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<th>Date</th>
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BAY MILLS GAMING COMMISSION

CORPORATE RENEWAL DISCLOSURE FORM

*In Compliance with Standards And Regulations of the Bay Mills Gaming Commission*

12140 West Lakeshore Drive, Brimley, Michigan 49715
Phone (906) 248-3241 Fax (906) 248-3876
GENERAL INSTRUCTIONS

Print application (one sided) and answer every question. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. The applicant should respond to the questions contained herein to the best of her/his knowledge.

All applicants are advised that this Corporate Renewal Disclosure is an official document and misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal or revocation of a license to do business with facilities within the jurisdiction of the Bay Mills Gaming Commission and cause for possible criminal prosecution.

The applicant is hereby advised that he/she is seeking the granting of a privilege and that the burden of proving qualification for a favorable determination is at all times on the applicant.

The applicant (company president, CEO, or company representative) must initial each page, including attached pages. The applicant is attesting to the accuracy and completeness of the information contained on that page.

The applicant is responsible for the payment of all fees required under Bay Mills Gaming Rule 2 and Bay Mills Gaming Rule 5.

1. $250 Entity License Fee with no significant changes or a $750 Entity License Fee with significant changes due with submission of application.
2. $100 For each Renewing Personal History Disclosure or $250 For each Initial Personal History Disclosure due with submission of application.
3. $750 for each Entity License Fee received after January 31st.
4. $250 for each Renewing Personal History Disclosure received after January 31st.
5. $25 For each Vendor Service Authorization form that is received now or at a later date.
6. Cost of the Company background investigation, billed at a later date.

A Personal History Disclosure form must be completed by one or more of the following:

1. Owner
2. Affiliate
3. Director
4. Managerial Employees of the Applicant
5. Individual or affiliated company holding greater than 10% interest in the applicant.


Any service person from your company who will be installing or servicing gaming equipment must undergo a background investigation and issued identification from the Bay Mills Compliance Department. Please contact the Compliance Department for a Vendor Service Person application. A Vendor Service Person is one who will need access to sensitive areas of the casino.

The information disclosed in the Corporate Renewal shall include all changes that have occurred during the previous year or information that has not been disclosed on the previous year’s application. Where provided, you may indicate that there has been no change to information provided on the previous year’s application and all information previously provided remains accurate by marking the “no change” box at the beginning of the question.

If you require assistance in completing this application please contact the Bay Mills Compliance Department at Compliance@baymills.org or (906) 248-8533.
1. COMPANY IDENTITY
   Name of Company: _______
   Business Address: _______
   Business Telephone: _______
   (A) Trade Names used: _______
   (B) Other names by which company is known OR is used/using: _______
   (C) Federal tax number: _____

2. COMPANY TYPE
   Indicate whether the business is a:
   Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

3. INCORPORATION/ORGANIZATION
   Change? Yes ☐ No ☐
   If the business is a corporation, complete the following (if a partnership or other form of business organization, furnish similar information as shown below):
   (A) Place of Incorporation: _______ Date: _______
   Other states or jurisdictions where incorporated, or filed with state corporations divisions: _______
   (B) Is this company filed with the Michigan Secretary of State Corporations Division as a corporation or as an assumed business name (DBA) conducting business in Michigan? Yes ☐ No ☐
   (C) A certified copy of the Articles of Incorporation or a copy of the Partnership Agreement is attached. Yes ☐ No ☐
   (D) Describe the type of business, which this company conducts. _______
   Provide a list of Class III gaming equipment, devices, supplies and services offered for sale or lease: _______
   (E) Provide a list of all officers and directors on separate paper, attached to the end of the application, and labeled appropriately.

