#### adams kenneth robert Form 3 March 09, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB Number:

#### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> adams kenneth robert			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]				
(Last)	(First)	(Middle)	01/25/2007	4. Relationshi Person(s) to Is			5. If Amendment, Date Original Filed(Month/Day/Year)	
4670 SOUT	H FORT A	PACHE						
ROAD, SUI	TE 190		(Check all applicable)					
LAS VEGA	(Street)	89147		X Director Officer (give title below	Other		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 - N	Non-Derivat	ive Securiti	es Bei	neficially Owned	
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
Common St	ock		1,400		Ι	IRA		
Reminder: Rep owned directly			ch class of securities benefic	ially S	EC 1473 (7-02	)		
	inform	nation conta	pond to the collection of ained in this form are not and unless the form displ					

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		litte	Security	Direct (D)	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

#### Edgar Filing: adams kenneth robert - Form 3

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
FB	Director	10% Owner	Officer	Other	
adams kenneth robert 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	ÂX	Â	Â	Â	
Signatures					

/S/ Adams Kenneth	03/09/2007
Robert	03/09/2007

\*\*Signature of Reporting Person

# Date

**Explanation of Responses:** 

If the form is filed by more than one reporting person, see Instruction 5(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.