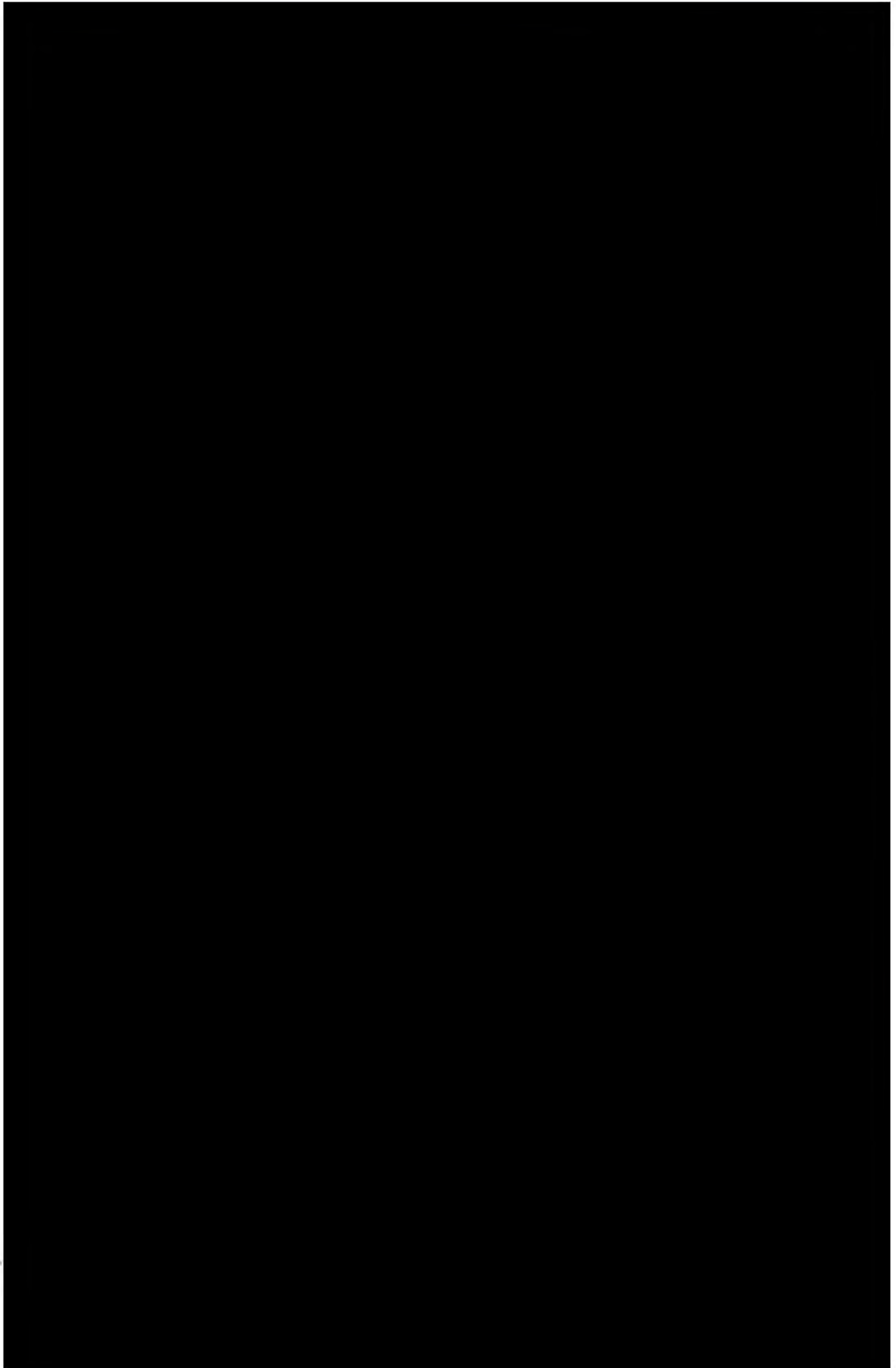


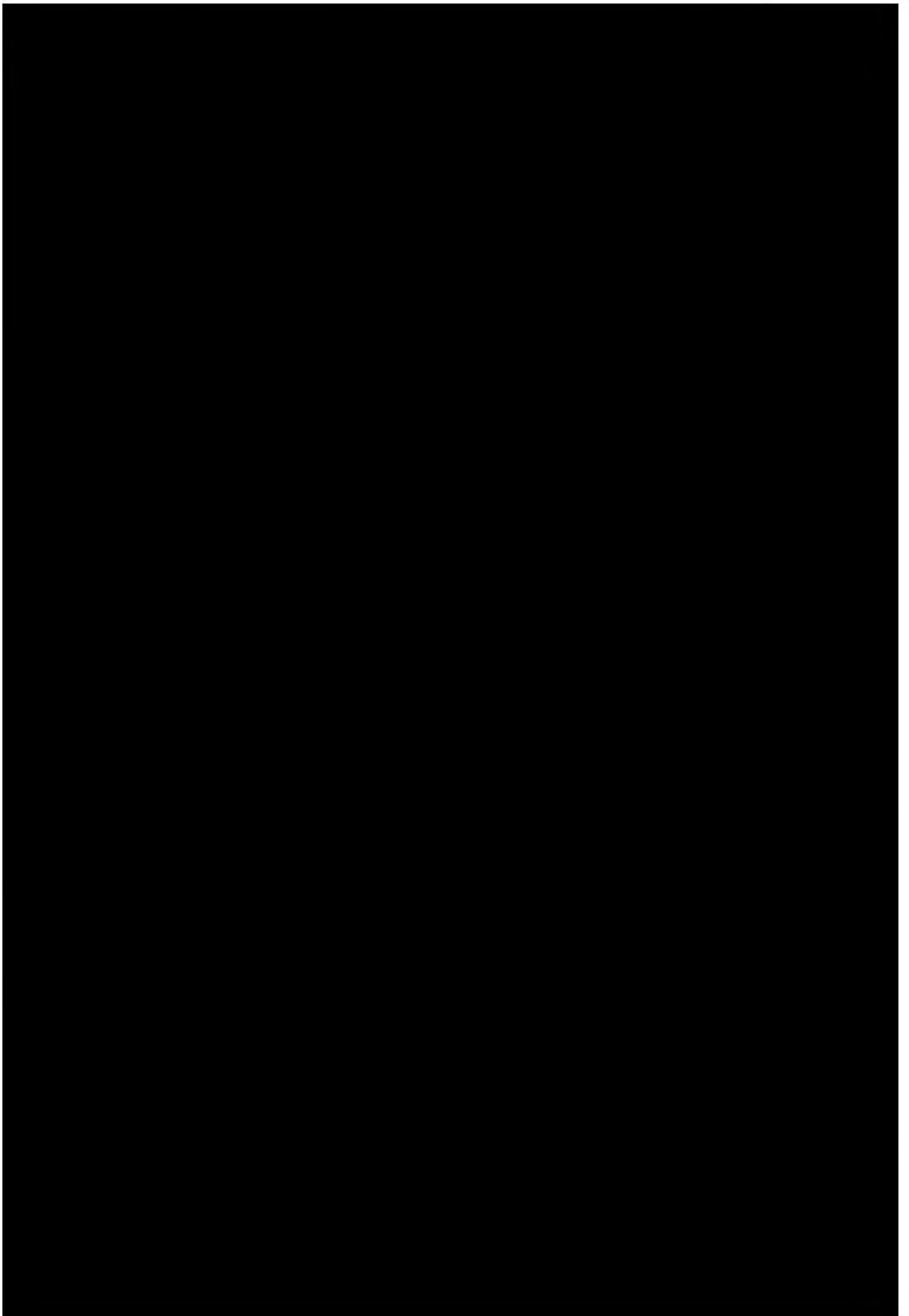
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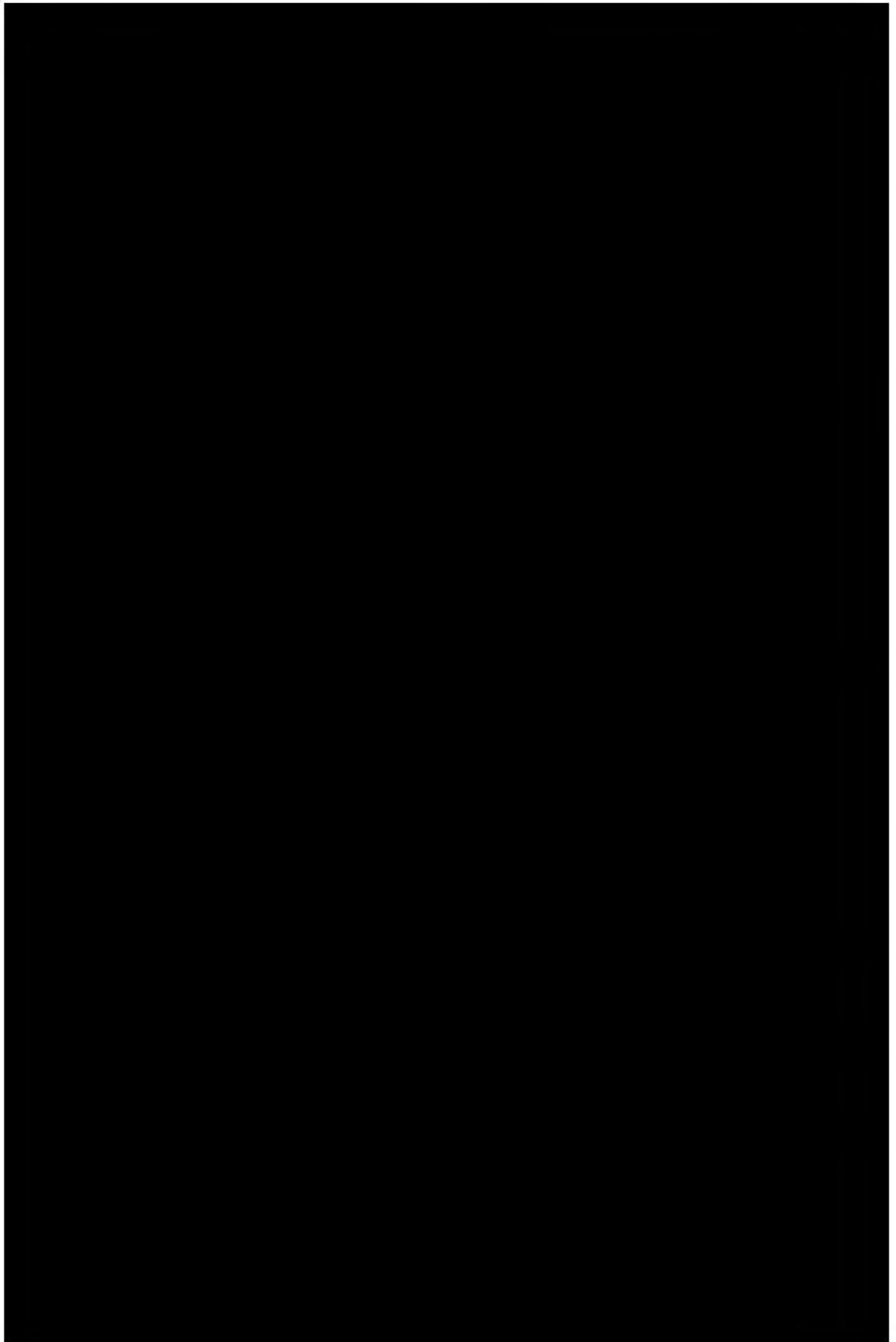


