Edgar Filing: AARON BARTH F - Form 4

AARON BA Form 4									
August 12, 2011 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	PPROVAL 3235-0287	
(Print or Type F 1. Name and A AARON BA	ddress of Report	ing Person <u>*</u>	2. Issuer Name an Symbol FULL HOUSE I [FLL]				5. Relationship of Issuer (Chec	Reporting Pers k all applicable	
INC., 4670 S	(First) HOUSE RESC SOUTH FOR' OAD, SUITE	3. Date of Earliest 7 (Month/Day/Year) 08/12/2011	-				e title 10% Owner e title Other (specify below) Secretary		
LAS VEGA	4. If Amendment, D Filed(Month/Day/Yea	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	n Date, if Transact Code Day/Year) (Instr. 8)	(Instr. 3,	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	08/12/2011		Р	2,000	A	\$ 2.661	40,000	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: AARON BARTH F - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Othe		
AARON BARTH F C/O FULL HOUSE RESO 4670 SOUTH FORT APA LAS VEGAS, NV 89147			Secretary				
Signatures							
/s/ Barth F. Aaron	08/12/2011						
**Signature of	Date						

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.