

INSTITUTIONAL INVESTOR CERTIFICATION FORM

CERTIFICATION

State of _____ SS:

County of _____

I, _____, being first duly sworn upon oath or affirmation,
and under the penalties of perjury, state:

- 1. I certify that I am authorized to sign this certification on behalf of

_____ and to
Name of Entity

bind _____ to the terms of
Name of Entity
this certification.

- 2. I certify that the above named entity is an institutional investor as set forth in section 3772.01(M) of the Ohio Revised Code ~~or has been designated as an institutional investor by the Ohio Casino Control Commission.~~ Specifically, the above named entity is a

_____ (identify the institutional investor category).

- 3. I certify that the above named entity owns, holds, or controls securities issued by a licensee or holding, intermediate, or parent company of the licensee in the ordinary course of business for investment purposes only.
- 4. I certify that the above named entity does not exercise influence over the affairs of the issuer of such securities, nor over any licensed subsidiary of the issuer of such securities.
- 5. I certify that the above named entity does not intend to exercise influence over the affairs of the issuer of such securities, nor over any licensed subsidiary of the issuer of such securities, in the future.

6. I certify that the above named entity agrees to notify the Ohio Casino Control Commission in writing within thirty days if ~~such intent~~ the entity's intent to not exercise influence over the affairs of the issuer of such securities changes.
7. I certify that the above named entity agrees that it will not issue or grant a voting proxy to any third party for the voting of its securities, without prior written approval of the Ohio Casino Control Commission.
8. I certify and acknowledge that the above named entity is bound by and shall comply with Chapter 3772 of the Revised Code and the rules promulgated thereunder.
9. I certify that the information contained herein is true and correct and that ~~there is not~~ misrepresentation, falsification or omission is contained within this certification.
10. I acknowledge that any false or misleading statement will be cause for rescission ~~of any grant of waiver or~~ of the presumption of suitability or qualification.

Signature of person on behalf of the entity

Date

Print Name of signatory

Title of signatory

Subscribed and sworn to before me this _____ day of _____,
20_____

NOTARY PUBLIC

STATE

My commission expires _____, 20_____