

LE 37 (REQUIRED)

LAST SALE PULLTAB

ORGANIZATION _____ LIC # _____

NAME OF GAME _____ FORM NUMBER _____

SERIAL NUMBER OF DEAL _____

AMOUNT OF PAYOUT \$ _____ DATE _____

NAME OF WINNER _____

ADDRESS OF WINNER _____

CITY _____ STATE _____ ZIP _____

IDENTIFICATION NUMBER (Driver's License or other photo identification) :

_____ Type _____

ID CONFIRMED BY : (Full Name) _____

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