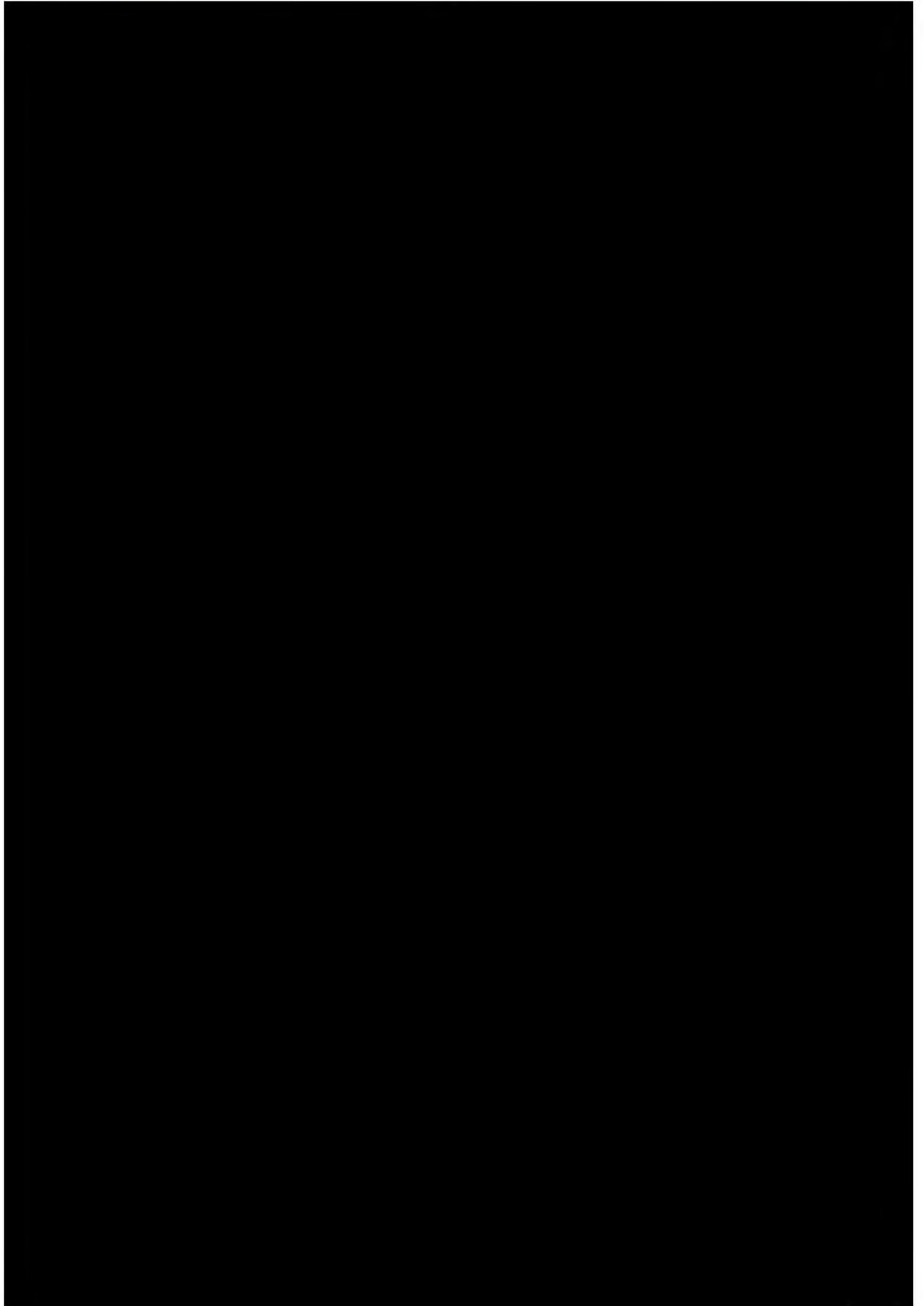


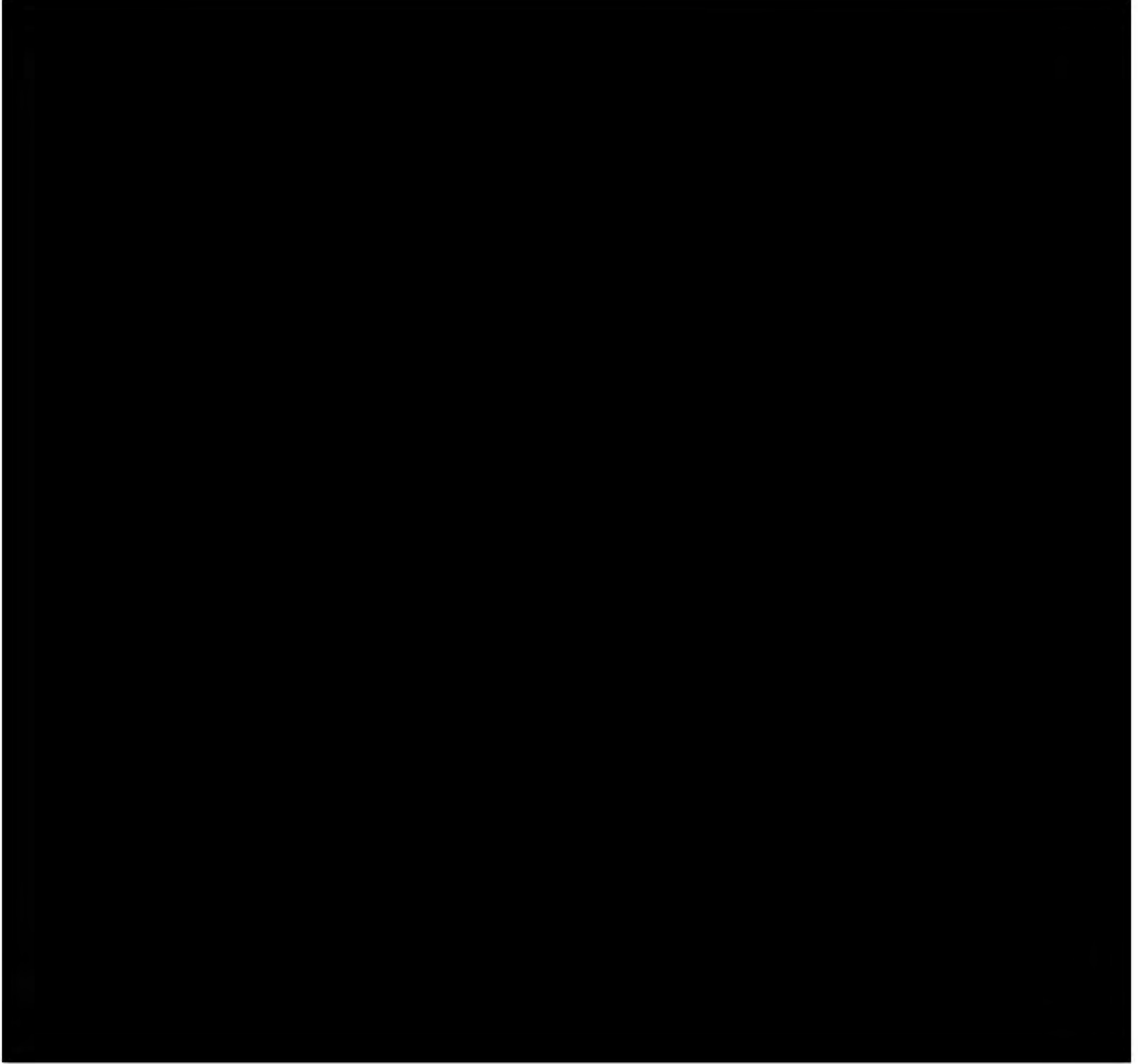












YATIRIM TERJÜME VE DANIŞMANLIK
HİZMETLERİ LTD. ŞTİ.
Kadıköy, Ortaköy Mahallesi, Ortaköy Sok. No: 1
Etiler Kat: 4, A Blok Kat: 4
Tel: 0212 339 22 00
E-posta: info@ytd.com.tr



29. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

[REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE
[REDACTED]		

30. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

[REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]			

[REDACTED]

31. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons?

[REDACTED]

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing?

[REDACTED]

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]			

32. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

[REDACTED]

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERAL
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	

[REDACTED]

33. Has your spouse or any of your children, step-children or adopted children ever been arrested or charged with any crime or offense (as defined at the beginning of this section) in any jurisdiction? [REDACTED]

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

34. In the past fifteen (15) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)



If yes, complete the following chart:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

35. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?



If yes, complete the following chart:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)



36. In the past ten years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation?



If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION



37. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)








If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

38. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE
				



FINANCIAL DATA

39. Have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? [REDACTED]

If yes, complete the following chart:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

40. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?



If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

41. In the past twenty years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?



If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE



42. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring? [REDACTED]

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

43. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period? [REDACTED]

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

44. In the past ten years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction? [REDACTED]

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

45. During the last ten year period, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received any thing of value under an intestacy statute; or
- c. A settlor/grantor, beneficiary or trustee of any trust?

If yes, complete the following chart as to each estate and trust: [REDACTED]

NAME AND LOCATION OF ESTATE/TRUST	POSITION/ INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

46. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 45).



If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

47. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 45).



If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST



48. a Please state your country of residence [REDACTED]

b During the last ten year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in a. above?

