



AFFIDAVIT OF CONFORMATION MINORITY-OWNED BUSINESS

State of _____ Parish/County of _____

I, _____, the Owner of the Company named _____
(Owner Name) (Company Name)

Located at _____, _____
(Business Address) (City)

City of the State of _____, Zip Code _____
(State) (Zip)

Submit this affidavit to the Isle of Capri Casino & Hotel at the property selected on the front of the registration form. I do hereby make the following statements and declare that, on my own personal knowledge, they are true.

1) The company _____ is licensed and operates in the State (s) of _____.
(Company Name) (State)

2) The company _____ is a _____ company.
(Company Name) (Minority-Owned)

3) I do understand that a Minority Business Enterprise or Minority-Owned Business-A business which is at least fifty-one (51%) percent owned by one or more minority-status individuals who are citizens of the United States domiciled in Louisiana and who also control and operate the business. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management of the business. In determining whether a business is fifty-one percent owned by one or more minority-status individuals, the percentage ownership by a minority-status individual shall not be diminished because he or she is part of the community property regime.

SWORN TO AND SUBSCRIBED BEFORE ME,

On this _____ day of _____, 20_____.
(Day) (Month) (Year)

WITNESS

SIGNATURE OF OWNER

WITNESS

NOTARY PUBLIC