

CG-CO, CURRENT OFFICERS State Form 49873 (R5 / 11-12) INDIANA GAMING COMMISSION

Organization name (<i>please type or print</i>)			Email address				
Address of Principal Office (number and street)			Federal Identification number (FID)				
City		State	ZIP code		County		
Organization telephone number			Organization fax nu	Organization fax number			
Full legal name of Officer	Home	Address (number and street, city, state, ZIF code, and county)	Home Telephone Number	e Title		Term Expires (month, day, year)	
Signature of Presiding Officer Print name Title			Daytime te	elephone number	Date (month, day, year)		
Signature of SecretaryPrint nameDaytime telephone numberDate (month, day, year)							