[REDACTED]

If yes, complete the following chart:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				
		[REDACTED]			

[REDACTED]

50. During the last ten year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000USD?
 (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

[REDACTED]

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
		[REDACTED]					

51. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten years? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

[REDACTED]

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Initials [REDACTED]

Gaming Agency [REDACTED]

Date [REDACTED]

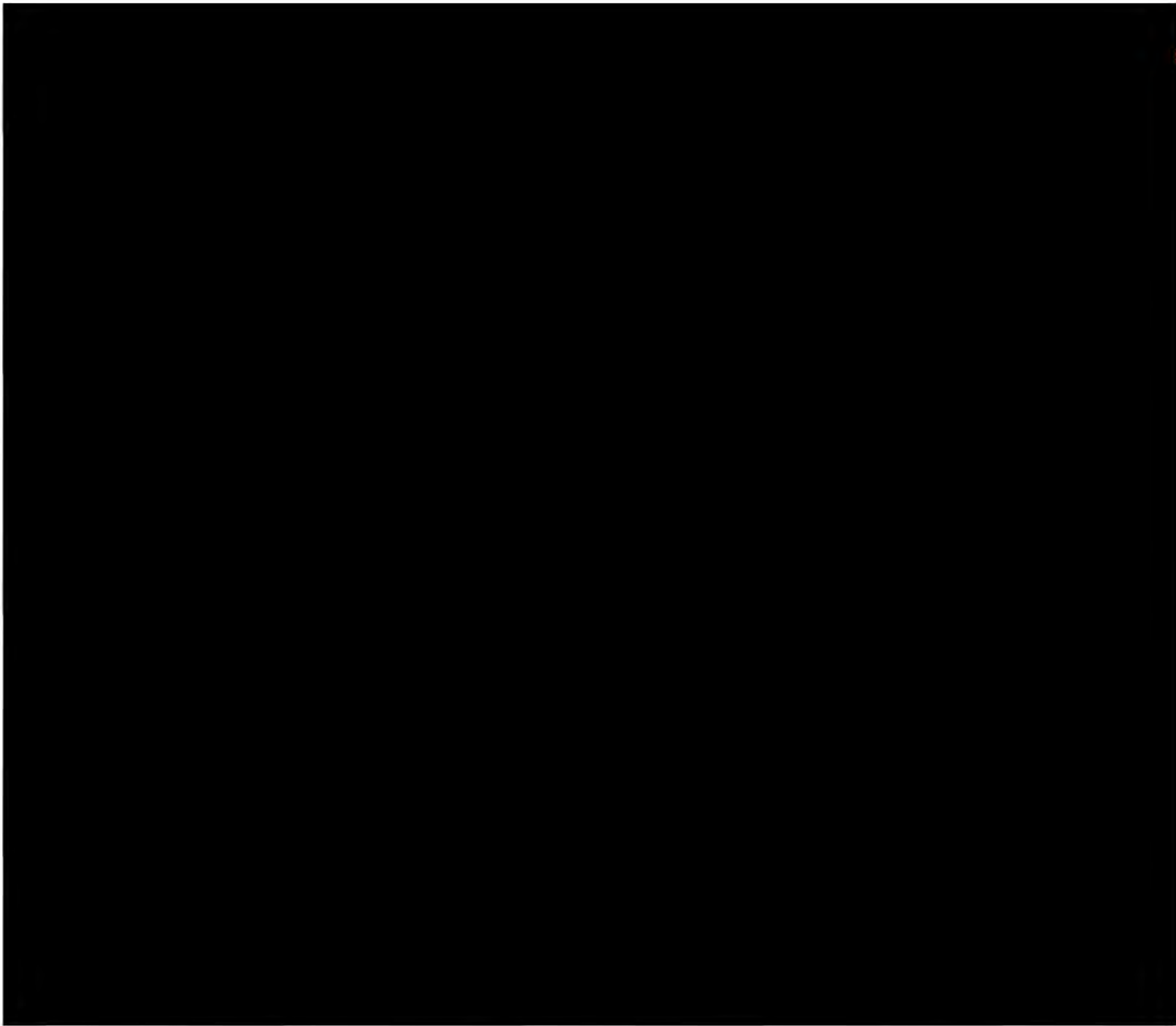
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[REDACTED]
Multi-Jurisdictional Personal History Disclosure Form
Question 51

EXHIBIT 51

Attached, please find a copy of [REDACTED]



52. Do you maintain a brokerage or margin account with any securities or commodities dealer?



If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

53. Have you or has your spouse or children, while dependent, filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy within the past ten year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)

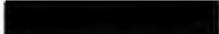


If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION



54. During the last five year period, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value in any one year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)



If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

55. a. Do you have any safe deposit boxes in your name in any jurisdiction?



b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction?

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.



56. In the past ten years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000USD (if you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD. In the national currency of the jurisdiction where you will be filing this application.)

■■■■

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

57. Have you, in the past ten years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

■■■■■

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION
■■■■■		■■■■■	■■■■■
■■■■■			



NET WORTH STATEMENT – ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 49 through 63 and copy the totals in the appropriate space below.

58. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. Cash			
a) On Hand			
b) In Bank (Schedule A)			b) [REDACTED]
2. Loans, Notes and Other Receivables (Schedule B)			
3. Securities (Schedule C)			
4. Real Estate Interests (Schedule D)			
5. Cash Value Life Insurance (Schedule E)			
6. Cash Value Pension/Retirement Funds (Schedule F)			
7. Furniture and Clothing (Reasonable Estimate)			
8. Vehicles (Schedule G)			
9. Other (Schedule H)			
TOTAL ASSETS			

59. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUSTANDING (D)
10. Notes Payable (Schedule I)		
11. Loans and Other Payables (Schedule J)		
12. Taxes Payable (Schedule K)		
13. Mortgages or Liens on Real Estate (Schedule L)		
14. Loans Against Insurance/Pensions (Schedule M)		
15. Other Indebtedness (Schedule N)		
TOTAL LIABILITIES		
NET WORTH		
Total Assets (From Column B) less		
Total Liabilities (From Column D)		
16. Contingent Liabilities (Schedule O)		

Date of Statement [REDACTED]

Please provide the name, address, and phone number of the person completing this statement if it is completed by someone other than you.

Name [REDACTED]

Address [REDACTED]

Phone [REDACTED]

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Individual Key Person Personal Disclosure Form
Exhibit 60, Schedule "A" - Cash in Bank

Name and Address of Institution	Name of Person(s) and Tax Identification Number(s) Appearing on Acct	Account Number	Interest Rate (%)	General Nature of Account	Date of Balance	Balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CONFIDENTIAL

[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]						[REDACTED]

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

61. List below all loans, notes and other receivables held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE
	██████████							
			\$ ██████████					\$ ██████████
			TOTAL ORIGINAL LOAN AMOUNT(S) (Enter this figure in items 2, column A on page 48.)					TOTAL CURRENT BALANCE (Enter this figure in items 2, column B on page 48.)

SCHEDULE "C" - SECURITIES

62. Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK(*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY/ORGANIZATION	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
■		■	■	■	■	■	■		■
■		■	■	■	■	■	■		■
■		■	■	■	■	■	■		■
■		■	■	■	■	■	■		■
					■				■
*None of these listed options have been exercised.					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A on page 48.)	TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B on page 48.)			



SCHEDULE "D" - REAL ESTATE INTERESTS

63. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/ STAND NO./ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 48.)		
								TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 48.)

SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

64. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
		[REDACTED]					
						\$ [REDACTED]	

TOTAL CASH SURRENDER VALUE
 (Enter this figure in item 5, column B on page 48.)



SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

65. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
■	■	■	■	■	■	■	■
				\$ <u>■</u>		\$ <u>■</u>	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A on page 48.)			TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B on page 48.)

*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.



SCHEDULE "G" - VEHICLES

66. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
█	█	█	█	█	█	█	█
█	█	█	█	█	█	█	█
						█	█
<p>* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.</p> <p>** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.</p>						TOTAL COST OF VEHICLES (Enter this figure in Item 8, column A on page 48.)	TOTAL CURRENT CASH VALUE (Enter this figure in Item 8, Column B on page 48.)

SCHEDULE "H" - OTHER ASSETS

67. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			[REDACTED]			[REDACTED]
TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A on page 48.)				TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B on page 48.)		



SCHEDULE "J" - LOANS AND OTHER PAYABLES

69. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING	
	[REDACTED]										
							\$ [REDACTED]			\$ [REDACTED]	
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C on page 48.)				
							TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D on page 48.)				

SCHEDULE "K" - TAXES PAYABLE

70. List below the information requested with regard to all taxes payable for which you, your spouse, or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
	[REDACTED]				
			\$ [REDACTED]		\$ [REDACTED]
			TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in item 12, column C on page 48.)		TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D on page 48.)

SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

71. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
	[REDACTED]							
				\$ [REDACTED]				\$ [REDACTED]
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C on page 48.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D on page 48.)

SCHEDULE "N" - ANY OTHER INDEBTEDNESS

73. List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

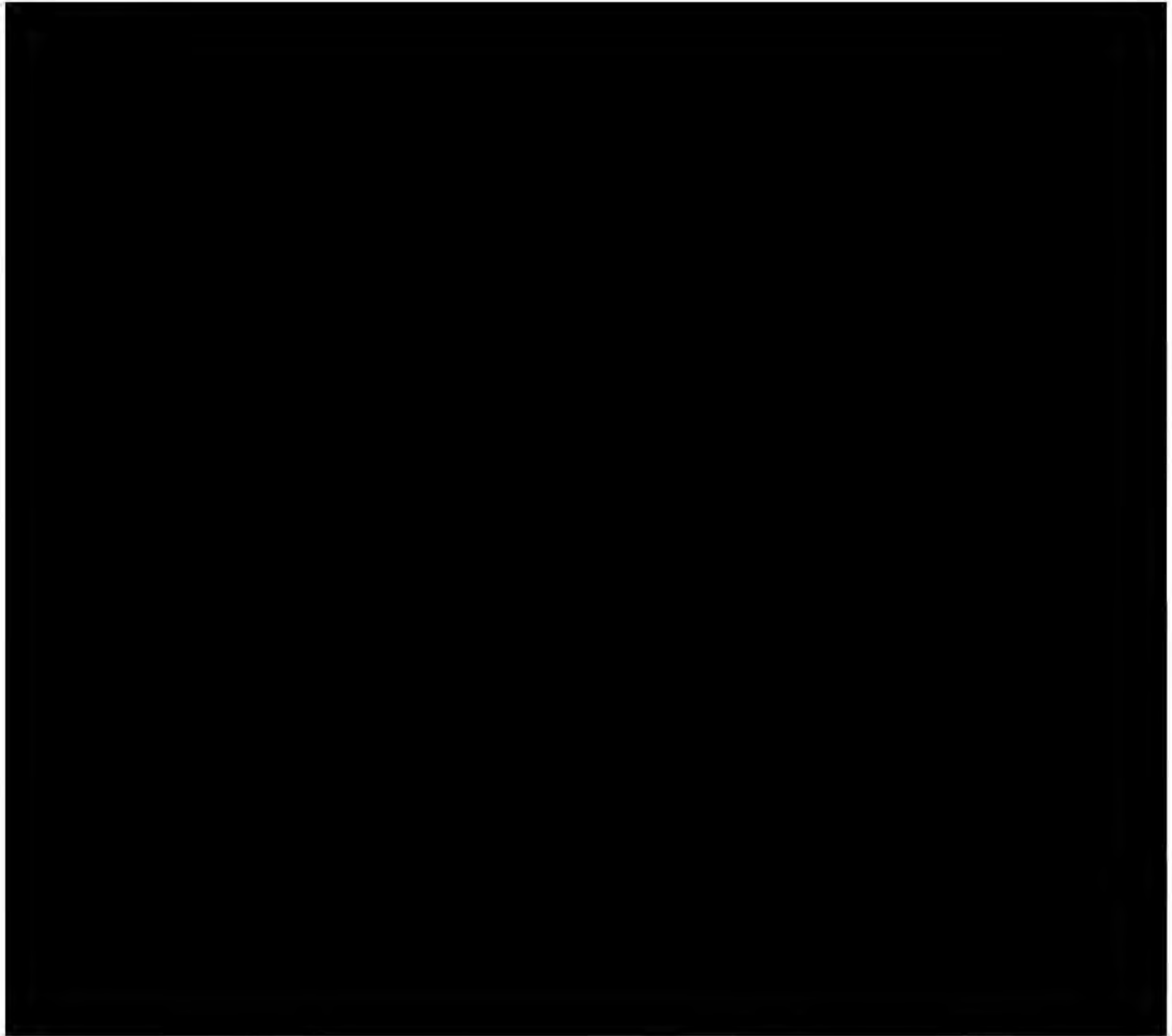
CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
	[REDACTED]						
						\$ [REDACTED]	[REDACTED]
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C on page 48.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D on page 48.)

