OWNER/MANAGER AFFIDAVIT FOR REIMBURSEMENT

STATE OF OHIO)
) SS: AFFIDAVIT OF _____
COUNTY OF _____)

I, _____, being first duly sworn according to law depose and state as follows;

1. I am the owner/manager of _____, an Ohio Lottery sales agent location located at _____ (Agent # _____).

2. On or about _____, a customer, _____, arrived at the store and presented an Ohio Lottery ticket for validation. The Ohio Lottery ticket is _____. This ticket is identified by serial number
   Game Name
   _____.

3. On or about _____, I or my employee (circle one) validated the above-mentioned customer s Ohio Lottery ticket and confirmed that the ticket was a winner for $_____. I or my employee provided said customer with a Claim Form, the Agent Section of which I or my employee had completed. I or my employee then paid said customer his/her prize winnings of $_____.

4. I admit that the payout exceeded the amount any agent is authorized to pay and that such payout is against Ohio Lottery s policies and procedures. Because the ticket was inadvertently paid, I am hereby requesting reimbursement for the above-referenced payout be made to me as owner/manager of
   _____, Agent # _____.

5. I agree to indemnify and release the Ohio Lottery Commission and the State of Ohio, their agents, representatives, employees and staff for any and all liability arising from the Ohio Lottery s authorization to reimburse me the claimed amount.

6. I understand that the Ohio Lottery Commission will rely on the truth of my statements herein if it reimburses me the above-referenced amount.

FURTHER AFFIANT SAITH NAUGHT.

_____
Signature

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____DAY OF _____, 20 ___.

_____
Notary Public — State of Ohio
My Commission expires: _____