MISSOURI GAMING COMMISSION COMMISSION RESOLUTION NO. 22-021 REGARDING WAIVER OF LICENSURE FOR INSTITUTIONAL INVESTOR

April 27, 2022

WHEREAS, Oaktree Special Situations Fund II (Cayman) Holdings, L.P., Oaktree Fund GP 1A, Ltd., OCM Luxembourg Baccarat Bidco S.a.r.1., OCM Luxembourg Baccarat Holdco S.a.r.1., OCM Luxembourg BSF II S.a.r.1., and OCM SSF II 1B Holdings, L.P., (collectively, "Oaktree Entities"), have requested a waiver of licensure under 11 CSR 45-4.020 as an institutional investor; and

WHEREAS, the Oaktree Entities have stated that they may acquire 100% of the non-voting equity in INTERBLOCK, D.D., AND INTERBLOCK USA L.C., (collectively, "Interblock"), a Missouri licensee; and

WHEREAS, the Oaktree Entities have affirmed that they may acquire these interests for investment purposes only and not for the purposes of causing directly or indirectly changes in the management, policies or operations of said licensee, and that the Oaktree Entities have no involvement in the business activities of any licensee in which they hold or may acquire interest or any intention of influencing or affecting the affairs of any licensee with the stock that they now own or may in the future acquire; and

WHEREAS, the Oaktree Entities have affirmed that in the event the Oaktree Entities subsequently develops an intention of controlling or participating in the management of any licensee, the Oaktree Entities will notify the Commission of said changes and refrain from participating in management or exercising such control until approved by the Missouri Gaming Commission; and

WHEREAS, the Oaktree Entities have complied and affirmed its willingness to conform to all disclosures and notices required by 11 CSR 45-4.

NOW, THEREFORE, BE IT RESOLVED, that the Missouri Gaming Commission grants the Oaktree Entities request to waive licensure requirements required under 11 CSR 45-4.020 for 100% of the non-voting equity ownership in Interblock.

BE IT FURTHER RESOLVED that the granting of this waiver in no way prevents the Missouri Gaming Commission at some future date, with or without cause, from requiring the Oaktree Entities to apply for and obtain licensure pursuant to 11 CSR 45-4. In such an event, failure to obtain licensure could result in the Oaktree Entities being required to divest all or part of their interest in a licensee or the loss of the licensee's ability to do business in Missouri.

BE IT FURTHER RESOLVED that this waiver is for a period of two (2) years from the date of this Resolution, and it will be necessary for the Oaktree Entities, to reapply for a waiver on or before sixty (60) days prior to the expiration of this waiver.

SO ADOPTED.

Mike Leara

Chairman

Missouri Gaming Commission



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual / Entity Holding Interest: Oaktree Special Situations Fund II (Cayman) Holdings, L.P.

Business Address: 333 S. Grand Ave., 28th Floor / Los Angeles, CA 90071

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100		X

A holder of any direct or indirect legal or beneficial publicly traded interest of five percent (5%) or more, or privately held interest of one percent (1%) or more, in a Missouri gaming licensee or applicant, is required to obtain a key person or key person business entity license from the Missouri Gaming Commission.

A holder may, however, be exempted from the licensure requirements if such interest is held for passive investment purposes only. Individuals or entities holding up to twenty percent (20%) interest in a licensee or applicant may be exempted by the Commission for one or multiple licenses or applicants. Exemptions shall be for a period of two (2) years unless renewed. Ownership of 20% or more in a licensee or applicant requires licensure by the Commission.

Waiver applications shall be submitted to the Missouri Gaming Commission's Jefferson City office, P.O. Box 1847, Jefferson City, Missouri 65102 or emailed to mgcmail@mgc.dps.mo.gov.

REQUEST OF WAIVER – The individual or entity named above, as holder of such interest hereby applies in writing certifying under oath as follows:

- a) The acquired interest is for passive investment purposes only;
- Holder does not and will not have any involvement in the management activities of the entity in which interest is acquired;
- Holder has no intention of controlling the entity in which interest is acquired, regardless of additional stock that may be acquired;
- d) The holder will within ten (10) days notify the Commission of any purchase of stock in the entity which causes the total holding of the entity's outstanding stock to exceed 20%;
- e) That in the event an intention of controlling or participating in the management of the entity in which interest is acquired or held subsequently develops, holder shall notify the Commission of said change and refrain from participating in management or exercising such control until approved for licensure by the Commission.