4. GAMING/GAMBLING LICENSES, GOODS AND SERVICES
   Change? Yes ☐ No ☐
   Has this company ever held or does it now hold any gaming licenses or permits in any jurisdiction? Yes ☐ No ☐
   (A) List the license or permit type, license number (if applicable), jurisdiction, regulatory agency, agency address, agency contact person, agency telephone, date of licensing or permit, and license status, on separate paper, attached to the end of the application, and labeled appropriately.
   (B) List any gaming license that has been revoked, suspended or denied. Provide complete details on separate paper, attached to the end of the application, and labeled appropriately.
   (C) List all states or places where your company contracts to supply gaming goods or services and to whom those goods or services are provided on separate paper.

5. CONTROL PERSONS/STOCKHOLDERS/PARTNERS
   Change? Yes ☐ No ☐
   List all CONTROL PERSONS (corporate officers, directors, partners, key employees, and management contractors); also, list all stockholders/partners owning *10 percent or more interest in this company. List full name, title, and business location on separate paper, attached to the end of the application, and labeled appropriately.

6. CORPORATE PERSONAL HISTORY DISCLOSURE FORMS
   Change? Yes ☐ No ☐
   Completed PERSONAL HISTORY DISCLOSURE FORMS are attached. Yes ☐ No ☐

7. HOLDING COMPANIES/OTHER INTEREST HOLDERS
   Change? Yes ☐ No ☐
   List last year’s holding, business organizations, other entities, or individuals who hold any financial interest in this company on separate paper, attached to the end of the application, and labeled appropriately. Include companies which have liens or other financial interests caused by company debt.
   (A) Provide a list of last year’s persons or businesses which have been loaned monies, equipment, or assets by this company on separate paper, attached to the end of the application, and labeled appropriately. List the entity name, address, date of loan, amount or asset loaned, reason for such loan, and loan status.

Initial __________
(B) The business location or property is □ owned, □ rented, □ leased, or □ other by the applicant. List the mortgage holder (if owned) including the terms of the mortgage and attach a copy of the contract.

(C) Provide a list of corporation’s names and addresses wholly or partially owned by the applicant or owns the applicant on separate paper, attached at the end of the application, and labeled appropriately.

8. TRIBAL ASSOCIATIONS

(A) List all control persons, employee’s, directors or shareholders who are or have been Tribal Employees/Officials or Commissioners, showing their names, position or title, and employer on separate paper, attached to the end of the application, and labeled appropriately.

(B) Please provide all control persons or subcontractors, or employees who have immediate family members of any Tribal Employee/Official/Commissioner, or who have a close personal relationship to any Tribal Employee/Official/Commissioner, indicate each such person on separate paper, attached to the end of the application, and labeled appropriately.

(C) Is any employee or company representative a member of the Bay Mills Gaming Commission? Yes □ No □ Provide the names on separate paper, attached to the end of the application, and labeled appropriately.

(D) List all persons, employees, consultants, sales agents, or other people who have had contact with a Bay Mills Gaming Commissioner or staff include name, reason, relationship and date on separate paper, attached to the end of the application, and labeled appropriately.

9. CRIMINAL INVESTIGATIONS

Has the vendor, a subsidiary or intermediary company, parent company, holding company, related corporation or business entity ever been the subject of a GRAND JURY or CRIMINAL INVESTIGATION in the last year? Yes □ No □ List on separate paper, attached to the end of the application, and labeled appropriately provide name of crime, date of disposition, state/county, court, court address and the outcome.

10. INDICTMENTS AND CONVICTIONS

Has the vendor, a subsidiary, intermediary company, parent company, holding company, related corporation or business entity, or any control person in any of the preceding ever been INDICTED, ARRESTED OR CONVICTED, plead nolo contendere (no contest), plead guilty, or forfeited bail for any criminal offense in the last year? Yes □ No □ List on separate paper, attached to the end of the application, and labeled appropriately provide name of crime/charge, date of charge/disposition, state/county, court, court address and the outcome.

11. CIVIL ACTIONS

Has the vendor, a subsidiary, intermediary company, parent company, holding company, related corporation, or business entity, or any control person in any of the preceding ever been involved in any civil lawsuit in the last year? Yes □ No □ List on separate paper, attached to the end of the application, and labeled appropriately provide name of case, type of case, state/county, court, court address and the outcome.

