



**STATE OF ARIZONA
OFFICE OF ATTORNEY
GENERAL**

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

REQUEST TO PRODUCE RECORDS

TO: Custodian of Records
Continental Exchange Solutions, Inc.
7001 Village Drive, Suite 200
Buena Park, CA 90621
ATTN: Legal Dept.

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 states of Arizona, California, New Mexico, Texas and the country of Mexico on a weekly schedule as each such period becomes available, beginning with January 1, 2017 and ending with December 31, 2017.

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 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@forcepoint.com for the secure VPN address, and to define a new CSV standard if necessary, for the data delivery.

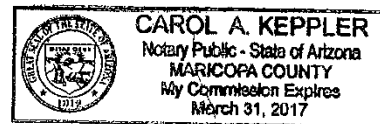


Kalon Metz
Assistant Attorney General
Arizona Attorney General's Office

SUBSCRIBED AND SWORN to before me this 20th day of December, 2016 by Kalon Metz.

Carol A. Keppler
Notary Public

My Commission expires: MARCH 31, 2017



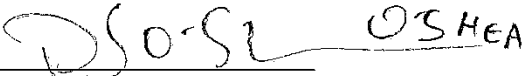
DATA APPENDIX AS LINE ITEMS

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)

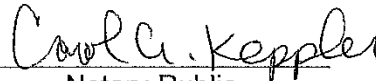
Certificate of Service

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, Continental Exchange Solutions, Inc., 7001 Village Drive, Suite 200, Buena Park, CA 90621, ATTN: Legal Dept., and faxing to fax number (562) 345-2632 at 2:45 p.m. on the 20th day of December, 2016.



Officer or Agent

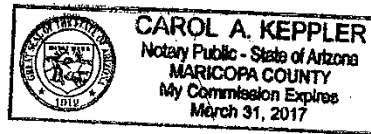
SUBSCRIBED AND SWORN to before me this 20th day of December, 2016 by Peggy O'Shea.



Notary Public

My Commission Expires:

MARCH 31, 2017



7016 1970 0000 9786 1024

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
 \$
 Custodian of Records
 Continental Exchange Solutions, Inc.
 7001 Village Drive, Suite 200
 Buena Park, CA 90620
 ATTN: Legal Dept.

Total Postage and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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

12-21-16

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name)</p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to: Custodian of Records Continental Exchange Solutions, Inc. 7001 Village Drive, Suite 200 Buena Park, CA 90620 ATTN: Legal Dept.</p> <p>9590 9402 2008 6123 1885 06</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>RECEIVED DEC 30 2016</p>																
<p>2. Article Number (Transfer from service label) 7016 1970 0000 9786 1024</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																