SCHEDULE "O" - CONTINGENT LIABILITIES

74. List below the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
	██████████						
						\$ ██████████	\$ ██████████
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C on page 48.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D on page 48.)

75. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)



STATEMENT OF TRUTH

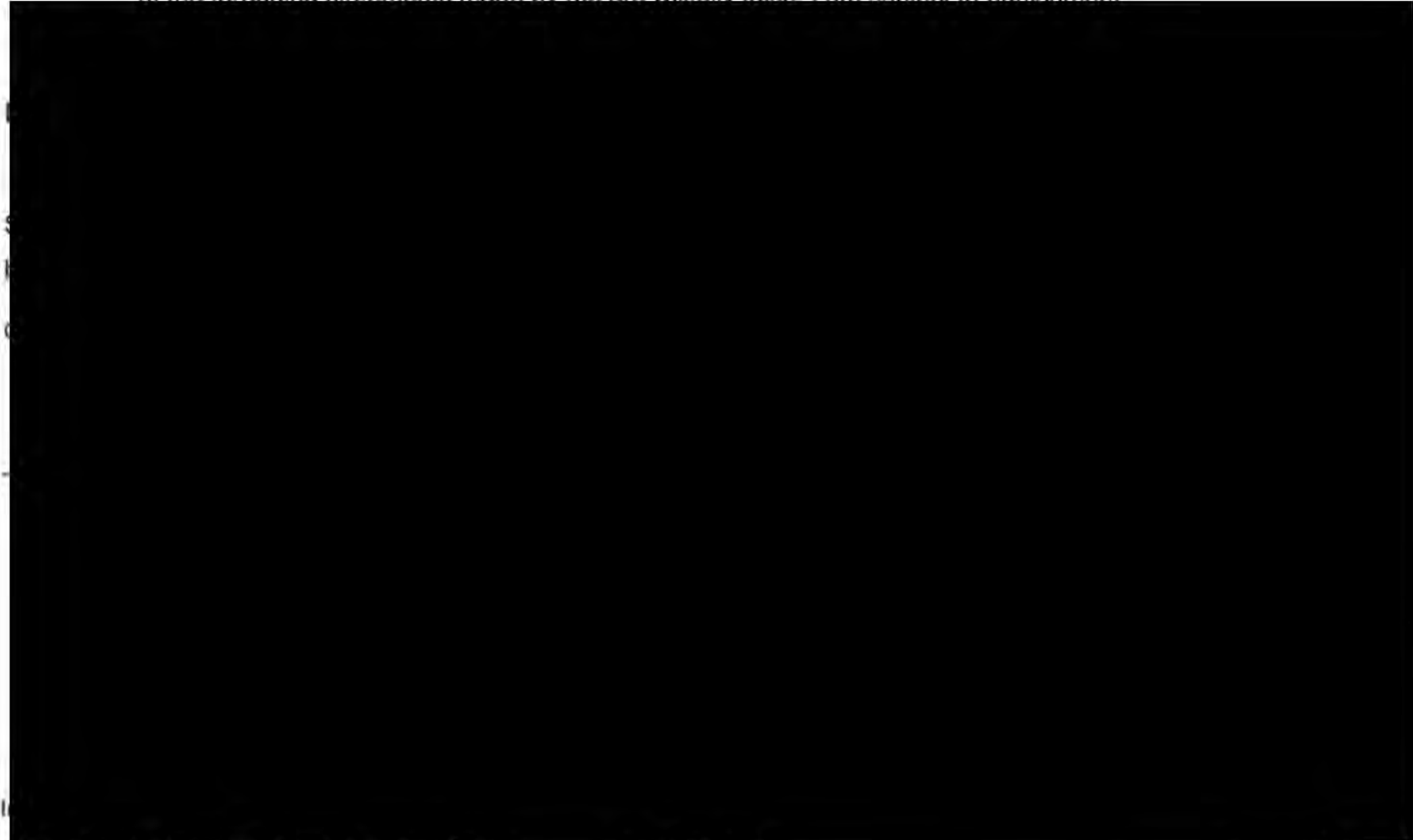
STATE/PROVINCE OF _____;

SS:

COUNTY/DISTRICT OF _____;

_____, being duly sworn according to law deposes and says:
(Print Name of Applicant)

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Multi Jurisdictional Casino/Gaming License Personal History Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.



**MASSACHUSETTS
SUPPLEMENTAL FORM**



Applicant: _____

B. Your place of birth: [redacted] [redacted]
CITY STATE COUNTRY

C. Your port of entry to the United States: [redacted]

D. Name and address of your sponsor upon arrival:
[redacted]
[redacted]
[redacted]

7. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your "USCIS A" number or other USCIS authorization number in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment label as **attachment to question 7**.

USCIS "A" number: [redacted]

8. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any business that:

A. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account? [redacted]

B. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business? [redacted]

C. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? [redacted]

D. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign? [redacted]

E. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party either domestic or foreign? [redacted]

F. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions? [redacted]

9. State when you filed your last Federal Income Tax Return 1040, to what IRS Center was it sent, and the tax period it covered.

Date Filed: [redacted] Period Covered: [redacted]

IRS Location: [redacted]

Attach to the back of this form and label as **attachment to question 9**, a copy of each IRS Form 1040 and Form 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

10. Has your Federal Income Tax Return ever been audited or adjusted? [redacted]
If you checked yes, for what tax year(s)? _____

11. Have you ever failed to file required Federal or State Income Tax Returns? [redacted]
If you checked yes, for what year(s)? _____

12. Have you or your spouse filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?

[REDACTED]

If you checked yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX
[REDACTED]	[REDACTED]	

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12.**

13. As part of the application process, you are required to submit a **Certificate of Good Standing/Tax Compliance Request Status** from the **Massachusetts Department of Revenue**. Even if you have not resided in the Commonwealth of Massachusetts, you still must apply for this certificate and submit it with your application and label it **attachment to question 13.**

To obtain this certificate go to **Mass Tax Connect** at: <http://mtc.dor.state.ma.us/mtc/>

14. (A) Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.)

[REDACTED]

(B) Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.)

[REDACTED]

If you checked yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 14-A or B.**

15. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**?

[REDACTED]

If you checked yes, attach to this application, labeled as **attachment to question 15**, a copy of the bankruptcy petition and discharge (if available).

16. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**?

[REDACTED]

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF THE COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 16.**

[REDACTED]

SETTLEMENTS, ALLEGATIONS, AND ADDITIONAL DISCLOSURES

18. Have you ever reached a settlement or had a settlement reached by another person or entity, on your behalf, prior to or in the absence of litigation or criminal charges being filed?



If you checked "Yes", provide a detailed explanation below:

Empty text box for providing a detailed explanation for question 18.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 18.**

19. Have you ever reached a settlement or had a settlement reached by another person or entity, on behalf of a company with which you were/are affiliated, prior to or in the absence of litigation or criminal charges being filed?



If you checked "Yes", provide a detailed explanation below:

Empty text box for providing a detailed explanation for question 19.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 19.**

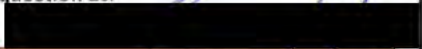
20. Have you participated in any type of sexual harassment, sexual misconduct, or unlawful discrimination?



If you checked "Yes", provide a detailed explanation below:

Empty text box for providing a detailed explanation for question 20.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 20.**



21. Have any allegations of sexual harassment, sexual misconduct, or unlawful discrimination been made concerning your behavior (including by employees and/or subordinates)?



If you checked "Yes", provide a detailed explanation below:

Empty rectangular box for providing a detailed explanation for question 21.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 21.**

22. In the interest of full disclosure and your obligation to be forthcoming in your application, is there any other information which might reflect adversely in an evaluation of your honesty, integrity, or good character, or otherwise impact a determination on your suitability for gaming licensure/qualification?



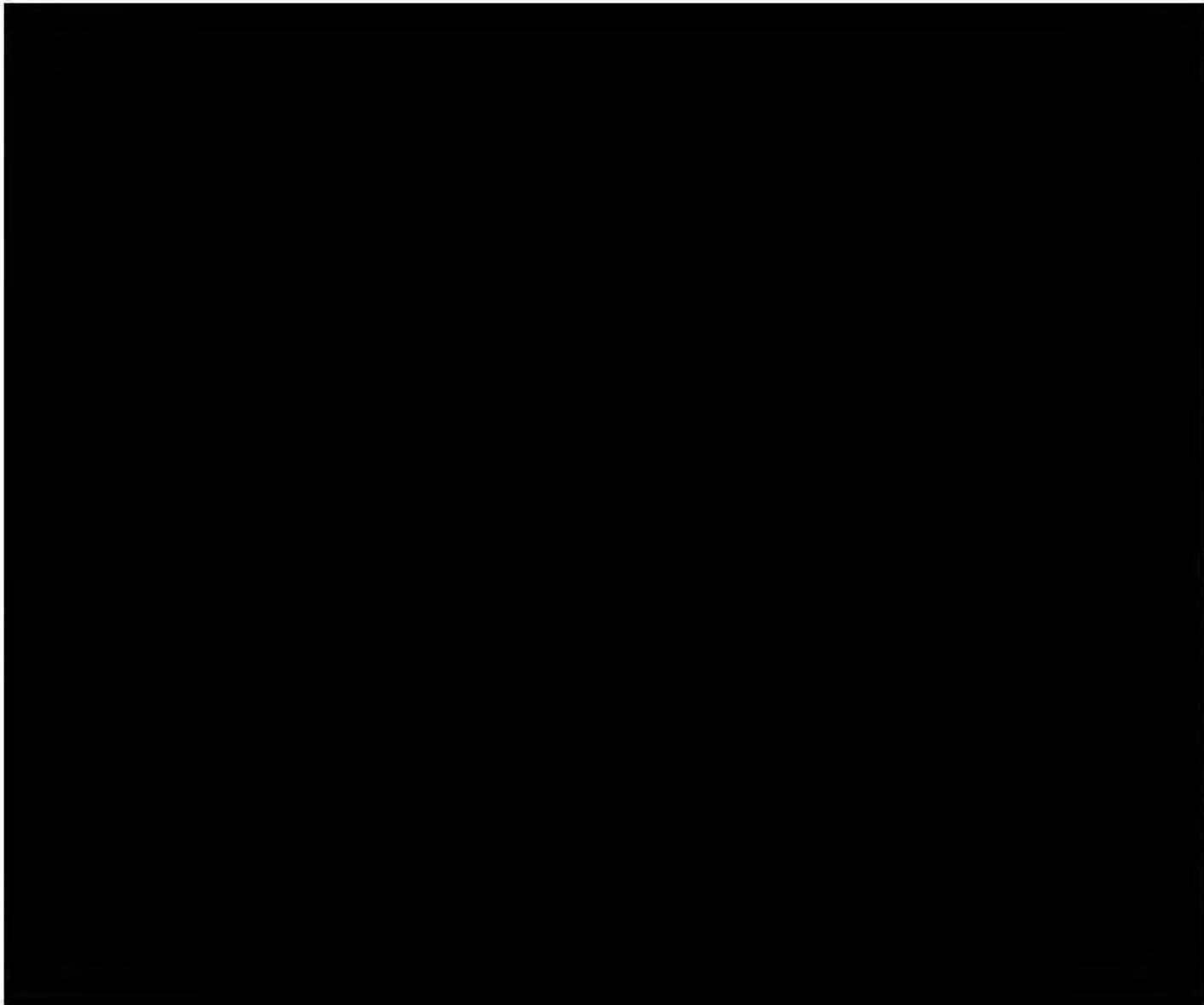
If you checked "Yes", provide a detailed explanation below:

Empty rectangular box for providing a detailed explanation for question 22.