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be provided.

	Home Address:	- manual		
	Business Address:			
	Occupation:			
	Employer:			
	Title:			
f the a	pplicant for a waiver is a business en	tity, then it shall provid	e the following:	
•	Type of entity (corporation, partnership	ership, limited partners	:hip, LLC, LLP, etc.):	
•	State of charter Cayman Islands			
	The names and addresses (both he	ome and business) mu	st be included for the	following officers;
	(I) chief executive officer; (II)	chief financial offic	er; (III) Chief oper	ating officer;
	(IV) ☐ managing partner; (V) ⊠	general partners; (VI)	members of the b	oard of directors; and
	(VII) the registered agent.			
Che	eck all that apply (Use page 3 for in	nformation on addition	al officers)	
ame a	and title: Oaktree Special Situations	Fund II GP, L.P., Genera	Il Partner; David Quic	c, Authorized Signatory
	*			
ERSC	ON TO BE CONTACTED IN REFERE	ENCE TO THIS WAIVE	R REQUEST	
Robe	rt Cantwell		Regulatory Couns	el
Name			Title	
	t.cantwell@lathropgpm.com	(314) 613-2831	A.F.	Foy Number

This page is used to include additional information.

Name and title:	Oaktree Special Situations Fund II GP, L.P., General Partner
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	David Quick, Authorized Signatory
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	

I, the undersigned, in my capacity as	Authorized Signatory	with
Oaktree Special Situations Fund II (Cayman) Holdings, L.P.	_ attest that the foregoing information is accurat	te, and that nothing in the
granting of this waiver shall prohibit th	e Commission, at a future date, in its sole discretion	on, with or without cause, from
requiring any owner of any interest in a	license from becoming licensed by the Commissi	on or to divest itself of stock
ownership.	3/6/22	
Signed:	Date:	
Notary:	Date:	
Affix seal:	See attached	

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On Marchle, 2022 before me, K. Larsen, Notary Public (Here insert name and title of the officer)
personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(s) are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct. WITNESS my hand and official seal. K. LARSEN COMM. # 2312415 NOTARY PUBLIC - CALIFORNIA DI LOS ANGELES COUNTY O COMM. EXPIRES DEC. 11, 2023
Signature (Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT Color for Walver of (Title or description of attached document) INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. State and County information must be the State and County where the document
(Title or description of attached document continued) signer(s) personally appeared before the notary public for acknowledgment. • Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date 3-6-25 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/Hey is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date Indicate title or type of attached document, number of pages and date Indicate title or type of attached document, number of pages and date
Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). • Securely attach this document to the signed document with a staple.



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual / Entity Holding Interest: OCM SSF II IB Holdings, L.P.

Business Address: 333 S. Grand Ave., 28th Floor / Los Angeles, CA 90071

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100		X

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A holder may, however, be exempted from the licensure requirements if such interest is held for passive investment purposes only. Individuals or entities holding up to twenty percent (20%) interest in a licensee or applicant may be exempted by the Commission for one or multiple licenses or applicants. Exemptions shall be for a period of two (2) years unless renewed. Ownership of 20% or more in a licensee or applicant requires licensure by the Commission.

Waiver applications shall be submitted to the Missouri Gaming Commission's Jefferson City office, P.O. Box 1847, Jefferson City, Missouri 65102 or emailed to mgcmail@mgc.dps.mo.gov.

REQUEST OF WAIVER – The individual or entity named above, as holder of such interest hereby applies in writing certifying under oath as follows:

- a) The acquired interest is for passive investment purposes only;
- Holder does not and will not have any involvement in the management activities of the entity in which interest is acquired;
- Holder has no intention of controlling the entity in which interest is acquired, regardless of additional stock that may be acquired;
- d) The holder will within ten (10) days notify the Commission of any purchase of stock in the entity which causes the total holding of the entity's outstanding stock to exceed 20%;
- e) That in the event an intention of controlling or participating in the management of the entity in which interest is acquired or held subsequently develops, holder shall notify the Commission of said change and refrain from participating in management or exercising such control until approved for licensure by the Commission.

