



**STATE OF ARIZONA  
OFFICE OF ATTORNEY  
GENERAL**

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

**REQUEST TO PRODUCE RECORDS**

TO: Custodian of Records  
DolEx Dollar Express, Inc.  
700 Highlander Blvd., Suite 450  
Arlington, TX 76015  
ATTN: Marco Naranjo  
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 states of Arizona, California, New Mexico, Texas and the country of Mexico on a bi-monthly schedule, 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 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 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](mailto:ron.sterrett@azag.gov) for any questions regarding production of this request and through its agent Mike Robinson at [mike.robinson@forcepoint.com](mailto:mike.robinson@forcepoint.com) for the secure VPN address, and to define a new CSV standard if necessary, for the data delivery.

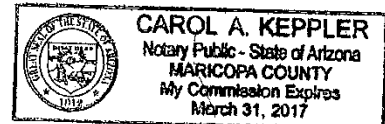


\_\_\_\_\_  
Kalon Metz  
Assistant Attorney General  
Arizona Attorney General's Office

SUBSCRIBED AND SWORN to before me this 20<sup>th</sup> 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, DoEx Dollar Express, Inc. 700 Highlander Blvd., Suite 450, Arlington, TX 76015, Attn: Marco Naranjo and ~~faxing and emailing to fax number (817) 548-4754 and email to marco.naranjo@dolex.com~~ at 2:45p on the 20<sup>th</sup> day of December, 2016.

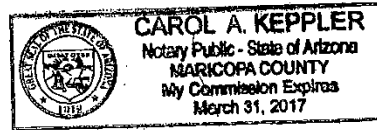
JOSH O'SHEA  
Officer or Agent

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

Carol 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](http://www.usps.com)®.

**OFFICIAL USE**

7016 1970 0000 9786 1055

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

Postage \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Sent \$ \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Custodian of Records  
Dolex Dollar Express  
700 Highlander Blvd. Suite 450  
Arlington, TX 76015  
Attn: Marco Naranjo

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

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
Arlington, TX 76015

Custodian of Records  
Dolex Dollar Express  
700 Highlander Blvd. Suite 450  
Arlington, TX 76015  
Attn: Marco Naranjo



9590 9402 2008 6123 1884 52

7016 1970 0000 9786 1055

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
JAN 4 2016  
Financial Remedies Section

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

all Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt