OKLAHOMA ALCOHOLIC BEVERAGES LAWS
ENFORCEMENT COMMISSION
CHARITY GAME APPLICATION
MANUFACTURER'S LICENSE FEE: $2,000
DISTRIBUTOR'S LICENSE FEE: $5,000

The attached application and documents listed below are required for a manufacturer or distributor license. Applicant may be an individual, a partnership or a corporation. Joint ventures cannot be accepted. All documents must be legible and complete.

1. Corporate documents
   A. Certificate of Incorporation
   B. Corporate By-Laws and Articles of Incorporation
   C. Certificate of Good Standing from Secretary of State of Oklahoma
      Must have been issued within last sixty (60) days, or
      If a foreign organization, a letter of agreement from the agent representing the corporation. (Must be residing in Oklahoma authorized to receive service of process on behalf of the business entity). Letter must include agent's full name; business and home addresses and telephone numbers; and social security number of that agent or the federal employer identification number, if a corporation.
   D. If an Oklahoma based organization or if a premise is located in Oklahoma, a letter of tax clearance from the Oklahoma Tax Commission. (Page 8 of the application is for this purpose).

2. Partnership agreement, if applicable.

3. Page 3 of the application must be completed for all officers and stockholders owning 10% or more of any class of stock in the corporation. Page 4 of the application must be signed by all officers and stockholders owning 10% or more of any class of stock in the corporation. (If additional blank forms are needed, these pages may be copied.)

Other information may be required during the investigation. License fee may be paid with applicant's business check, cashier's check or money order in the correct amount at the time of application. Personal checks will not be accepted.

Mail original application and supporting documents with three copies of each page to:

OKLAHOMA ABLE COMMISSION
3812 N SANTA FE STE 200
OKC OK 73118-8500
The filing of this application does not guarantee that the ABLE Commission will grant the license that you are applying for, nor does it permit you to operate as a manufacturer or distributor in the State of Oklahoma as applied for. If a license is granted by the ABLE Commission, you will receive a LICENSE CERTIFICATE.

OATH

State of _____________________
County of ____________________

__________________________, (Chief Executive Officer, Partners, or Individual Applicant), being first duly sworn upon oath deposes and says: That one is the applicant who made the attached application; that one has read and signed the same. Applicant(s) certifies, subject to the penalties provided by law, that all information given in regard to the application for license is true, complete, and correct to the best of one's knowledge and belief. I acknowledge and agree that the ABLE Commission may make any contact necessary to verify the information or to seek further information and that the Director may refuse to issue said license or may cause such license to be revoked at any time under the Oklahoma Charity Games Act.

Signature(s) of Corporation Officers, Partners, or Individual Applicant:

___________________________  ___________________________

___________________________  ___________________________

Subscribed in my presence and sworn to before me this _____ day of ____________, 19___.

___________________________  My commission expires: ___________________

Notary Public

Oklahoma ABLE Commission Charity Games Manufacturer/Distributor Application
APPLICANT INFORMATION

1. Name of Applicant, (Corporation, Partnership or Individual): Attach additional pages if necessary.

__________________________________________________________
Name

2. Federal Employer Identification Number

3. Mailing Address

__________________________________________________________
Mailing Address

__________________________________________________________
City/State

__________________________________________________________
Zip Code

Organization’s Telephone Number

4. Oklahoma Premise Telephone Number

__________________________________________________________
Organization’s Telephone Number

5. Oklahoma Premise Street Address

__________________________________________________________
Oklahoma Premise Street Address

__________________________________________________________
City/State

__________________________________________________________
Zip Code

6. Contact Person’s Name/Title

__________________________________________________________
Contact Person’s Name/Title

__________________________________________________________
Daytime Phone #

__________________________________________________________
Evening Phone #

Social Security #

7. Employer’s Name

Social Security or FEI #

6. List anyone else not signing this application but sharing the ownership or receiving a percentage of profits or bonus from this business:

__________________________________________________________
Name

__________________________________________________________
Address

7. Has Applicant been licensed in Oklahoma previously?_____Yes _____No

If yes, Business Name:__________________________________________Type of License?:________

Oklahoma ABLE Commission Charity Games Manufacturer/Distributor Application
INDIVIDUAL HISTORY

Please print when completing the following questions. This page must be completed on all Corporate officers and stockholders owning 10% or more of any class of stock in corporation. All blanks must be completed, if question does not apply to you, place N/A (not applicable) in the space.

1. Name ____________________________________________ First __________________________ Middle ____________
   Last

2. Other names used: __________________________________________

3. Address ____________________________________________ Number and Street City/State/ZIP

4. Home Phone: _____________________ Business Phone: _____________________

5. SSN ___________________ Date of Birth ____________ Age _____ Sex _____

6. Driver's license number/state: ________________________________

7. Birth Place: _______________________________ US Citizen: ___ Yes ___ No
   City/State
   If No, list alien reg. no. _____________________ If a Naturalized Citizen: ________________________________
   When/Where

8. Height ________ Weight ________ Hair Color ________ Eye Color ________

9. Name of Spouse: ___________________________ Spouse's Employer: ________________

CRIMINAL RECORD

Note: A criminal records check is made on all officers and stockholders owning 10% or more of any class of stock in corporation, in the normal processing of a Manufacturer's or Distributor's license application. The information provided in Questions 1 through 10 (below) can protect you from an error in the criminal records check.

10A. Have you ever been convicted of, or pled guilty or nolo contendre to a felony?
   _____ Yes _____ No

10B. Are there presently pending against you any criminal charges? (Do not include minor traffic violations for which a fine or bail forfeiture of $50 or less may be imposed.)
   _____ Yes _____ No

10C. If you have answered Yes to 10A or 10B, list below:

   OFFENSE DATE CITY/COUNTY/STATE FINE/PROBATION/INCARCERATION

Attach additional sheet if necessary

Oklahoma ABLE Commission Charity Games Manufacturer/Distributor Application Page Three
CONFIDENTIAL DISCLOSURE

This page must be completed by all Corporate officers and stockholders owning 10% or more of any class of stock in corporation.

I, ___________________________ (PLEASE PRINT) hereby authorize any person or organization listed in this application to provide information about me to an Agent of the Oklahoma Alcoholic Beverage Laws Enforcement Commission on a confidential basis, including bank and financial records, criminal history records, driving records, tax records and any other information relating to character or fitness for a Charity Games license.

______________________________
Authorized Signature of Applicant

______________________________
Title
CORPORATE QUESTIONNAIRE

When completing this questionnaire, attach additional pages if necessary. If a 10% stockholder in the corporation is another corporation, the corporation which owns the stock must submit this questionnaire and a financial statement for the corporation.

Applicant

CORPORATE OFFICERS:

<table>
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<tr>
<th>TITLE</th>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
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BOARD OF DIRECTORS:

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<th>TITLE</th>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
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STOCKHOLDERS owning 10% or more of any class of stock in corporation:

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<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>NUMBER OF SHARES HELD</th>
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TOTAL SHARES AUTHORIZED TO ISSUE:_________ NUMBER OF SHARES ISSUED:_________
NUMBER OF SHARES UNISSUED:_________
CORPORATE QUESTIONNAIRE (Continued)

DISTRIBUTOR APPLICANTS:
List name and address of each of your separate distributing charity game equipment:

<table>
<thead>
<tr>
<th>LOCATION NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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List name and address of all owners of the distributing business entity if the business entity is not a corporation:

|               |         |      |       |     |
|               |         |      |       |     |

MANUFACTURER APPLICANTS:
List name and address of each of your separate locations manufacturing charity games equipment:

<table>
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<tr>
<th>LOCATION NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
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List name and address of all owners of the manufacturing business entity if the business entity is not a corporation:

|               |         |      |       |     |
|               |         |      |       |     |

List any officers or owners who have any interest in any other gaming-related entities:

|               |         |      |       |     |
|               |         |      |       |     |

FOREIGN MANUFACTURERS:
List full name, business address, and home address of the person who is a resident of this state authorized to receive service of process on behalf of the business entity: (Same as on Page Two, #5)

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<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
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Business Phone No: ________________________________  Residence Phone No: ________________________________

Signature of Corporate Officer ________________________________  Date ________________________________

Oklahoma ABLE Commission Charity Games Manufacturer/Distributor Application  Page Six
MAIL TO: Business Tax Accounts
Account Maintenance Division
Oklahoma Tax Commission
P O Box 53248
Oklahoma City, OK  73152-3248

Dear Sir:

We are completing the application process through the ABLE Commission for a(n)
initial (Check one) renewal charity games license.

If renewal: __________________________ Date Organization Began Conducting Bingo
________________________ Date Organization Began Selling Breakopen Tickets

Please send a letter to the address below stating that the organization named is in compliance with
all state tax laws. (Applicant, please complete the following):

Name of Organization __________________________ Federal Employer Identification Number

Mailing Address of Organization __________________________

City __________________________ State __________________________ Zip Code

Date Organization Began Doing Business: ________________ Number of Employees: ________________

What Fundraising have you done in the last year (bingo, bake sales, dances, etc.)
List any other name and/or FEI number under which this organization has conducted business and/or
reported sales, withholding, or income tax to the State of Oklahoma:

Name(s) __________________________

FEI(s) __________________________

Tax Type and Date of Last Filing __________________________

Signature __________________________

Printed Name of Person Signing __________________________ Title __________________________

Daytime Telephone (please include area code) __________________________
Please direct questions to TAMARA CROOK: (405) 521-3145 03-94/Misc.003

Oklahoma ABLE Commission Charity Games Organization Application Page 11