12. JUDGMENTS OR DECREES

Has the vendor, a subsidiary, intermediary company, parent company, holding company, related corporation, or business entity, or any control person in any of the preceding ever been the subject of any order, judgment, or decree of any court of competent jurisdiction permanently or temporarily enjoining it from, or otherwise limiting its participation in any type of business, practice or authority in the last year? Yes □ No □ Provide complete details on separate paper, attached to the end of the application, and labeled appropriately.

13. FINANCIAL INFORMATION

Attach certified copies of your FINANCIAL STATEMENTS for last year as prepared by a certified public accountant. If you do not have your financial statements prepared by a certified public accountant, include copies of your last year’s tax returns or any previous amended tax returns attached to the end of the application and labeled appropriately.

14. FINANCIAL INSTITUTIONS

Provide a list each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution, foreign or domestic, in which the enterprise has or has had an account over the last 10-year period regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the control of the enterprise provide name, address, type of account, name of account, and account number on separate paper, attached to the end of the application and labeled appropriately.

Initial __________
15. ASSETS INFORMATION
    Change? Yes ☐ No ☐
    Provide list of all motor vehicles, boats, planes or other assets owned or used by the business on separate paper, attached to the end of the application, and labeled appropriately.

16. GOVERNMENT REGULATION
    (A) Is the enterprise subject to regulation by a public agency in any State or other jurisdiction? Yes ☐ No ☐
    Provide complete details on separate paper, attached to the end of the application, and labeled appropriately name and location of public agency, type of regulation and license number.

    (B) In the past year has the applicant had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed? Yes ☐ No ☐
    Provide complete details on separate paper, attached to the end of the application, and labeled appropriately name or licensing authority and date of action.

17. DEBT, INSOLVENCY OR BANKRUPTCY ACTIONS.
    In the past year has the applicant filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt that has not be previously disclosed? Yes ☐ No ☐
    Provide complete details on separate paper, attached to the end of the application, and labeled appropriately date of filing, name of court, court address, case number and disposition.

18. TAX
    In the past year has there been filed against the applicant or has the applicant been served with, a complaint or other notice filed with any public body regarding the delinquent payment of any tax required under Federal State of Local law? Yes ☐ No ☐
    Provide complete details on separate paper, attached to the end of the application, and labeled appropriately taxing agency, type of tax, dates involved, and the amount.

19. AGREEMENTS
    In the past year has the enterprise entered into any agreements with the casino? Yes ☐ No ☐
    Attach as an exhibit a copy of the agreement, including names of persons and/or entities entering into the agreement and the expected duration and terms of compensation of each such agreement on separate paper, attached to the end of the application, and labeled appropriately.

20. VENDOR SERVICE PERSON
    Provide complete list of all persons who will be servicing equipment in our casinos include name and title on separate paper, attached to the end of the application, and labeled appropriately.

21. LIAISON TO BACKGROUND INVESTIGATOR
    Please list the name, title, phone number, email address and street address of an individual to provide assistance to the background investigators on separate paper, attached to the end of the application, and labeled appropriately.

22. CLASS III VENDOR LICENSE
    Please list the name, title, phone number, email address and street address of an individual whom the licensed should be sent to on separate paper, attached to the end of the application, and labeled appropriately.

23. SHIPMENT NOTIFICATIONS
    Please list the name, title, phone number, email address and street address of an individual responsible for gaming media shipment notifications on separate paper, attached to the end of the application, and labeled appropriately.
RELEASE OF INFORMATION

I understand that the information provided in this Corporate Disclosure Form for a Class III Vendor Gaming License will be used by the Bay Mills Gaming Commission to request any documents or other information required to completely investigate the background of this company, including but not limited to, criminal history record, civil litigation records, credit history, education, employment/contracts history, personal references, business references, license verification, tax and financial review, Dun and Bradstreet information or any other information the Bay Mills Gaming Commission or their agents deems necessary. I authorize any and all information to be released to the Bay Mills Gaming Commission and agents thereof.