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 22.**



23. Provide the information requested below for three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person who is a member of your family can be used as a reference. (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)



RELEASE AUTHORIZATION

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the "issuing entity").

I, _____ authorize the

(Print Name)

Massachusetts Gaming Commission and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the term duration of the license (3 years).

A photocopy of this authorization will be considered as effective and valid as the original.

[Redacted Signature Area]

signed notary public, personally appeared _____ (document signer), proved to me through satisfactory _____ be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(Signature of Notary)

[Redacted Signature]

(Notary Stamp)

[Redacted Notary Stamp]


Authorization to Obtain Tax Information from the Department of Revenue

To Whom it May Concern: *I hereby authorize any investigator of the Massachusetts State Police or the Massachusetts Gaming Commission or their designee(s) to receive information from the Massachusetts Department of Revenue regarding any non-compliance with the tax laws for the years 2015-2019; and to ascertain whether any outstanding liability to the Commonwealth or other taxing authorities exists; and to ascertain whether a child support obligation exists. The attorneys-in-fact are authorized, subject to revocation, to receive this information on behalf of the taxpayer. Said confidential information may be released by the attorney-in-fact to the state office, board or other authority to which I am seeking appointment. The authorization is good for one hundred and eighty days from signing and shall thereupon automatically be terminated. I acknowledge that, if the Department of Revenue determines that I am in non-compliance with the tax and/or child support laws of the Commonwealth, I shall be subject to appropriate enforcement action to facilitate the assessment and/or collection of tax liabilities or child support obligations prior to appointment.*

Have you filed a Massachusetts income tax return for the following tax years? **Answer Yes or No for each year:**

2017 ; 2018 ; 2019 ; 2020 ; 2021 

Important: If you answered No for any of the years listed above, complete A, B, or C below and specify for which year(s) the relevant statement applies.

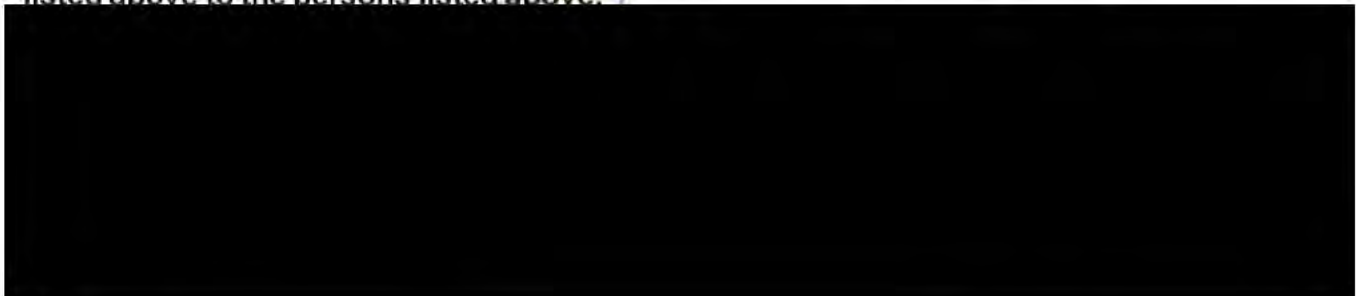
- A. I was a legal resident of Massachusetts, but my Massachusetts gross income was less than \$8,000.00 for the tax year(s): _____
- B. I was a nonresident of Massachusetts and I did not receive sufficient Massachusetts-source income to require filing a Massachusetts income tax return for the above tax year(s). List other states and years of filing: _____
- C. Other Reason:  _____

Have you filed a joint tax return in any of the years 2017-2021?



If Yes, please list your spouse's name, Social Security number, and years filed jointly:

I understand that by signing my name, address, and Social Security Number, under penalty of perjury, I am authorizing the Massachusetts Department of Revenue to release the information listed above to the persons listed above.



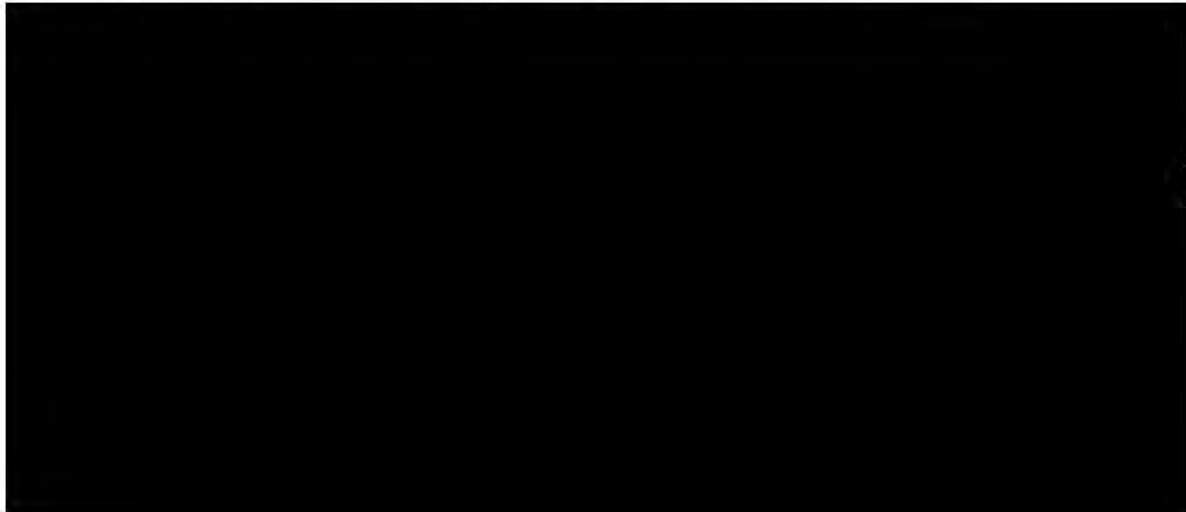
Spouse's Signature (if applicable): _____ Date: ____/____/____



CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES (INDIVIDUALS)

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant submit this Certification.

As a qualifying individual identified in relation to the application for a Category 3 Sports Wagering Operator License, I do hereby certify that (check all boxes that apply):





SPORTS WAGERING OPERATOR CERTIFICATION REGARDING SUITABILITY OF APPLICANT AND QUALIFIER

The Investigations and Enforcement Bureau of the Massachusetts Gaming Commission requires that the Applicant and each Qualifier submit this Certification.

Section 1 FOR THE APPLICANT FOR OPERATOR LICENSE:

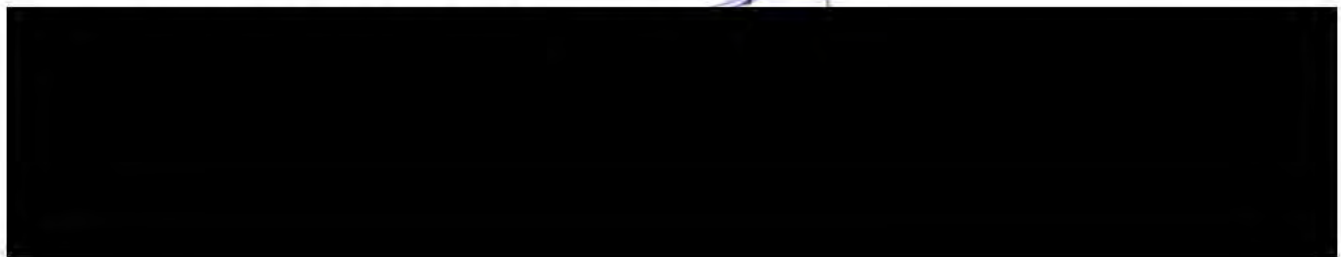
I, as the duly authorized representative of the Applicant for the Operator License, do hereby certify under the pains and penalties of perjury that to the best of my reasonable knowledge and belief, the Applicant and all of the individuals and entities designated as Qualifiers for the application are suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.



Section 2 FOR EACH QUALIFIER:

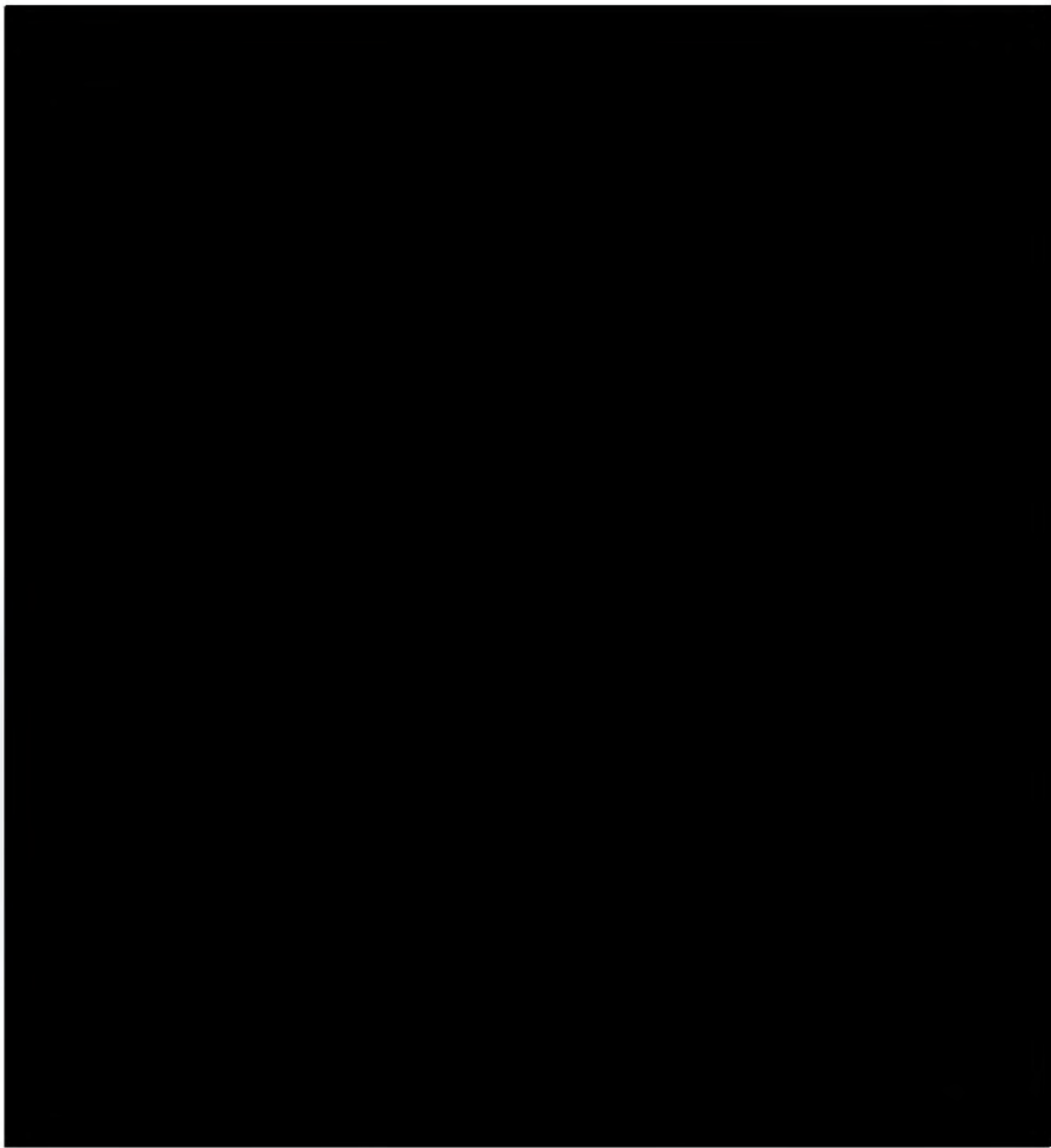
I understand that the Massachusetts Gaming Commission may deny an application for a Sports Wagering License or revoke a Sports Wagering License if the Applicant or Qualifier has willfully, knowingly, recklessly, or intentionally provided false or misleading information to the Commission.

