BUSINESS STATEMENT FOR PUBLICLY TRADED COMPANIES

SECTION I
GENERAL INFORMATION

Licensed Entity ____________________________________________
(ABC Manufacturing, Inc.)

Business Name/DBA __________________________________________

FEIN __________________________ Account ID Number ______________________

Mailing Address ____________________________________________
Street, Suite No __________________ City __________________ State __________________ Zip __________________

Compliance Contact(s) _______________________________________

Business Phone (  ) __________________ Cell Phone (  ) __________________

Fax (  ) __________________________ Email __________________

Total Stock (Licensed Entity Only) _____________________________ Total Shares Issued __________________

SECTION II
LICENSED ENTITY OWNERSHIP

LIST INDIVIDUALS, ENTITIES, OWNERS OR STOCKHOLDERS OF OWNING ENTITY OF THE LICENSE:
Note: List anyone who has a 5% or more ownership/interest in the licensed entity. If an ownership structure tree is available, please submit a copy. If an entity owns 5% or more of the licensed entity, Section III will need to be completed for each entity.

1. Name ________________________________ □ Active Investor □ Passive Investor
   FEIN/SSN __________________________ # of Shares ____________ % of Ownership ____________

2. Name ________________________________ □ Active Investor □ Passive Investor
   FEIN/SSN __________________________ # of Shares ____________ % of Ownership ____________

3. Name ________________________________ □ Active Investor □ Passive Investor
   FEIN/SSN __________________________ # of Shares ____________ % of Ownership ____________

4. Name ________________________________ □ Active Investor □ Passive Investor
   FEIN/SSN __________________________ # of Shares ____________ % of Ownership ____________

5. Name ________________________________ □ Active Investor □ Passive Investor
   FEIN/SSN __________________________ # of Shares ____________ % of Ownership ____________
SECTION III
ENTITY OWNERS OF THE OWNING ENTITY OF THE LICENSE

LIST OWNERS, STOCKHOLDERS AND MEMBERS OF THE ENTITY WHO MAINTAIN 5% OR MORE OF THE OWNING ENTITY OF THE LICENSE:

Note: Only complete for entity owners listed in Section II.

1. Name ____________________________________________
   FEIN/SSN ___________________________ # of Shares __________ % of Ownership __________
2. Name ____________________________________________
   FEIN/SSN ___________________________ # of Shares __________ % of Ownership __________
3. Name ____________________________________________
   FEIN/SSN ___________________________ # of Shares __________ % of Ownership __________
4. Name ____________________________________________
   FEIN/SSN ___________________________ # of Shares __________ % of Ownership __________

SECTION IV
OFFICERS, DIRECTORS, BOARD MEMBERS, AND MANAGERS OF OWNING ENTITY OF THE LICENSE

Note: List the individuals if:
• they have a voting interest;
• they have influence or control over the day-to-day operations of the Corporation;
• they have responsibility for ensuring compliance with gambling regulations; and/or
• authority to represent the entity in decision making or act as a signatory.

1. Name ____________________________________________
   FEIN/SSN ___________________________ Title ____________________________
2. Name ____________________________________________
   FEIN/SSN ___________________________ Title ____________________________
3. Name ____________________________________________
   FEIN/SSN ___________________________ Title ____________________________
4. Name ____________________________________________
   FEIN/SSN ___________________________ Title ____________________________
5. Name ____________________________________________
   FEIN/SSN ___________________________ Title ____________________________
Please submit (to the address below) the following items for each individual listed in the tables above unless the individual has been previously disclosed to the division in the past:

- Two fingerprint cards,
- Personal/Criminal History Statement (Form 10), and
- $30.00 background check processing fee.

Gambling Control Division, 615 South 27th St., Suite A, Billings, MT 59101

I affirm I am authorized to make this application for the applicant and that the answers contained herein are true and complete. If this application or attachments contain false information, I understand I may be subject to the criminal penalties of Montana Code Annotated § 45-7-202, 45-7-203, 45-7-208, 16-4-402 and/or revocation of any gambling license granted pursuant to this application.

________________________________________/______________/___________________________________
Signature Date Print Name and Title of Person Signing