

Applying
for a
B license.



Arizona Department of Revenue • Bingo Section
Phoenix: (602) 716-7801

APPLICATION FOR BINGO LICENSE

Complete all information on this form. If you do not complete all information, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.

Falsification of information contained in this application constitutes a Class 6 felony.

All bingo licenses expire one year from the date of issue. To continue conducting bingo games, you must renew your license prior to the expiration date.

For Department of Revenue Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWER'S NAME (please print) _____ DATE _____
License Classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	
LICENSE NUMBER _____	TERM OF LICENSE: From: _____ To: _____

Type or print in black ink.

1 APPLICANT'S NAME Mesa Tri-City Aerie #3468, Fraternal Order of Eagles, In	2 TELEPHONE NUMBER WITH AREA CODE (480) 967-7948
3a ADMINISTRATIVE OFFICE LOCATION 1712 West Broadway Road, Suite 108	4a MAILING ADDRESS 1712 West Broadway Road, Suite 108
3b CITY STATE ZIP CODE Mesa AZ 85202	4b CITY STATE ZIP CODE Mesa AZ 85202

5 Class B and Class C license applicants only: If applying as a qualified organization, indicate the type of organization:
Check one box:

- Charitable Social Religious Veterans
 Fraternal Volunteer Fire Department Homeowners Association Nonprofit Ambulance Service

6 Class B and Class C license applicants only: If applying as a qualified organization, give the name and address of your one parent or auxiliary:

PARENT 6a Grand Aerie, Fraternal Order of Eagles ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 1623 Gateway Circle South CITY STATE ZIP CODE Grove City OH 43123	AUXILIARY 6b ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. CITY STATE ZIP CODE
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7 Class B and Class C license applicants only: If applying as a qualified organization, indicate the date your organization was established in Arizona: 1, 1, 0, 3, 1, 9, 7, 6

City of Mesa
 Office: STAX Cashier: April
 Tech #: 1188728
 Receipt #: 07181729
 Total: \$25.00
 Name: Fraternal Order of Eagles
 Address: 1623 Gateway Circle
 City: Grove City, OH 43123
 Phone: (602) 716-7801
 Check # 1188728
 Thank You for Your Payment!!
 \$25.00
 \$25.00

8 Class B and Class C license applicants only: If applying as a qualified organization, list current officers:

NAME 8a Richard L. Stimbart			NAME 8b Brian R. Atwell		
TITLE Worthy Trustee			TITLE Worthy Secretary		
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 2713 North 83rd Place			ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 816 South Nevada Way		
CITY Scottsdale	STATE AZ	ZIP CODE 85250	CITY Mesa	STATE AZ	ZIP CODE 85204
NAME 8c James Schmiedeberg			NAME 8d Jay C. Powell		
TITLE Worthy Trustee			TITLE Worthy Trustee		
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 1460 West Capri Avenue			ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 629 West Portobello Avenue		
CITY Mesa	STATE AZ	ZIP CODE 85202	CITY Mesa	STATE AZ	ZIP CODE 85210

9 Class B and Class C license applicants only: Bingo checking account information:

Checking Account Number: To Be Determined

Bank Name and Branch: Wells Fargo Bank, Mesa, AZ

10 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number: _____

Bank Name and Branch: _____

11 Class B and Class C license applicants only: List all **officers and/or supervisors** authorized to sign checks from the accounts listed above. If applying as a qualified organization, all **supervisors must be members** of the applicant:

NAME 11a Richard L. Stimbart			NAME 11b Brian R. Atwell		
TITLE Worthy Trustee			TITLE Worthy Secretary		
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 2713 North 83rd Place			ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 816 South Nevada Way		
CITY Scottsdale	STATE AZ	ZIP CODE 85250	CITY Mesa	STATE AZ	ZIP CODE 85204

12 List the name(s) of the **one or two** persons who will serve as managers. If applying as a qualified organization, these persons **must be members** of the applicant. *Each person must submit an affidavit.*

NAME 12a Brian R. Atwell			NAME		
TITLE Worthy Secretary			TITLE		
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 816 South Nevada Way			ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
CITY Mesa	STATE AZ	ZIP CODE 85204	CITY	STATE	ZIP CODE

13 List the name of the **one** person designated as proceeds coordinator. If applying as a qualified organization, this person **must be an officer or director and a member** of the applicant. *Each person must submit an affidavit.*

NAME Richard L Stimbart			ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 2713 North 83rd Place		
TITLE Worthy Trustee			CITY Scottsdale	STATE AZ	ZIP CODE 85250

14 List the name(s) of the person(s) who will serve as supervisor. If applying as a qualified organization, each person **must be a member** of the applicant. *Each person must submit an affidavit.*

NAME 14a Mark Kwiatkowski	NAME 14b James Schmiedeberg
TITLE Jr. Past Worthy President	TITLE Worthy Trustee
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 1111 E. Brown Road, #143	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 1460 West Capri Avenue
CITY STATE ZIP CODE Mesa AZ 85203	CITY STATE ZIP CODE Mesa AZ 85202
NAME 14c Marina Kwiatkowski	NAME 14d Dawn Howard
TITLE Madam Vice President	TITLE Member in Good Standing
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 1111 E. Brown Road, #143	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 1500 W. Rio Salado Street #130
CITY STATE ZIP CODE Mesa AZ 85203	CITY STATE ZIP CODE Mesa AZ 85201

15 List the name(s) of the person(s) who will serve as assistants. If applying as a qualified organization, each person **must be a member or new member** of the applicant. Except for "Class A" licensees, *each person must submit an affidavit.*

NAME 15a	NAME 15b
NAME 15c	NAME 15d
NAME 15e	NAME 15f
NAME 15g	NAME 15h

16 Street address of the physical location where bingo will be played:

17 Indicate the time on each respective day that bingo will be played:

Monday: _____ AM PM Friday: _____ AM PM
 Tuesday: 2:00 AM PM Saturday: _____ AM PM
 Wednesday: _____ AM PM Sunday: 2:00 AM PM
 Thursday: _____ AM PM

18 List dates of proposed game cancellation if any:

19 Indicate the type of premises where bingo will be played. *Check one box (line 19 continues on page 4):*

- a Neither rent nor mortgage will be paid from bingo funds.
- b Rented or leased. *Attach rental affidavit and copy of rental agreement.*

LANDLORD'S NAME	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- c Owned solely by the organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc..*

HOLDER OF MORTGAGE	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

19d Owned jointly with other organization. Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc..

HOLDER OF MORTGAGE 1)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 2)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 3)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

20 List bingo licensees who are or will be conducting bingo in the same premises as you and those licensees located within 1,000 feet of your premises.

NAME 20a	NAME 20b
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

21 Expected bingo expenses (line 21 continues on page 5):

a Mortgage: \$_____ per month

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

b Rent: \$_____ per month hour occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

c Janitorial Services: \$_____ per month hour occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

d Accounting Services: \$ 225.00 per month hour occasion

PAYABLE TO Sidney Ford CPA - Professional Accounting Group	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 8650 S Willow Drive
TELEPHONE NUMBER WITH AREA CODE (480) 777-1244	CITY STATE ZIP CODE Tempe AZ 85284

e Security Services: \$_____ per month hour occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

21 Expected Bingo Expenses, continued...

f Bingo Supplies: \$ _____ per _____

PAYABLE TO		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
TELEPHONE NUMBER WITH AREA CODE		CITY	STATE	ZIP CODE

g Maximum prize payout per occasion: \$ _____. Attach game schedule that lists individual prize amounts.

PAID TO		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
TELEPHONE NUMBER WITH AREA CODE		CITY	STATE	ZIP CODE

h Utilities Expenses:

ELECTRIC (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

GAS (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

WATER (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

TRASH REMOVAL (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

22 Briefly state the specific projected use of net proceeds from games of bingo:

Bingo proceeds will go towards our building maintenance fund

Under penalty of perjury, upon oath, I, Richard L. Stimbart, declare that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof, and that all information provided has been fully, accurately, and truthfully completed to the best of my knowledge.

Richard L. Stimbart 3-25-13
 Worthy Trustee
 TITLE



Arizona Department of Revenue • Bingo Section

1600 West Monroe, Phoenix, AZ 85007 • (602) 716-7801

AFFIDAVIT

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

Please type or print in black ink.

LICENSEE'S NAME: MESA TRI-CITY FRATERNAL ORDER OF EAGLES, AERIE #3468; LICENSE NUMBER: 0727095; POSITION: [X] Manager [] Supervisor [] Proceed Coordinator [] Assistant

AFFIANT'S NAME: C. ROCK PHILLIPS; SOCIAL SECURITY NO.: Redacted; ADDRESS: P.O. BOX 10544; CITY: SCOTTSDALE; STATE: AZ; ZIP CODE: 85271; HOME PHONE NO.: (480) 834-3511; WORK PHONE NO.: (480) 252-5344

If licensee is a qualified organization, complete the following section:

MEMBER? [X] Yes [] No; DATE JOINED ORGANIZATION: 1, 2 | 0, 6 | 2, 0 | 0, 1; OFFICERS? [X] Yes [] No; OFFICER TITLE: WORTHY PRESIDENT; DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? [] Yes [X] No

I, C. ROCK PHILLIPS, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. Signature: C. Rock Phillips; Date: 3. 26. 13



Arizona Department of Revenue • Bingo Section

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AFFIDAVIT

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Please type or print in black ink.

LICENSEE'S NAME: MESA TRICITY FRATERNAL ORDER OF EAGLES #3469; LICENSE NUMBER: 0727095; POSITION: Assistant

AFFIANT'S NAME: Robert G Schmidt; SOCIAL SECURITY NO.: Redacted; ADDRESS: 2203 East Camel; CITY: MESA; STATE: AZ; ZIP CODE: 85204; HOME PHONE NO.: 480 464 5550; WORK PHONE NO.: 602 908 5175

If licensee is a qualified organization, complete the following section:

MEMBER? Yes; DATE JOINED ORGANIZATION: 03/12/2012; OFFICERS? Yes; OFFICER TITLE: CHAPLIN; DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? No

I, Robert G Schmidt, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. SIGNATURE OF AFFIANT: [Signature]; DATE: 3-27-13



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AFFIDAVIT

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

Please type or print in black ink.

LICENSEE'S NAME: Mesa Tri-City Aerie #3468, Fraternal Order of Eagles, Inc. LICENSE NUMBER: [blank] POSITION: [] Manager [X] Supervisor [] Proceed Coordinator [] Assistant

AFFIANT'S NAME: Mark Kwiatkowski SOCIAL SECURITY NO.: [redacted] ADDRESS: 1111 East Brown Road \$143 DATE OF BIRTH: Redacted CITY: Mesa STATE: AZ ZIP CODE: 85203

If licensee is a qualified organization, complete the following section:

MEMBER? [X] Yes [] No DATE JOINED ORGANIZATION: 1,0|2,1|2,0,1,0 OFFICERS? [X] Yes [] No OFFICER TITLE: Jr. Past Worthy President DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? [] Yes [X] No

I, Mark Kwiatkowski, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. Mark M. Kwiatkowski March 26, 2013



Arizona Department of Revenue • Bingo Section

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AFFIDAVIT

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Please type or print in black ink.

LICENSEE'S NAME: Mesa Tri-City Aerie #3468, Fraternal Order of Eagles, Inc. LICENSE NUMBER: [blank] POSITION: [checked] Supervisor

AFFIANT'S NAME: James Schiedeberg (SCHMIEDEBERG) ADDRESS: 1460 West Capri Avenue CITY: Mesa STATE: AZ ZIP CODE: 85202

If licensee is a qualified organization, complete the following section:

MEMBER? [checked] Yes DATE JOINED ORGANIZATION: 0,5,3,1,2,0,1,2 OFFICERS? [checked] Yes OFFICER TITLE: Worthy Trustee

I, James Schiedeberg, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority.

[Handwritten signature of James Schiedeberg]



Arizona Department of Revenue • Bingo Section

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AFFIDAVIT

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

Please type or print in black ink.

LICENSEE'S NAME: Mesa Tri-City Aerie #3468, Fraternal Order of Eagles, Inc. LICENSE NUMBER: [blank] POSITION: [blank] Check the appropriate boxes: [] Manager [x] Supervisor [x] Proceed Coordinator [] Assistant

AFFIANT'S NAME: Richard L. Stimbert SOCIAL SECURITY NO.: [redacted] ADDRESS: 2713 North 83rd Place DATE OF BIRTH: Redacted CITY: Scottsdale STATE: AZ ZIP CODE: 85250 HOME PHONE NO. (with area code): [blank] WORK PHONE NO. (with area code): [blank]

If licensee is a qualified organization, complete the following section:

MEMBER? [x] Yes [] No DATE JOINED ORGANIZATION: 0,9,1,6,1,9,9,3 OFFICERS? [x] Yes [] No OFFICER TITLE: Worthy Trustee DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? [] Yes [x] No If "Yes", list license number(s): [blank]

I, Richard L. Stimbert, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. [Signature: Richard L. Stimbert] 3-21-13

AFFIDAVIT OF PROPERTY VALUE

HELEN PURCELL

1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(s)
 Primary Parcel: 134-32-044
 BOOK MAP PARCEL SPLIT LETTER
 Does this sale include any parcels that are being split / divided?
 Check one: Yes No
 How many parcels, other than the Primary Parcel, are included in this sale? 7
 Please list the additional parcels below (no more than four):
 134-32-045; 134-32-046; 134-32-047 & 134-32-048

9. FOR OFFICIAL RECORDS 20101130405 12/29/2010 11:29
 (a) County of Rec: ELECTRONIC RECORDING
 (b) Docket & Page: SALES AFFIDAVIT
 (c) Date of Recon: 104846-2-2-2-Y-
 (d) Fee / Recorder: chagollaj
 Validation Codes:
 (e) ASSESSOR _____ (f) DOR _____

 ASSESSOR'S USE ONLY
 Verify Primary Parcel in Item 1: _____ - _____ - _____
 Use Code: Full Cash Value: \$

2. SELLER'S NAME AND ADDRESS:
 Arizona Bank and Trust
 1000 N. 54th Street
 Chandler, AZ 85226
 3. BUYER'S NAME AND ADDRESS:
 Mesa Tri City Aerie No. 3468 Fraternal Order of Eagles, Inc.
 2314 E. Apache Blvd.
 Tempe, AZ 85281
 (b) Are the Buyer and Seller related? Yes No
 If Yes, state relationship:

10. TYPE OF DEED OR INSTRUMENT (Check Only One Box):
 a. Warranty Deed d. Contract or Agreement
 b. Special Warranty Deed e. Quit Claim Deed
 c. Joint Tenancy Deed f. Other:

4. ADDRESS OF PROPERTY:
 1712 West Broadway Road, North Building
 Mesa, AZ 85202

11. SALE PRICE: \$380,000.00

5. MAIL TAX BILL TO:
 Buyer as referenced in no. 3 above.

12. DATE OF SALE (Numeric Digits): 12 / 10
 Month Year
 (For example: 03 / 05 for March 2005)

13. DOWN PAYMENT: 380,000.00

6. PROPERTY TYPE (for Primary Parcel): NOTE: Check Only One Box
 a. Vacant Land f. Commercial or Industrial Use
 b. Single Family Residence g. Agricultural
 c. Condo or Townhouse h. Mobile or Manufactured Home
 d. 2-4 Plex i. Other Use; Specify:
 e. Apartment Building

