

6A, the agent was a "known patron" and the information needed to complete Form 103-N was taken from the 6A licensee's records.

Item 28. Describe Identification Credential. Complete for agent's identification credential. Refer to instructions for Item 14.

Part II - Amount and Type of Transaction(s)

Item 29. Multiple Same Type Transactions. Check this item if the reportable transaction consisted of multiple, same type transactions aggregated pursuant to Reg. 6A.

Item 30. Dissimilar Transactions. Check this item if the reportable transaction consists of different types of transactions aggregated pursuant to Reg. 6A.

Note: Complete either Item 31 or 32; do not complete both items.

Item 31. CASH IN.—Enter the dollar or United States dollar equivalent amount of the cash-in transaction on the appropriate line, **a, b, c, d, e** or **f**, and repeat the amount on line **g**. If the reportable cash-in transaction involved more than one type of transaction, enter the amount associated with each different transaction type on the appropriate lines, **a, b, c, d, e** and **f**, and enter the total of the cash-in transactions on line **g**. If any dollar amount entry is made on line **f**, specify the type of transaction in the space provided. Round amounts up to whole dollars (e.g., \$10,220.12 must be entered as \$10,221).

Item 32. CASH OUT. Enter the dollar or United States dollar equivalent amount of the cash-out transaction on the appropriate line, **a, b, c, d, e, f, g, h** or **i**, and repeat the amount on line **j**. If the reportable cash-out transaction involved more than one type of transaction, enter the amount associated with each different transaction type on the appropriate lines, **a, b, c, d, e, f, g, h** or **i**, and enter the total of the cash-out transactions on line **j**. If any dollar amount entry is made on line **i**, specify the type of transaction in the space provided. Round amounts up to whole dollars (e.g., \$10,220.12 must be entered as \$10,221).

Item 33. Date of Transaction. Enter the date of the transaction. Refer to instructions for Item 12 for format of date entry.

Item 34. Time of Transaction. Enter the time of the transaction and check either **AM** or **PM** (for midnight transactions check **AM**, for noon transactions check **PM**). For multiple same type transactions or dissimilar transactions enter the time of the last transaction.

Item 35. Foreign Currency. If foreign currency is involved, identify the country of issue using a two-letter country code. Refer to instructions for Item 11. If more than one country of issue is involved indicate the country associated with largest amount of United States dollar equivalent.

Item 36. Additional Information. Use this space for any additional comments that need to be made regarding the transaction or the persons involved in the transaction.

Part III - Casino Reporting Transaction(s)

Item 37. Casino's Trade Name. Enter the "DBA" name of the 6A licensee as indicated on the casino's Nevada gaming license.

Item 38. Casino's Legal Name. Enter the legal name of the 6A licensee as indicated on the casino's Nevada gaming license.

Item 39. Employer Identification Number (EIN). Enter the casino's EIN.

Items 40, 42, 43, 44, and 45. Address. Enter the street address, city, state, and zip code of the location where the transaction occurred (e.g., casino address, branch office address). If the transaction occurred outside the United States, include the country code. Use two-letter abbreviations and codes for state and country. Include province code, if any, for foreign countries. Refer to instructions for item 11 for information about abbreviations.

Item 41. Contact Telephone Number. Enter the business telephone number, including area code, of an individual that is to be contacted regarding questions about this report.

Item 46, 47 and 48. Name, Title and Signature of the Recorder/Handler and Date of Signature. Print or type the name and title of the person who handled/recorded the transaction in Item 46. The handler/recorder signs the form in Item 47 and the date the form was signed is recorded in Item 48. Refer to instructions for Item 12 for format of date entry.

Item 49, 50 and 51. Name, Title and Signature of the Reviewer and Date of Signature. Print or type the name and title of the person who performed the accounting department review of the form in Item 49. The reviewer signs the form in Item 50 and the date the form was signed is recorded in Item 51. Refer to instructions for Item 12 for format of date entry.

Paperwork Reduction Act Notice. The requested information is useful in criminal, tax, and regulatory investigations and proceedings. Pursuant to Nevada Gaming Commission Regulation 6A (Reg. 6A), Nevada casinos classified as "6A licensees" are required to provide the requested information. Reg. 6A is administered by the Nevada Gaming Control Board and Nevada Gaming Commission. Nevada casinos comply with Reg. 6A in lieu of 31 U.S.C. 5313 and 31 CFR Part 103 based upon an exemption granted to the state of Nevada by the U.S. Department of the Treasury.

You are not required to provide the requested information unless the form displays a valid OMB number. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 19 minutes. If you have comments concerning the accuracy of this time estimate or suggestions to improve this form, you may write to the Financial Crimes Enforcement Network, Attn: Office of Regulatory Programs, Post Office Box 39, Vienna, VA 22183-0039.

Do not send a completed form to this address. Instead, see **When and Where to File** above.