Request of Waiver for Licensure of Institutional Investor (Pursuant to 11 CSR 45-4.020)

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be

provided.

Home Address: Business Address: Occupation: Employer: Title: If the applicant for a waiver is a business entity, then it shall provide the following: Type of entity (corporation, partnership, limited partnership, LLC, LLP, etc.): **Exempted Limited Partnership** State of charter Cayman Islands The names and addresses (both home and business) must be included for the following officers; (I) chief executive officer; (II) chief financial officer; (III) chief operating officer; (IV) managing partner; (V) general partners; (VI) members of the board of directors; and (VII) the registered agent. **Check all that apply** (Use page 3 for information on additional officers) Name and title: Oaktree Fund GP 1A, Ltd., General Partner; David Quick, Authorized Signatory PERSON TO BE CONTACTED IN REFERENCE TO THIS WAIVER REQUEST Robert Cantwell Regulatory Counsel robert.cantwell@lathropgpm.com (314) 613-2831 Telephone Number Fax Number E-Mail Address

This page is used to include additional information.

Name and title:	Oaktree Fund GP 1A, Ltd., General Partner
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	David Quick, Authorized Signatory
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	

Request of Waiver for Licensure of Institutional Investor (Pursuant to 11 CSR 45-4.020)

Affix seal:

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On Marchle, 2022 before me, _	K. Larsen, Notary Public (Here insert name and title of the officer)
name(s)(s)are subscribed to the within he she/they executed the same in his/he	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr	under the laws of the State of California that rect.
WITNESS my hand and official seal.	K. LARSEN COMM. # 2312415 NOTARY PUBLIC · CALIFORNIA D LOS ANGELES COUNTY O COMM. EXPIRES DEC. 11, 2023
Signature (Se	eal)
DESCRIPTION OF THE ATTACHED DOCUMENT	ON INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowedgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document) (Title or description of attached document continued)	State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
Number of Pages Document Date 3-Le-22	 must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer Corporate Officer Corporate Officer	notarization. • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. • The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a
(Title) Partner(s) Attorney-in-Fact Trustee(s) Other	sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. ★ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the seatment capacity is a
	 corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a staple.



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual / Entity Holding Interest: OCM Luxembourg SSF II S.a r.l.	
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Business Address: 26 A, boulevard Royal, L-2449 Luxembourg

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100		X

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If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be provided.

	Home Address:			
	Business Address:			
	Occupation:			
	Employer:			
	Title:			
f the ap	oplicant for a waiver is a business e	ntity, then it shall provid	e the follow	ving:
	Type of entity (corporation, partr	nership, limited partners	hip, LLC, LLI	P, etc.):
	State of charter Grand Duchey of	Luxembourg		
	The names and addresses (both I	home and business) mus	t be include	ed for the following officers;
	(I) chief executive officer; (II)) Chief financial office	er; (III) 🔲 (chief operating officer;
	(IV) managing partner; (V)	general partners; (VI)	M membe	rs of the board of directors; and
	(VII) the registered agent.			
Che	ck all that apply (Use page 3 for	information on addition	al officers)	
Name a	nd title: David Quick, Managing Di	rector		- Hitter and the
PERSO	N TO BE CONTACTED IN REFER	ENCE TO THIS WAIVE	R REQUES	т
Rober	t Cantwell		Regulato	ry Counsel
Name			Title	
	.cantwell@lathropgpm.com	(314) 613-2831		Fay Number
r-Mail	Address	Telephone Number	21	Fax Number

This page is used to include additional information.

