



**STATE OF ARIZONA  
OFFICE OF ATTORNEY  
GENERAL**  
1275 West Washington  
Phoenix, Arizona 85007  
(602) 542-8431

## **REQUEST TO PRODUCE RECORDS**

TO: Custodian of Records  
UniTeller Banorte  
218 Route 17 North  
Rochelle Park, NJ 07662  
ATTN: Ronald Schwartzman, Esq.  
Chief Operating Officer and 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 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](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.

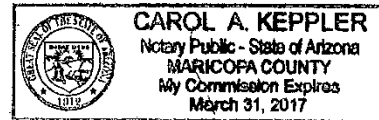


\_\_\_\_\_  
Kalon Metz  
Assistant Attorney General  
Arizona Attorney General's Office

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

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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, Uniteller Banorte, 218 Route 17 North, Rochelle Park, NJ 07662, ATTN: Ronald Schwartzman, Esq., Chief Operating Officer and Chief Compliance Officer., at 2:45 pm on the 20<sup>th</sup> day of December, 2016.

DSO S 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 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](http://www.usps.com)®

**OFFICIAL USE**

7016 1970 0000 9786 1086

Certified Mail Fee  
 \$ \_\_\_\_\_  
 Custodian of Records  
 Uniteller Banorte  
 218 Route 17 North  
 Rochelle Park, NJ 07662  
 Attn: Ronald Schwartzman, Esq

12-21-16  
ark

Total Postage and Fees  
 \$ \_\_\_\_\_

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

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>12/21/16</u></p>																
<p>1. Article Addressed to:                  Custodian of Records                  Uniteller Banorte                  218 Route 17 North                  Rochelle Park, NJ 07662                  Attn: Ronald Schwartzman, Esq</p> <p>RECEIVED                  JAN 6 2017</p> <p>Special Remedies Section</p> <p>9590 9402 2008 6123 1885 37</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>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®																
<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)																	
<p>2. Article Number (Transfer from service label)                  7016 1970 0000 9786 1086</p>	<p>Domestic Return Receipt</p>																

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