I certify that to the best of my reasonable knowledge and belief, the Qualifier named below is suitable to hold a license pursuant to M.G.L. c. 23N, §§ 5, 6, and 9(a), and 205 CMR.



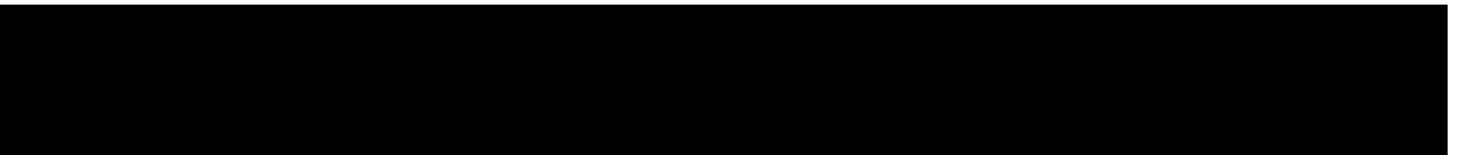
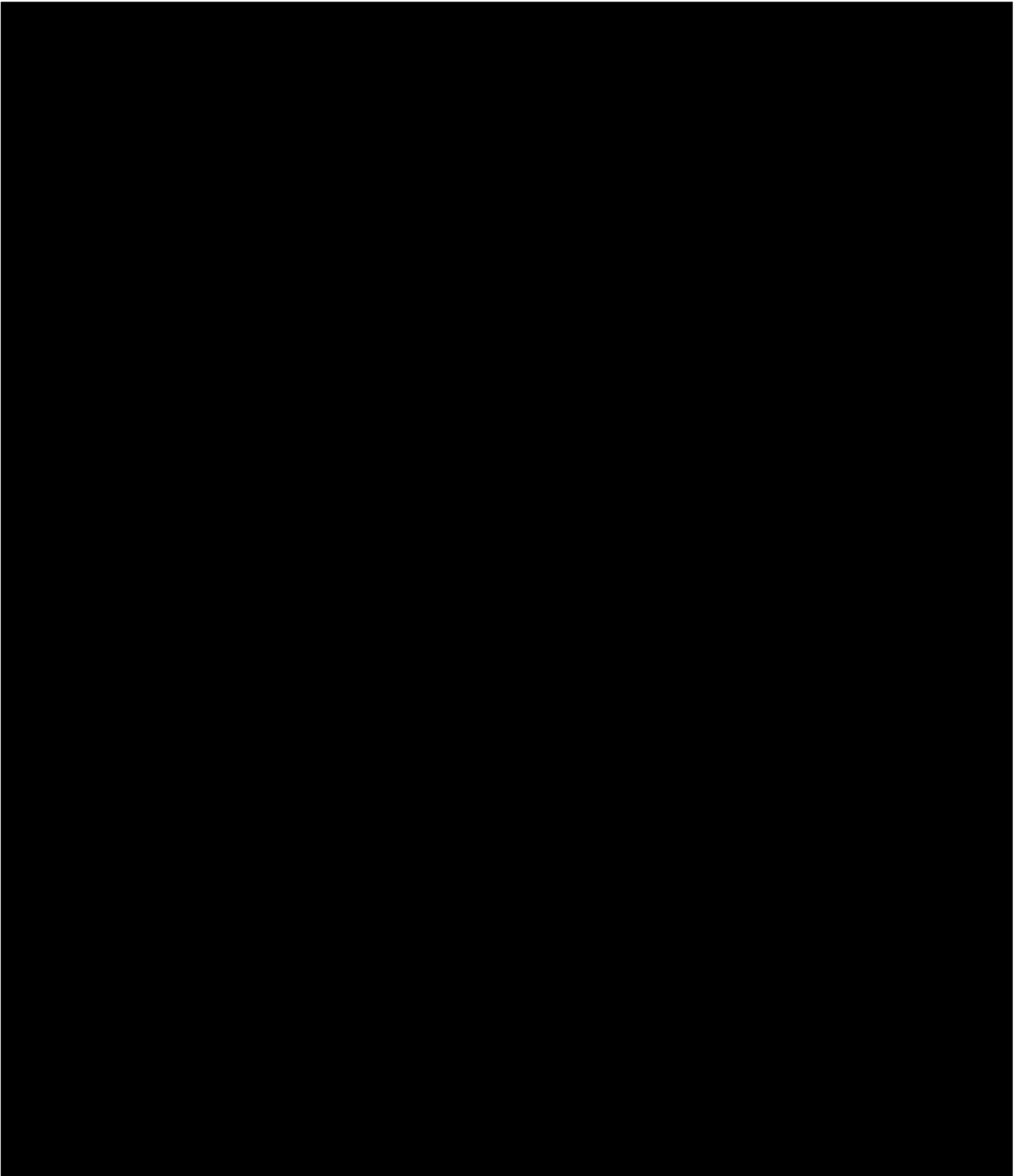


Attachment to Question 7



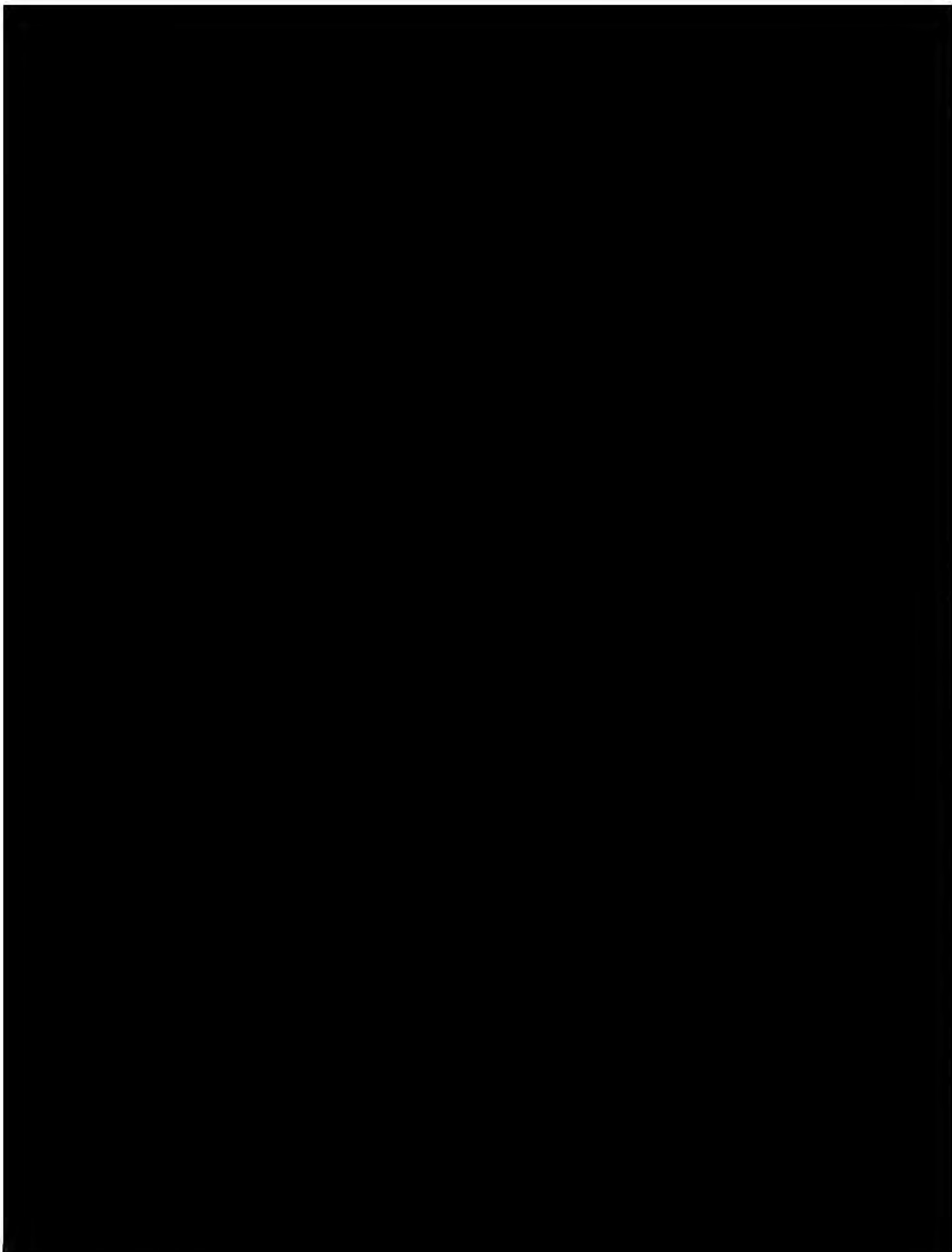


Attachment to Question 9





Attachment to Question 13



G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

b. Documentation demonstrating the financing structure and plan for the proposal, including all sources of capital. *Please include current capital commitments, as well as plan and timing for meeting future capital needs*

We are a subsidiary and majority-owned company by our corporate parent, Wynn Resorts, Limited. [REDACTED]

G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

c. A detailed budget of the proposal cost, including any construction, design, legal and professional, consulting, and all other developmental fees. *Also identify all other pre-launch costs, including training, marketing, and initial startup capital*

