



**STATE OF ARIZONA
OFFICE OF ATTORNEY
GENERAL**

1275 West Washington
Phoenix, Arizona 85007
(602) 542-8475

REQUEST TO PRODUCE RECORDS

TO: Custodian of Records
Sigue Corporation
DBA: Envious El Cid
13190 Telfair Avenue
Sylmar, CA 91342
ATTN: Santiago Calvo
Global AML Compliance Director

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 of Sigue, and its affiliates Coinstar, Inc. and GroupEx:

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 states of Arizona, California, New Mexico, Texas and the country of Mexico on a weekly schedule, beginning with January 1, 2016 and ending with December 31, 2016.

The data is to be delivered electronically to Visual Analytics, as the agent of the Arizona Attorney General's Office by delivery to its "SWBAMLA SFTP" (Secure File Transfer Protocol) site in a delimited text files 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 and 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 are abbreviations require the descriptions (full verbose values) to also be provided, 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).

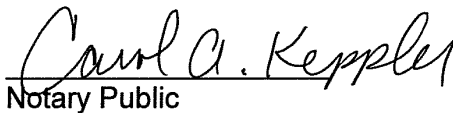
NOTICE: This is a felony investigation. Either warning another person of impending felony prosecution or suppressing physical evidence by concealment, alteration or destruction in a felony investigation are each separate felonies. A.R.S. § 13-2510(2) and (5); § 13-2512.

Please contact the Arizona Attorney General's Office through its investigator Ron Sterrett at ron.sterrett@azag.gov for any questions regarding production of this request and through its agent Mike Robinson at mike.robinson@raytheon.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, 2015 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, Sique Corporation, DBA: Envious El Cid, 13190 Telfair Avenue, Sylmar, CA 91342, Attn: Santiago Calvo, Global AML Compliance Director, and faxing and emailing to fax number (866) 482-9260, email Santiago.calvo@sique.com at 4:46 p.m on the 30th day of December, 2015.

Vince Piana
Officer of Agent

SUBSCRIBED AND SWORN to before me this 30th day of December, 2015 by Vince Piana.

Carol A. Keppler
Notary Public

My Commission Expires:

MARCH 31, 2017



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

12-31-2015
 Postmark Here

Custodian of Records
 Sigie Corporation
 13291 Ralston Avenue
 Sylmar, CA 91342-1255
 Attn: Santiago Calvo

7009 1680 0000 9619 4987

PS Form 3800, August 2006 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. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>Kathy Ferreira</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>1-6-16</i></p>	
<p>1. Article Addressed to:</p> <p>RECEIVED</p> <p>JAN 11 2016</p> <p>Financial Return Receipt</p> <p>Custodian of Records Sigie Corporation 13291 Ralston Avenue Sylmar, CA 91342-1255 Attn: Santiago Calvo</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7009 1680 0000 9619 4987</p>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540