Name and title: David Quick, Managing Director Home address: **Business address:** 333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071 Name and title: Home address: **Business address:** Name and title: Home address: **Business address:** Name and title: Home address: **Business address:**

I, the undersigned, in my capacity as	ivialiaging Director	with
OCM Luxembourg SSF II S.a r.l.	attest that the foregoing information is acc	urate, and that nothing in the
granting of this waiver shall prohibit	the Commission, at a future date, in its sole disci	retion, with or without cause, from
requiring any owner of any interest	n a license from becoming licensed by the Comm	nission or to divest itself of stock
ownership.	3/6/22	
Signed:	Date:	
Notary:	Date:	
Affix seal:	atached	

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State ofCalifornia)	
County of Los Angeles	
On Marchle, 2022 before me,	K. Larsen, Notary Public (Here insert name and title of the officer)
	ctory evidence to be the person(s) whose strument and acknowledged to me that their authorized capacity(ies), and that by the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under personnel the foregoing paragraph is true and corre	inder the laws of the State of California that ct.
WITNESS my hand and official seal. Signature (Seal	K. LARSEN COMM. # 2312415 NOTARY PUBLIC - CALIFORNIA D LOS ANGELES COUNTY O COMM. EXPIRES DEC. 11, 2023
ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgents from other states may be completed for documents being sent to that state so long as the
(Title or description of attached document) (Title or description of attached document continued)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
Number of Pages Document Date 3-4-22	commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer Auth Signature (Title)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
☐ Partner(s)	Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a staple.



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual / Entity Holding Interest: OCM Luxembourg Baccarat Holdco S.a r.l.	Name of Individual / Entity Holdin	g Interest: OCM Luxembourg Baccarat Holdco S.a r.l.
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Business Address: 26 A, boulevard Royal / L-2449 Luxembourg

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100		X

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- e) That in the event an intention of controlling or participating in the management of the entity in which interest is acquired or held subsequently develops, holder shall notify the Commission of said change and refrain from participating in management or exercising such control until approved for licensure by the Commission.

robert.cantwell@lathropgpm.com (314) 613-2831

E-Mail Address

provided. Home Address: Business Address: Occupation: Employer: Title: If the applicant for a waiver is a business entity, then it shall provide the following: Type of entity (corporation, partnership, limited partnership, LLC, LLP, etc.): State of charter Grand Duchey of Luxembourg The names and addresses (both home and business) must be included for the following officers; (I) chief executive officer; (II) chief financial officer; (III) chief operating officer; (IV) managing partner; (V) general partners; (VI) members of the board of directors; and (VII) the registered agent. **Check all that apply** (Use page 3 for information on additional officers) Name and title: David Quick, Managing Director PERSON TO BE CONTACTED IN REFERENCE TO THIS WAIVER REQUEST Robert Cantwell Regulatory Counsel

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be

Telephone Number

Fax Number

This page is used to include additional information.

Name and title:	David Quick, Managing Director
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	

Request of Waiver for Licensure of Institutional Investor (Pursuant to 11 CSR 45-4.020)

Affix seal:

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On March 6, 2022 before me, K. Larsen, Notary Public (Here insert name and title of the officer)
personally appeared, Duick, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) sare subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. K. LARSEN COMM. # 2312415 NOTARY PUBLIC - CALIFORNIA OF LOS ANGELES COUNTY OF COMM. EXPIRES DEC. 11, 2023
Signature (Seal)
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CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other Other Other CAPACITY CLAIMED BY THE SIGNER Individual (s) Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they-, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual / Entity Holding Interest: OCM Luxembourg Baccarat Midco S.a.	r.l.
--	------

Business Address: 26 A, boulevard Royal / L-2449 Luxembourg

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100		X

A holder of any direct or indirect legal or beneficial publicly traded interest of five percent (5%) or more, or privately held interest of one percent (1%) or more, in a Missouri gaming licensee or applicant, is required to obtain a key person or key person business entity license from the Missouri Gaming Commission.

A holder may, however, be exempted from the licensure requirements if such interest is held for passive investment purposes only. Individuals or entities holding up to twenty percent (20%) interest in a licensee or applicant may be exempted by the Commission for one or multiple licenses or applicants. Exemptions shall be for a period of two (2) years unless renewed. Ownership of 20% or more in a licensee or applicant requires licensure by the Commission.

Waiver applications shall be submitted to the Missouri Gaming Commission's Jefferson City office, P.O. Box 1847, Jefferson City, Missouri 65102 or emailed to mgcmail@mgc.dps.mo.gov.

