



BRIAN SANDOVAL  
Governor

**NEVADA GAMING CONTROL BOARD**

1919 College Parkway, P.O. Box 8003, Carson City, Nevada 89702  
555 E. Washington Avenue, Suite 2600, Las Vegas, Nevada 89101  
3650 S. Pointe Circle, Suite 203, P.O. Box 31109, Laughlin, Nevada 89028  
557 W. Silver Street, Suite 207, Elko, Nevada 89801  
9790 Gateway Drive, Suite 100, Reno, Nevada 89521  
750 Pilot Road, Suite I, Las Vegas, Nevada 89119

A.G. BURNETT, *Chairman*  
SHAWN R. REID, *Member*  
TERRY JOHNSON, *Member*

December [REDACTED]

Carson City  
Phone: (775) 684-7800

VIA EMAIL: [REDACTED]

[REDACTED]  
Dickinson Wright, PLLC  
8363 West Sunset Road  
Las Vegas, NV 89113

Re: [REDACTED]

***N1 [REDACTED]  
Application for Registration as a Holding Company  
Application for Finding of Suitability as a Manager and Member  
Applications for Registration as Minority Equity Interest Holders  
Application to issue Class A Membership Units***

Dear [REDACTED]

To cover the estimated investigative expenses for the above referenced application, a **\$150,000** deposit is required. In accordance with NRS 353.1467, all payments of money owed to a state agency for taxes, interest, penalties or any other obligations that, in the aggregate, amount to \$10,000 or more, must be made by electronic transfer in a method allowed by the state agency. The method allowed by the Nevada Gaming Control Board is the ACH CCD + format.

**The following information must be provided to your bank so your payment is properly credited:**

**Pay to:** Wells Fargo Bank  
530 Las Vegas Blvd, 2<sup>nd</sup> Floor  
Las Vegas, NV 89101  
**ABA Routing Number:** 121000248  
**Credit Account Number:** 4000100669  
**Payee Name:** Nevada Gaming Control Board Investigations

**Please include the following information in the addenda record or payment may be returned or rejected:**

**N1 [REDACTED] [REDACTED] \$150,000**

If the requested deposit is less than \$10,000, payment can also be submitted by check payable to the Nevada Gaming Control Board.

This request is an estimate only. If, at any time, it is determined additional funds will be required, you will be so advised. This is in compliance with Regulation 4.070(7) which states:

"The board and commission will not take final action to approve any application unless all application and investigative fees and costs have been paid in full. The board may recommend denial and the commission may deny the application if the applicant has failed or refused to pay all application and investigative fees and costs."

At the conclusion of the investigation, the Board will provide an accounting of funds for each applicant. If there are unused deposits, a refund of the remaining balance will be made. The refund can be made to only one person or entity.

Consequently, it is necessary that you designate on the attached refund form the person or entity to whom the refund should be made. It is mandatory to fill out this form completely. Return the refund form with, or at the same time of, the requested deposit to the Investigations Division address listed on the refund form.

Thank you for your cooperation in this matter.

Sincerely,

[REDACTED]  
Supervisor, Investigations Division

[REDACTED]  
cc: (via email) Wendy Studebaker, Investigations  
(via email) Sharon Wicker, Accounting  
(via email) Justin Schweitzer, Investigations  
Records & Research

NEVADA GAMING CONTROL BOARD  
INVESTIGATIONS DIVISION

REFUND FORM

ACCOUNT N [REDACTED]

DIRECTIONS: If there are unused deposits, a refund of the remaining balance of the deposit will be made to the person or entity designated. In the space provided below, complete the requested information concerning the person/entity to whom the refund should be made.

**It is mandatory this section is filled out completely and returned with the requested deposit.**

Name/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number  
or Federal I.D. Number: \_\_\_\_\_

I certify the accuracy and completeness of the above information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**\*\*\*\* RETURN THIS COMPLETED FORM WITH THE REQUESTED DEPOSIT \*\*\*\***

Return the executed Refund Form to:

Wendy Studebaker  
Nevada Gaming Control Board  
Investigations Division  
1919 E College Pkwy  
Carson City NV 89702  
(775) 687-1372 Fax  
[wstudebaker@gcb.nv.gov](mailto:wstudebaker@gcb.nv.gov)