BONDING EXHIBIT 3

LOTTERY RETAILER BOND

Retailer No	Bond No.
KNOW ALL MEN BY THESE PRESENTS	
(hereinafter called the Principal) a corporation licensed and of Nebraska, (hereinafter called the bound unto State of Nebraska, I (hereinafter called the Obligae), in	as Principal, and
truly to be made we do hereby	bind ourselves, our heirs, executors, ms, jointly and severally, firmly by these
WHEREAS, in accordance with the 9-801 to 9-841 R.S. Supp.,1993, a application to said Obligee for a 15	s State Lottery Act, (Neb. Rev. Stat. section as amended), the said Principal has made locate as a Lottery Game Retailer.
loss directly arising by reason of the	pal shall indemnify the Obligee against any he failure of said Principal to comply with Stat., section 9-813 R.S. Supp., 1993, as be void; otherwise to remain in full force
PROVIDED, HOWEVER, AND UPON TH	HE FOLLOWING EXPRESS CONDITIONS:
contract unless cancelled in accord however, shall the liability of the	main in full force during the term of said ance with paragraph 2 below. In no event, Surety be cumulative from year to year or me penal sum written in the first paragraph
2. The Surety shall have the by notifying in writing to the Nebras thirty (30) days in advance of the	right to terminate its liability hereunder ska Department of Revenue's Lottery Division late of Cancellation.
Sealed with our seals and date	ed thisday of
Witness:	
	(Principal)
	BY:(SEAL).
	(Surety)
	BY:(SEAL)

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	FAX:	E-MAIL:		
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS: (Street)		(City)	(State)		(Zip)
DATE BUSINESS BEGAN UNDER CURRENT	NAME:		BUSINESS TAX ID:		
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO!	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$	
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Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

Integrity Bonds Inc Toll Free: (866) 420-2613

Local (480) 626-8916 Fax: (602) 674-8235

E-Mail info@integritybonds.com