REQUEST OF WAIVER – The individual or entity named above, as holder of such interest hereby applies in writing certifying under oath as follows:

- a) The acquired interest is for passive investment purposes only;
- b) Holder does not and will not have any involvement in the management activities of the entity in which interest is acquired:
- Holder has no intention of controlling the entity in which interest is acquired, regardless of additional stock that may be acquired;
- d) The holder will within ten (10) days notify the Commission of any purchase of stock in the entity which causes the total holding of the entity's outstanding stock to exceed 20%;
- e) That in the event an intention of controlling or participating in the management of the entity in which interest is acquired or held subsequently develops, holder shall notify the Commission of said change and refrain from participating in management or exercising such control until approved for licensure by the Commission.

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be provided. Home Address: Business Address: Occupation: Employer: Title: If the applicant for a waiver is a business entity, then it shall provide the following: Type of entity (corporation, partnership, limited partnership, LLC, LLP, etc.): State of charter Grand Duchey of Luxembourg The names and addresses (both home and business) must be included for the following officers; (I) chief executive officer; (II) chief financial officer; (III) chief operating officer; (IV) managing partner; (V) general partners; (VI) members of the board of directors; and (VII) the registered agent. **Check all that apply** (Use page 3 for information on additional officers) Name and title: David Quick, Managing Director

PERSON TO BE CONTACTED IN REFERENCE TO THIS WAIVER REQUEST

Robert Cantwell	Regulatory	Regulatory Counsel	
Name	Title		
robert.cantwell@lathropgpm.com	(314) 613-2831		
F-Mail Address	Telephone Number	Fax Number	

This page is used to include additional information.

Name and title:	David Quick, Managing Director
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	

I, the undersigned, in my capa	city asManaging Director	with
OCM Luxembourg Baccarat M	idco S.a r.l. attest that the foregoing information is	s accurate, and that nothing in the
	rohibit the Commission, at a future date, in its sole	
requiring any owner of any in	terest in a license from becoming licensed by the C	ommission or to divest itself of stock
ownership.	3/4/22	
Signed:	Date:	
Notary:	su affiched	
	Action to the second se	

Affix seal:

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On March Le, 2022 before me, _	K. Larsen, Notary Public (Here insert name and title of the officer)
D.	wid Duick
personally appeared,	factory evidence to be the person(s) whose
name(s)(s)are subscribed to the within	instrument and acknowledged to me that er/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrum which the person(s) acted, executed the	nent the person(s) , or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
NAMES OF THE PARTY	K. LARSEN COMM. # 2312415
WITNESS my hand and official seal.	O NOTARY PUBLIC CALIFORNIA O
	COMM, EXPIRES DEC. 11, 2023
Signature (S	eal)
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowedgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	State and County information must be the State and County where the document
(Title or description of attached document continued)	signer(s) personally appeared before the notary public for acknowledgment. • Date of notarization must be the date that the signer(s) personally appeared which
Number of Pages Document Date 3-6-22	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
Number of Fages Bocument Date	 Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
Corporate Officer With. Signator	surriced and permis, the more complete a different delite weather form.
□ Partner(s)	 Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact ☐ Trustee(s)	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
Other	 Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a
The state of the s	corporate officer, indicate the title (i.e. CEO, CFO, Secretary).



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual	/ Entity Holding	Interest: OCM Luxembourg	Baccarat Bidco S.a r.l.	
--------------------	------------------	--------------------------	-------------------------	--

Business Address: 26 A, boulevard Royal / L-2449 Luxembourg

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100		X

A holder of any direct or indirect legal or beneficial publicly traded interest of five percent (5%) or more, or privately held interest of one percent (1%) or more, in a Missouri gaming licensee or applicant, is required to obtain a key person or key person business entity license from the Missouri Gaming Commission.

A holder may, however, be exempted from the licensure requirements if such interest is held for passive investment purposes only. Individuals or entities holding up to twenty percent (20%) interest in a licensee or applicant may be exempted by the Commission for one or multiple licenses or applicants. Exemptions shall be for a period of two (2) years unless renewed. Ownership of 20% or more in a licensee or applicant requires licensure by the Commission.

Waiver applications shall be submitted to the Missouri Gaming Commission's Jefferson City office, P.O. Box 1847, Jefferson City, Missouri 65102 or emailed to mgcmail@mgc.dps.mo.gov.

