

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 of the Ohio Revised Code. Specifically, the above-named entity is a _____ (identify the institutional investor category).

- 3. I certify that the above-named entity owns, holds, or controls publicly traded securities issued by _____ (identify the applicable casino operator, management company, gaming-related vendor, or holding company) 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 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 adopted thereunder.
9. I certify that the information contained herein is true and correct and that no misrepresentation, falsification, or omission is contained within this certification.
10. I acknowledge that any false or misleading statement will be cause for rescission 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_____