

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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