



**STATE OF ARIZONA
OFFICE OF ATTORNEY
GENERAL**

1275 West Washington
Phoenix, Arizona 85007
(602) 542-8431

REQUEST TO PRODUCE RECORDS

TO: Custodian of Records
InterCambio Express
426 North Main Street
Elkhart, IN 46516
ATTN: Pedro Alcaraz Ochoa
Global Chief Compliance Officer

YOU ARE HEREBY COMMANDED, pursuant to A.R.S. § 13-2315, to produce for examination and copying by the Attorney General of the State of Arizona the following described records:

Data, including the data fields described on the attached Data Appendix, relating to each send and each receive transaction of \$500 and greater, sent to or from the state of Arizona on a monthly schedule as each such period becomes available, beginning with January 1, 2016 and ending with December 31, 2016.

The data is to be delivered electronically to the Arizona Attorney General's Office by delivery to its "SFTP" (Secure File Transfer Protocol) site in a delimited text file format.

All information about transaction details must be contained in one, consolidated table and should only contain completed (sent and paid) transactions. The database is to exclude commercial payment (customers paying bills to corporations or businesses and business sending to employees or customers) transactions. A data dictionary should also be provided including a definition of each field, both of its formatting characteristics and plain-English meaning. All fields which are "coded," "lookups," or that are abbreviations should provide the descriptions (full verbose values), including but not limited to country codes and identification types.

This request is made in connection with the lawful performance of my official duties as an Assistant Attorney General of the State of Arizona, in order to investigate racketeering as defined by A.R.S. § 13-2301(D)(4) or a violation of A.R.S. § 13-2312. Your failure to comply in full with this request will subject you to the proceedings provided by A.R.S. § 13-2315(B).

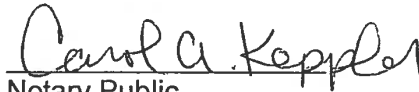
NOTICE: This is a felony investigation. Either warning another person of impending felony prosecution or suppressing physical evidence by concealment, alteration or destruction in a felony investigation are each separate felonies. A.R.S. § 13-2510(2) and (5); § 13-2512.

Please contact the Arizona Attorney General's Office through its Special Agent Supervisor Ron Sterrett at Ron.Sterrett@azag.gov for any questions regarding production of this request and through its agent Mike Robinson at Mike.Robinson@forcepoint.com for the secure VPN address, and to define a new CSV standard if necessary, for the data delivery.



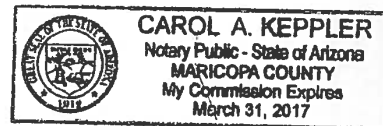
Kalon Metz
Assistant Attorney General
Arizona Attorney General's Office

SUBSCRIBED AND SWORN to before me this 30th day of December, 2016 by Kalon Metz..



Notary Public

My Commission expires: MARCH 31, 2017



DATA APPENDIX AS LINE ITEMS

Money Transfer Control Number
Record date & time
Pay date & time
Principal
Sending operator name
Paying operator name
Sending agent number
Sending agent name
Sending agent address
Sending agent city
Sending Agent State
Sending agent zip code
Paying agent number
Paying agent name
Paying agent address
Paying agent city
Paying agent state
Paying agent zip code
Sending currency
Paying currency
Sending country
Paying country
Sender name
Sender address
Sender city
Sender state
Sender zip
Sender phone
Sender DOB
Sender occupation
Sender identification type
Sender identification type description
Sender identification issuer
Sender identification number
Sender SSN (ID2)
Payee name
Payee address
Payee city
Payee state
Payee zip
Payee phone
Payee DOB
Payee occupation
Payee identification type
Payee identification type description
Payee identification issuer
Payee identification number
Payee SSN (ID2)

Certificate of Service

The undersigned swears (or affirms) that he/she served this Request to Produce Records and did so by personally sending the original by certified mail, return receipt requested, to Custodian of Records, InterCambio Express, 426 North Main Street, Elkhart, IN 46516, Attn: Pedro Alcaraz Ochoa and emailing to palcarazochoa@intercambioexpress.com, and faxing to fax number (866) 534-8441, at 3:20pm on the 20th day of December, 2016.

DOSH O'SHEA

Officer or Agent

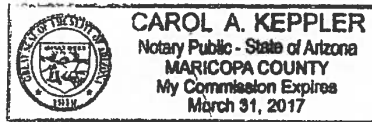
SUBSCRIBED AND SWORN to before me this 20th day of December, 2016 by Peggy O'Shea.

Carla A. Keppler

Notary Public

My Commission Expires:

MARCH 31, 2017



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

12-21-2016
Postmark
Here

Pr
Inter
S
S
S
City, State, ZIP+4™

Custodian of Records
InterCambio Express
426 North Main Street
Elkhart, IN 46516
ATTN:Pedro Alcaraz Ochoa

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Christine Jacobs</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Custodian of Records InterCambio Express 426 North Main Street Elkhart, IN 46516 ATTN:Pedro Alcaraz Ochoa</p> <p style="text-align: center;">RECEIVED JAN 4 2016</p> <p style="text-align: center;">Financial Remedies Section</p> <p style="text-align: center;">9590 9402 2008 6123 1885 51</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> all Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 1970 0000 9786 1079</p>	<p style="text-align: center;">KHAR IN 46 5 C 27 2016</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt