



State of New Jersey

Philip D. Murphy
Governor

Sheila Y. Oliver
Lt. Governor

April 25, 2022

JUSTMEDIA, LTD.
LAVSKI RID 10 , APARTMENT 38 MANASTIRSKI LIVADI
SOFIA, BULGARIA 1680

RE: Acknowledgment of Vendor Registration Form (VRF) Filing
Assignment of Vendor Identification Number 93903

Dear Vendor:

The Division of Gaming Enforcement (Division) has received the Vendor Registration Form (VRF) filed on behalf of your company, which has been assigned vendor identification number 93903. You may use that number to conduct non-gaming business with any casino.

To continue transacting non-gaming business with the casino industry, you must complete the Vendor Registration Supplemental Disclosure Form (VRSDF) and file it directly with the Division within thirty (30) days of the date of this letter. If you do not file a completed VRSDF within thirty (30) days of the date of this letter, your vendor registration will be revoked. Should this happen, you will be prohibited from transacting any further business with the casino industry. At that time a new VRF and VRSDF will need to be submitted to the Division before you will be permitted to do business with any casino. A copy of the VRSDF (Form # 41) can be found at <http://www.nj.gov/oag/ge/forms.html>

You are responsible to ensure that the information provided on the VRSDF is complete, accurate and matches the information provided on your VRF (attached hereto). Failure to do so will impact the Division's ability to investigate and register you and may result in your vendor registration being revoked.

The Vendor Registration Supplemental Disclosure Form should be filed **DIRECTLY** with the Division at:

Division of Gaming Enforcement
SILB Applications Unit
1300 Atlantic Avenue
Atlantic City, New Jersey 08401

The Division has the right, in its discretion, to require your company to file a license application at any time. In the event you are requested by the Division to file a license application and you do not file the application, all existing agreements between your company and the casinos may be terminated, and the casino industry may be prohibited from transacting any further business with your company.

If your company does not conduct business with a casino for a period of three (3) years, your vendor registration will automatically lapse, and you will be required to file a new VRF with the Division if you wish to engage in future business with a casino. If you have any questions, you should contact the casino with which you are transacting business.

Sincerely,
New Jersey Division of Gaming Enforcement



(609) 441-3555

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State of New Jersey
DIVISION OF GAMING ENFORCEMENT - VENDOR REGISTRATION FORM

PLEASE TYPE ALL INFORMATION. PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF ANY ITEMS ARE NOT APPLICABLE, PLEASE LEAVE BLANK.

1. NAME OF ENTERPRISE: JUSTMEDIA, LTD.	2. TELEPHONE NUMBER: 359876526658	Vendor ID 93903
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3. ADDRESS FROM WHICH BUSINESS IS CONDUCTED WITH CASINO LICENSE OR APPLICANT.				
STREET: LAVSKI RID 10 , APARTMENT 38 MANASTIRS	CITY: SOFIA	COUNTY:	STATE: BULGARIA	ZIP: 1680

4. TYPE OF BUSINESS CONDUCTED WITH CASINO LICENSE OR APPLICANT: IGAMING	5. NATURE OF BUS: IV01
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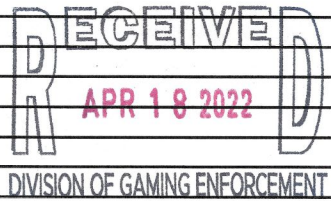
6. TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A) OR FOR SERVICES OF (F/S/O):	7. FEDERAL EMPLOYER IDENTIFICATION NUMBER:	8. DATE OF AGREEMENT		
		(MONTH) 04	(DAY) 11	(YEAR) 2022

9. PROVIDE THE NAME(S), RESIDENCE ADDRESS(ES) AND DATE(S) OF BIRTH OF THOSE PERSONS IN THE ENTERPRISE WHO ENTERED INTO AGREEMENT WITH THE CASINO LICENSEE OR APPLICANT, THOSE PERSONS WHO WILL DEAL DIRECTLY WITH THE CASINO LICENSEE OR APPLICANT AND THEIR IMMEDIATE SUPERVISORS. IF THE ENTERPRISE IS A CORPORATION, ALSO PROVIDE THIS INFORMATION FOR ALL OFFICERS INVOLVED IN THE CONDUCT OF THE ENTERPRISE BUSINESS WITH THE CASINO LICENSEE OR APPLICANT.

FIRST NAME	M	LAST NAME	RESIDENCE ADDRESS	DATE OF BIRTH
MAGNUS	L	BOBERG	BELLAGIO, APARTMENT 3, TRIQ IL-WASLIET, SWIT	04/25/1989
TOBIAS	J	ALRIKSSON	LAVSKI RID 10, APARTMENT 38, MANASTIRSKI LIV	03/19/1993

10. PROVIDE THE NAME(S), ADDRESS(ES) AND PERCENTAGE OF OWNERSHIP HELD BY EACH ENTITY OR PERSON DIRECTLY OWNING MORE THAN FIVE PERCENT (5%) OF THIS ENTERPRISE. WHEN LISTING PERSONS, ALSO PROVIDE DATE(S) OF BIRTH.

% OF OWNERSHIP	ENTITY?	FIRST NAME/ENTITY	M	LAST NAME	ADDRESS	DATE OF BIRTH(IF APPLICABLE)
<input type="checkbox"/> NO ENTITY OR PERSON OWNS MORE THAN 5%						
40.00	No	MAGNUS	L	BOBERG	BELLAGIO, APARTMENT 3, TRIQ IL-WASLIET, SWIT	04/25/1989
40.00	No	TOBIAS	J	ALRIKSSON	LAVSKI RID 10, APARTMENT 38, MANASTIRSKI LIV	03/19/1993
8.00	Yes	DEUTHS AB			GRANBACKSVAGEN 7, 181 67, LINDINGO, SWEDEN	



11. PERSON WHO SUPPLIED THIS INFORMATION TO THE CASINO LICENSEE OR APPLICANT:				POSITION/TITLE	
Salutation	First Name	Mid	Last Name	Co-founder, managing director	
	Magnus	L	Boberg	Email Address	legal@justgamblers.com

12. INITIALS OF AUTHORIZED AGENT OF CASINO C.T. GOLDEN NUGGET	POSITION/TITLE Buyer
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