and the second second		For Official Use
nigar	Department of State	Date Due:
eau c	f Elections CASINO INTEREST REGISTRATION FORM INDIVIDUAL & NON-INDIVIDUAL	Days Late: Fee Due:
ing th	997 requires a person who holds interest in a Detroit casino to file a registration form with the Secretary of e casino interest. Please complete all sections of this form; if it is not applicable, please insert N/A into the provided. The registration will not be accepted or considered as filed if the form is not completed as instruct	space and return it
1.	Type of Filing: ORIGINAL REGISTRATION (Date Casino Interest Acquired): /	/ 20
	AMENDMENT TO ITEM(S)	
	□ TERMINATION OF REGISTRATION (Date of Termination):/	/ 20
2.	Name of Registrant (Casino Licensee or Person Holding an Interest in the Casino):	
3.	Name and Address of Casino:	_
	Greektown at 555 East Lafayette, Detroit, Michigan 48226	
	□ MGM Grand at 1777 Third Street, Detroit, Michigan 48226	
	Motor City at 2901 Grand River Ave, Detroit Michigan 48201	
4.	Mailing Address (If different from office address provided above) \Box Same as above:	
5.	Description of Casino Interest and Code (Mark appropriate description/code):	-
	 A person individual/non-individual who holds at least a 1% interest in a casino licensee (hole Casino License issued by the MGCB) 	der of
	4. The officer of a person who holds at least a 1% interest in a casino licensee	
	7. A partner of a casino licensee	
	10. An officer of a casino licensee	
	13. A key or managerial employee of a casino licensee	
	16. A person individual/non-individual who holds at least a 1% interest in the buildings, facilities connected to a casino, or a 1% interest in any other facility in the city that is under the control licensee or affiliated company ("Casino enterprise")	
	19. The officer of a person who holds at least a 1% interest in a casino enterprise	
	22. A partner of a casino enterprise	
	25. An officer of a casino enterprise	
	28. A key or managerial employee of a casino enterprise	
	If Other Than an Individual, List Names of Principal Officers, Board Members Partners and Dire (Use Additional Sheets if needed):	ctors

*AA

7. (Type or print name of person completing this form)

(Date)

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