REQUEST OF WAIVER – The individual or entity named above, as holder of such interest hereby applies in writing certifying under oath as follows:

- a) The acquired interest is for passive investment purposes only;
- b) Holder does not and will not have any involvement in the management activities of the entity in which interest is acquired;
- Holder has no intention of controlling the entity in which interest is acquired, regardless of additional stock that may be acquired;
- d) The holder will within ten (10) days notify the Commission of any purchase of stock in the entity which causes the total holding of the entity's outstanding stock to exceed 20%;
- e) That in the event an intention of controlling or participating in the management of the entity in which interest is acquired or held subsequently develops, holder shall notify the Commission of said change and refrain from participating in management or exercising such control until approved for licensure by the Commission.

robert.cantwell@lathropgpm.com (314) 613-2831

E-Mail Address

provided. Home Address: Business Address: Employer: Title: If the applicant for a waiver is a business entity, then it shall provide the following: Type of entity (corporation, partnership, limited partnership, LLC, LLP, etc.): State of charter Grand Duchey of Luxembourg The names and addresses (both home and business) must be included for the following officers; (I) chief executive officer; (II) chief financial officer; (III) chief operating officer; (IV) managing partner; (V) general partners; (VI) members of the board of directors; and (VII) the registered agent. **Check all that apply** (Use page 3 for information on additional officers) Name and title: David Quick, Managing Director PERSON TO BE CONTACTED IN REFERENCE TO THIS WAIVER REQUEST Robert Cantwell Regulatory Counsel

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be

Telephone Number

Fax Number

This page is used to include additional information.

Name and title:	David Quick, Managing Director
Home address:	
Business address:	333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
Business address:	
Name and title:	
Home address:	
nome address.	
Business address:	

I, the undersigned, in my capacity a	Managing Director	with
OCM Luxembourg Baccarat Bidco S.	a r.l. attest that the foregoing information is accur	rate, and that nothing in the
	the Commission, at a future date, in its sole discreting a license from becoming licensed by the Commis $3/6/22$	
Signed:	Date:	
Notary: De att	Date:	

Affix seal:

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles	_)
On March le, 2022 before me,	K. Larsen, Notary Public (Here insert name and title of the officer)
Da	. Deich
who proved to me on the basis of satis	sfactory evidence to be the person(s) whose
name(s)(s)are subscribed to the within	n instrument and acknowledged to me that her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrum which the person(s) acted, executed the	ment the person(s), or the entity upon behalf of ne instrument.
I certify under PENALTY OF PERJUR'the foregoing paragraph is true and co	Y under the laws of the State of California that prect.
WITNESS my hand and official seal.	K. LARSEN COMM. # 2312415 NOTARY PUBLIC - CALIFORNIA O LOS ANGELES COUNTY O COMM. EXPIRES DEC. 11, 2023
Signature	Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT	TION INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document) (Title or description of attached document continued)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date 3 6 2	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible.
(Title) Partner(s)	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of
Attorney-in-Fact Trustee(s) Other	the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
	Securely attach this document to the signed document with a staple.



Missouri Gaming Commission REQUEST OF WAIVER FOR LICENSURE OF INSTITUTIONAL INVESTOR

(Pursuant to 11 CSR 45-4.020)

Name of Individual / Entity Holding Interest: Oaktree Fund GP 1A, Ltd.
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Business Address: 333 S. Grand Ave., 28th Floor / Los Angeles, CA 90071

(To enter another row in below table, press tab key.)

Entity (Licensee or Applicant) in which Interest is held	% of Interest held	Publicly Traded	Privately Held
Interblock d.d.	100 (no economic interest)		X

A holder of any direct or indirect legal or beneficial publicly traded interest of five percent (5%) or more, or privately held interest of one percent (1%) or more, in a Missouri gaming licensee or applicant, is required to obtain a key person or key person business entity license from the Missouri Gaming Commission.

A holder may, however, be exempted from the licensure requirements if such interest is held for passive investment purposes only. Individuals or entities holding up to twenty percent (20%) interest in a licensee or applicant may be exempted by the Commission for one or multiple licenses or applicants. Exemptions shall be for a period of two (2) years unless renewed. Ownership of 20% or more in a licensee or applicant requires licensure by the Commission.