[REDACTED]

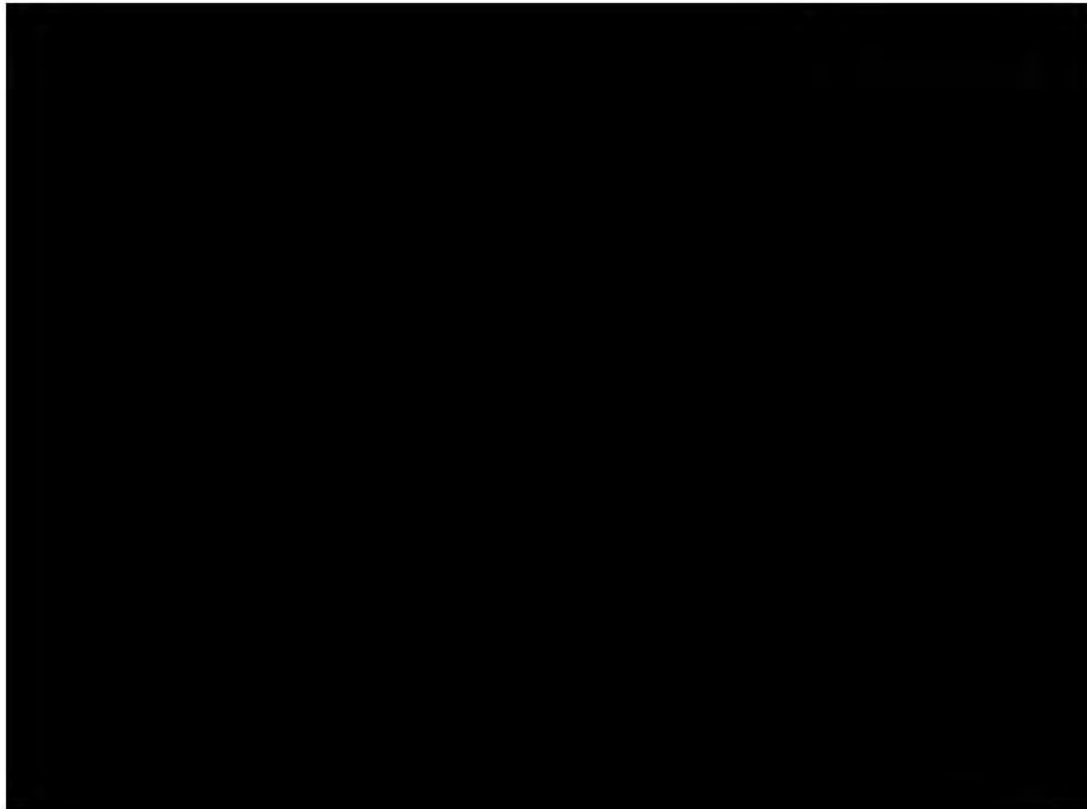
[REDACTED]

[REDACTED]

G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

d. An analysis, including best, worst, and average case scenarios, that demonstrates the applicant's plan and capacity for accommodating steep downturns in revenues, and provides examples of those plans and strategies that have been successful in other jurisdictions



[REDACTED]

[REDACTED]

[REDACTED]



G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

e. What are the Applicant's annual liquidity, leverage, and profitability ratios, including current ratio, debt-to-equity ratio, and gross/net margin ratios?

[REDACTED]

[REDACTED]

G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

f. Information pertaining to contracts, loan agreements, and/or commitments that the applicant has breached or defaulted on during the last ten years. *Provide information for any lawsuit, administrative proceeding, or another proceeding that occurred as a result of the breach or default*



G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

g. A description of any administrative or judicial proceeding, during the last ten years, in which the applicant or any entity that owns 5%, or greater share, was found to have violated a statute or regulation governing its operation

[REDACTED]

[REDACTED]

[REDACTED]

I [REDACTED]

I [REDACTED]

[REDACTED]

I [REDACTED]

[REDACTED]

I [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

h. Any bankruptcy filings made, or proceedings commenced, for any entities owned or controlled by the applicant and any entity owning a 5% or greater share of the applicant



G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

i. Any financing amounts or ownership interests that are anticipated to come from minorities, women, and/or disadvantaged businesses. If the applicant, or any portion of the applicant, is a public company, it is not necessary to list shareholders

WSI US, LLC is ultimately majority owned by Wynn Resorts, Limited, which is a publicly-traded corporation

[REDACTED]

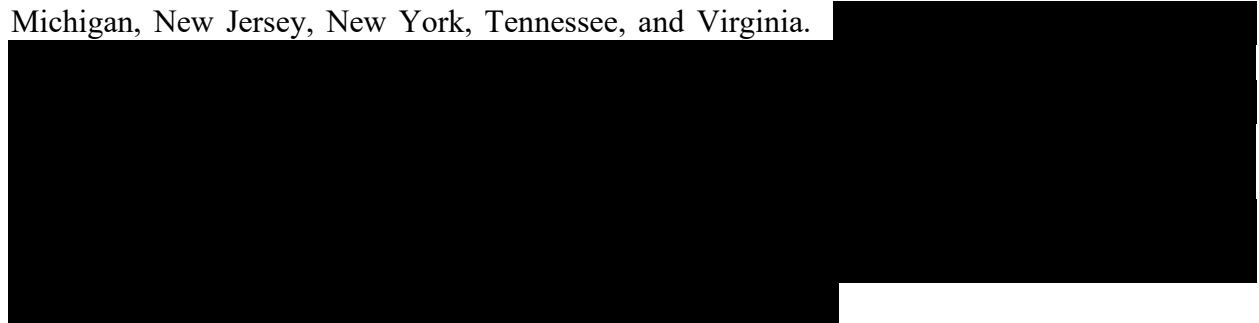
[REDACTED]

G.3 FINANCIAL STABILITY & INTEGRITY

Please provide the following documents, for the last five (5) fiscal years and through the date of the application:

j. Examples and/or narratives that substantiate the applicant’s understanding of and experience with Internal Controls.

WynnBET operates pursuant to laws, regulations, and internal controls written specific to each jurisdiction where we are licensed and operating – Arizona, Colorado, Indiana, Louisiana, Michigan, New Jersey, New York, Tennessee, and Virginia.

















G.4 COMPLIANCE

Provide the following information on whether the applicant or its Key Persons has ever:

b. Possessed a gaming license (casino, video gaming, charitable games, lottery, pari-mutuel, sports wagering, etc.) issued by any jurisdiction – if so, please provide a copy of each license.

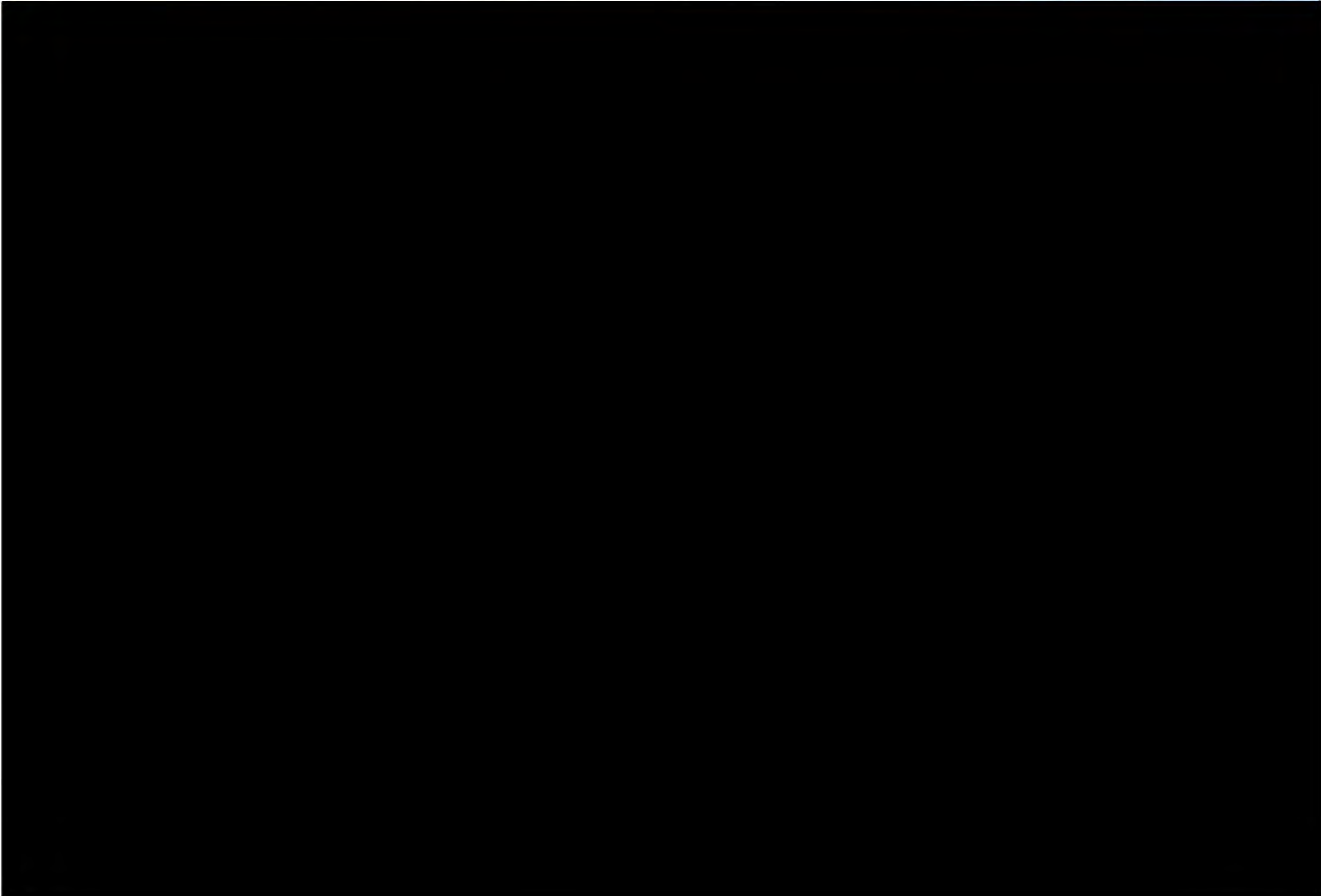
WSI US, LLC or its Key Persons

Issuing Authority or Agency	Type of License	Date of Application	Date of Disposition	Name on License	License Number	Disposition of License
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