Company

Printed Name

____________________________________
Signature Date

Witness Date

Subscribed and Sworn to before me this _________________________, 20____.
day of __________________, 20____. at ____________________
City State

____________________________________
Notary Public (Signature)

____________________________________
Printed Name

My Commission Expires: ___________________
NOTICE & AGREEMENT

1. I have read, and I understand the following false statement notice:

A false statement on any part of my application may be the grounds for not being hired, or for being fired after I have begun work. Also, I am aware that I may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

2. I have read, and I understand the following Privacy Act notice:

In compliance with the Privacy Act of 1974, the solicitation of information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need of the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring and firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe’s being unable to hire you in a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

3. I hereby swear that I will abide by all applicable laws, regulations and policies of the Bay Mills Indian Community and the United States.

4. I understand that the Vendor Gaming License awarded to me or my organization will expire on an annual basis, and I understand it is my or my business’ responsibility to submit a gaming license renewal form 60 days prior to expiration.

5. I understand and agree that failure to report any changes regarding any Disclosure Form and/or Renewal Application for a Vendor Gaming License may result in the suspension or termination of the Vendor Gaming License.

6. I hereby swear that to submit to the jurisdiction of the Tribe and the Bay Mills Tribal Court.

7. I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, information and belief and that I have withheld nothing.

8. I understand that the company is responsible for all license fees and background investigation fees and that these fees must be paid prior to obtaining a Class III Vendor License.

9. I understand that if the vendor gaming license expires, the Tribe cannot purchase or lease Class III gaming equipment from this company.

10. I understand the Vendor Service Persons, who need access to sensitive areas of the casino will need to be issued identification from the Bay Mills Compliance Department prior to any access being given.

11. I understand the Vendor Service Persons are prohibited from gambling at the Bay Mills casinos.

__________________________________________________________________________                ___________________________
Signature                                                                                Date

__________________________________________________________________________                ___________________________
Witness                                                                                  Date

Approved: 8/2/2022  7  Form V3
FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records, and to deliver true copies thereof, concerning or pertaining in any way to me or my company to the BAY MILLS GAMING COMMISSION, its authorized agent or representative. This disclosure is authorized for investigative purposes concerning any civil, administrative, or criminal action, which may be undertaken by the BAY MILLS GAMING COMMISSION concerning me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

INTEREST HOLDERS:

List on a separate sheet all holding companies, business organizations, or other entities, which hold any financial interest in this company. Include persons and/or companies, which have liens or other financial interest, caused by company debt.

NOTICE TO CUSTOMER:

I understand that I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Office of the BAY MILLS GAMING COMMISSION, certified mail, return receipt requested.

EXECUTED this __________ day of __________________20_____.

____________________________________
Applicant’s Signature

____________________________________
Print Name

____________________________________
Applicant’s Title

Business Address:

______________________________________________

______________________________________________

______________________________________________

Subscribed and Sworn to before me this
this __________ day of _______________, 20______.

City                             State

____________________________________
Notary Public (Signature) (SEAL)

____________________________________
Print Name

My Commission Expires:__________
SWORN STATEMENT AND DEPOSITION

State of _______________________________, )ss.
Country of _______________________________

I, _______________________________, being duly sworn, depose and say that I have read the above statements, documents, and information. They are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose information in the above disclosure may be deemed sufficient cause for the refusal by the BAY MILLS GAMING COMMISSION to issue a license to allow me or any business with which I am employed or affiliated to do business with gaming facilities within its jurisdiction. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents or information may be grounds for the cancellation of any existing license. I am voluntarily submitting this disclosure under oath.

Company President/CEO _______________________________
Signature
Printed Name Title

I, _______________________________, do hereby certify that I have prepared this document on behalf of the vendor/company/applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Signature
Printed Name Title

Business Address:

Telephone Number: _______________________

Subscribed and Sworn to before me this
this day of ________________, 20___,
at _______________________.

City State

____________________________
Notary Public (Signature)

____________________________
Printed Name

My Commission Expires: _______________________

Initial Here________