14. METHOD OF FINANCING:
 a. Cash (100% of Sale Price)
 b. Exchange or trade
 c. Assumption of existing loan(s)
 d. Seller Loan (Carryback)
 e. New loan(s) from financial institution:
 (1) Conventional
 (2) VA
 (3) FHA
 f. Other financing; Specify:

7. RESIDENTIAL BUYER'S USE: If you checked b, c, d or h in Item 6 above, please check one of the following:
 To be occupied by owner or "family member." To be rented to someone other than "family member."
 See second page for definition of a "family member."

15. PERSONAL PROPERTY (see second page for definition):
 (a) Did the Sale Price in Item #11 include Personal Property that impacted the Sale Price by 5% or more? Yes No
 (b) If Yes, provide the dollar amount of the Personal Property:
 _____ 00 AND
 briefly describe the Personal Property:

8. NUMBER OF UNITS: _____
 For Apartment Properties, Motels, Hotels, Mobile Home Parks, RV Parks, Mini-Storage Properties, etc.

16. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: _____

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone):
 THOMAS TITLE & ESCROW, LLC
 16435 N. Scottsdale Rd., Ste. 405, Scottsdale, AZ 85254
 Phone (480) 222-1116

18. LEGAL DESCRIPTION (attach copy if necessary):
 See Exhibit "A" attached hereto and made a part hereof

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller/Agent: _____
 State of AZ, County of Maricopa
 Subscribed and sworn to before me on this 28th day of Dec 2010
 Notary Public: _____

Signature of Buyer/Agent: _____
 State of AZ, County of Maricopa
 Subscribed and sworn to before me on this 28th day of Dec 2010
 Notary Public: _____

Notary Expiration Date: 5-9-14
 DOR FORM 82162 (Revised 5/03)

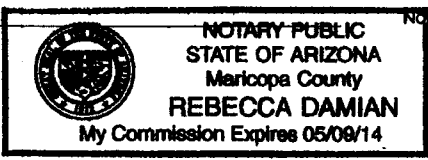


EXHIBIT A

Units 108 through 114, Broadway Plaza West Condominium, a condominium as set forth in Declaration recorded as 2007-1172250 and according to plat of condominium recorded in Book 954 of Maps, Page 30, records of Maricopa County, Arizona.



Arizona Department of Revenue • Bingo Section

Phoenix: (602) 716-7801

ENDORSEMENT BY LOCAL GOVERNING BODY

For Official Use Only

To be completed by the local governing body and returned to the Bingo Section pursuant to ARS §5-404.A.

<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Location	LICENSE #	DATE
FROM (NAME OF LOCAL GOVERNING BODY)		ADDRESS - NUMBER AND STREET, PO BOX	
TELEPHONE NUMBER WITH AREA CODE		CITY	STATE ZIP CODE

1. This is to certify that on _____, a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, on the:

- Application for a bingo license by the following applicant
- Application for a bingo license location transfer

2. Name of applicant: _____

3. Location/address where games will be conducted:

4. Days and times of games:

- Monday: _____ AM PM Friday: _____ AM PM
- Tuesday: _____ AM PM Saturday: _____ AM PM
- Wednesday: _____ AM PM Sunday: _____ AM PM
- Thursday: _____ AM PM

5. Background investigations:

- have have not been conducted on all individuals listed in the Bingo License Application.

6. Recommendation: The application be Approved Disapproved

7. Specific reasons for disapproval are hereby listed pursuant to ARS §5-404.1:

--	--	--	--	--	--	--	--	--	--

NOTE: This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME _____

SIGNATURE _____ DATE _____ TITLE _____

Mail completed, signed form to:

Arizona Department of Revenue
Bingo Section
1600 West Monroe, Room 520
Phoenix, AZ 85007