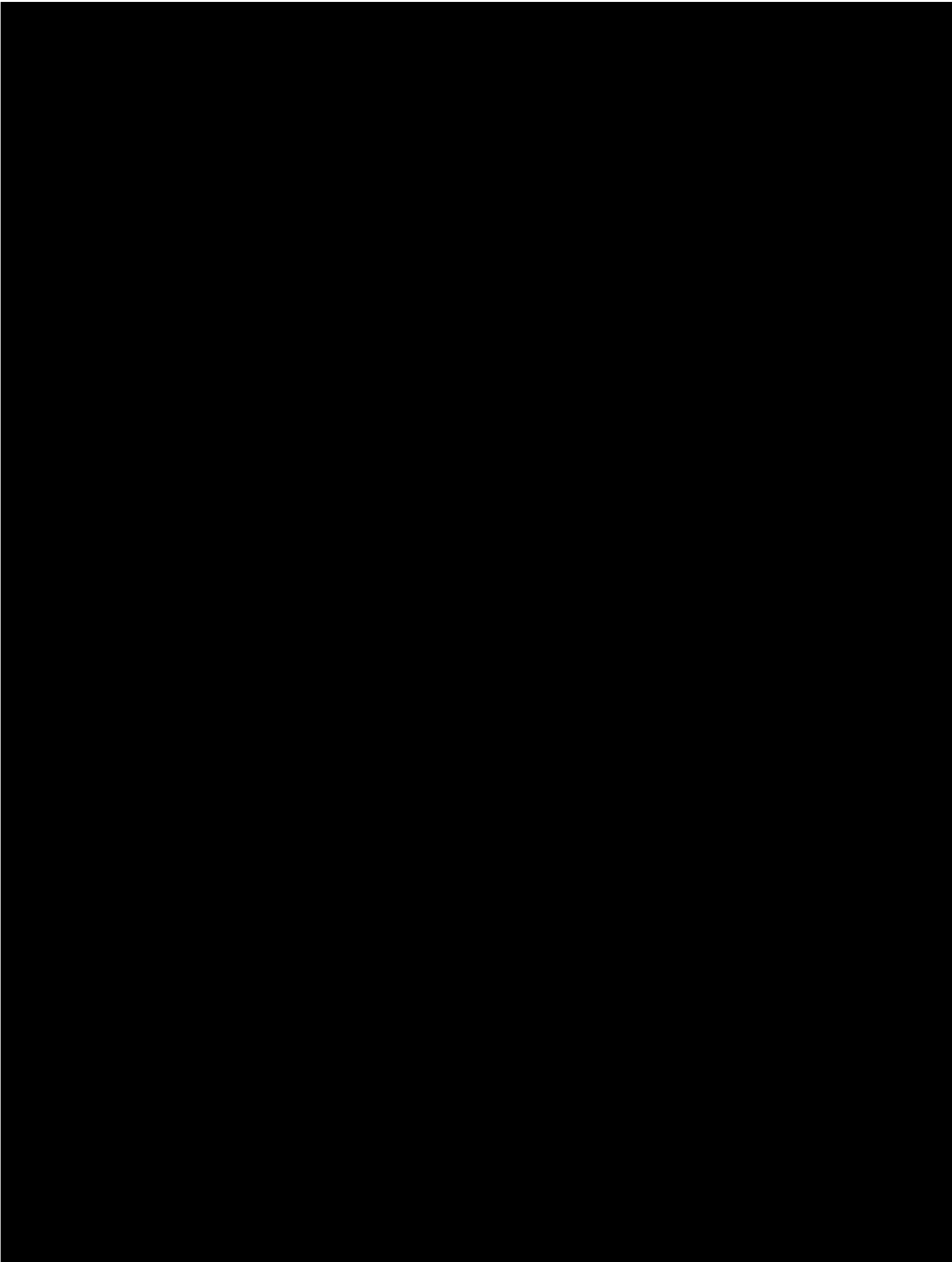
State/Province	Name & Address of Agency/Organization	Type of License	Application Date	License Status	License, Permit, or Registration Number	Expiration Date
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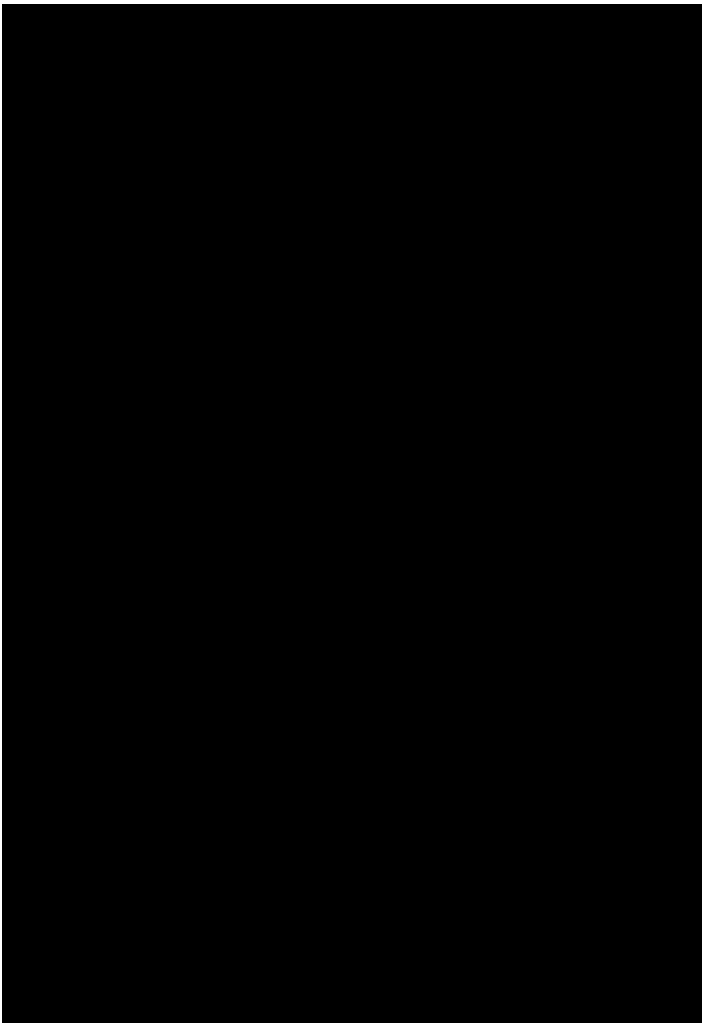


[REDACTED]

[REDACTED]

On 10/07/2010, [REDACTED] wrote:



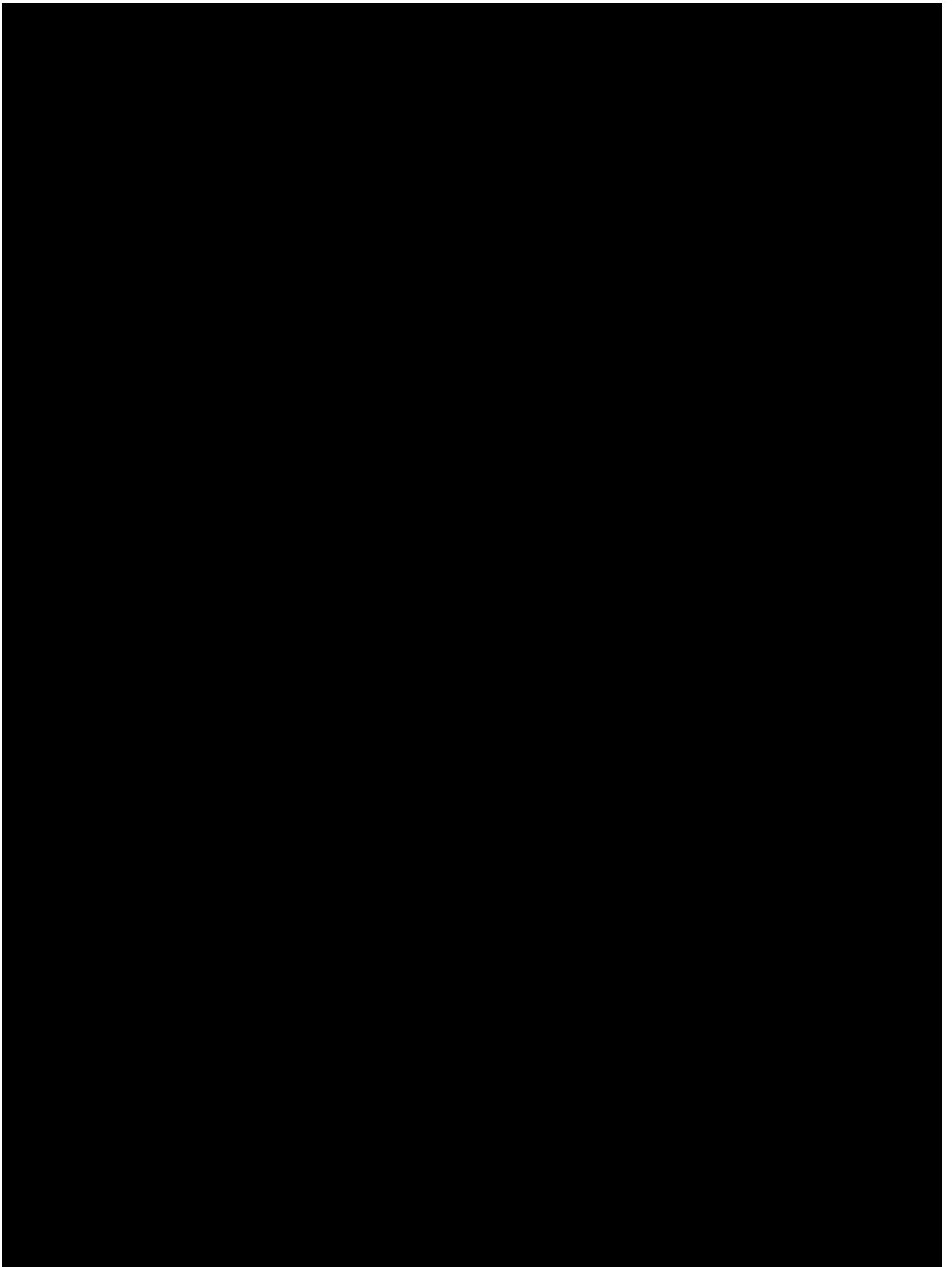


██████████ has applied for and been granted various gaming licenses in multiple jurisdictions. ██████████ and his licenses have never been the independent subject of any type of disciplinary action in any jurisdiction. These licenses are listed below:

Name and Address of Licensing Agency/Organization (Including Country, State/Province, County, Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, Pending, etc.)	License, Permit, Approval or Registration Number
██████████ ██████████ ██████████	██████████ ██████████	██████████	██████████	██████████
██████████ ██████████ ██████████	██████████ ██████████ ██████████	██████████	██████████	██████████
██████████ ██████████ ██████████	██████████ ██████████	██████████	██████████	██████████
██████████ ██████████ ██████████	██████████ ██████████ ██████████ ██████████	██████████	██████████	██████████
██████████ ██████████ ██████████	██████████ ██████████ ██████████ ██████████ ██████████	██████████	██████████	██████████
██████████ ██████████ ██████████	██████████ ██████████	██████████	██████████	██████████

[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]

[REDACTED]



G.4 COMPLIANCE

Provide the following information on whether the applicant or its Key Persons has ever:

c. Held or holds a direct, indirect, or attributed interest in any business that intends to apply for a license with the Commonwealth

Key Person – 

G.4 COMPLIANCE

Provide the following information on whether the applicant or its Key Persons has ever:

d. Withdrawn a gaming license application, in any jurisdiction – if so, please submit a detailed description of each withdrawal

Our Key Person [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