Waiver applications shall be submitted to the Missouri Gaming Commission's Jefferson City office, P.O. Box 1847, Jefferson City, Missouri 65102 or emailed to mgcmail@mgc.dps.mo.gov.

REQUEST OF WAIVER – The individual or entity named above, as holder of such interest hereby applies in writing certifying under oath as follows:

- a) The acquired interest is for passive investment purposes only;
- b) Holder does not and will not have any involvement in the management activities of the entity in which interest is acquired;
- c) Holder has no intention of controlling the entity in which interest is acquired, regardless of additional stock that may be acquired;
- d) The holder will within ten (10) days notify the Commission of any purchase of stock in the entity which causes the total holding of the entity's outstanding stock to exceed 20%;
- e) That in the event an intention of controlling or participating in the management of the entity in which interest is acquired or held subsequently develops, holder shall notify the Commission of said change and refrain from participating in management or exercising such control until approved for licensure by the Commission.

Request of Waiver for Licensure of Institutional Investor (Pursuant to 11 CSR 45-4.020)

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be

If the applicant for waiver is an individual, then the home and business address, occupation, employer, and title shall be provided.

Home Address:		
Title:		
f the applicant for a waiver is a busine	ss entity, then it shall provid	de the following:
 Type of entity (corporation, p Exempted Company 	partnership, limited partners	ship, LLC, LLP, etc.):
State of charter Cayman Islan	nds	
 The names and addresses (both) 	oth home and business) mu	ust be included for the following officers;
(I) chief executive officer	; (II) chief financial offic	cer; (III) 🔀 chief operating officer;
(IV) managing partner; (V	/) general partners; (VI)) members of the board of directors; and
(VII) the registered agent.		A- 2000 - CONTRACT CO
Check all that apply (Use page 3	for information on addition	nal officers)
lame and title: <u>David Quick, Authorize</u>	ed Signatory; Sole Sharehol	lder of applicant, Oaktree Fund GP I, L.P.
PERSON TO BE CONTACTED IN REF	FERENCE TO THIS WAIVE	ER REQUEST
Dobort Contivoll		Regulatory Counsel
Name		Title
robert.cantwell@lathropgpm.com	(314) 613-2831	1.17
F-Mail Address	Telephone Numb	

This page is used to include additional information. Name and title: David Quick, Authorized Signatory (Chief Operating Officer) 585 31st Street Home address: Manhattan Beach, CA 90266 **Business address:** 333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071 Name and title: Oaktree Fund GP I, L.P., Sole Shareholder Home address: Business address: 333 S. Grand Ave., Fl. 28 Los Angeles, CA 90071 Name and title: Home address: **Business address:** Name and title: Home address: **Business address:**

Form: MGC-LI015 Page 3 Rev.: 01/2022

I, the undersigned, in my capacity as	Authorized Signatory	with
Oaktree Fund GP 1A, Ltd.	_ attest that the foregoing information is accur	rate, and that nothing in the
granting of this waiver shall prohibit the	Commission, at a future date, in its sole discre	tion, with or without cause, from
requiring any owner of any interest in a	license from becoming licensed by the Commis	ssion or to divest itself of stock
ownership.	3/6/22	
Signed:	Date:	
Notary:	Date:	
Dec attro	hed watary page	
Affix seal:	Malay In the	

ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On March 6, 2022 before me, K. Larsen, Notary Public Here insert name and title of the officer)
personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) sare subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. K. LARSEN COMM. # 2312415 NOTARY PUBLIC - CALIFORNIA O LOS ANGELES COUNTY O COMM. EXPIRES DEC. 11, 2023
Signature (Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT Complete Waiver for (Title or description of attached document) INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. State and County information must be the State and County where the document
signer(s) personally appeared before the notary public for acknowledgment. Onto the or description of attached document continued) The or description of attached document continued appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date 3-6-72 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
notarization. CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer A. Corporate
Corporate Office Auth Signature The notary scal impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.
 □ Attorney-in-Fact □ Trustee(s) □ Other
corporate officer, indicate the title (i.e. CEO, CFO, Secretary).