



**STATE OF ARIZONA  
OFFICE OF ATTORNEY  
GENERAL**

1275 West Washington  
Phoenix, Arizona 85007  
(602) 542-8465

**REQUEST TO PRODUCE RECORDS**

TO: Custodian of Records  
Omnex Group, Inc. dba Giromex, Uno Money Transfers  
580 Sylvan Avenue, Suite M-A  
Englewood Cliffs, NJ 07632

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, 2019 and ending with June 30, 2019. **(PLEASE NOTE AN ADDITIONAL DATA FIELD HAS BEEN ADDED TO THE DATA APPENDIX REQUESTING REFERENCE TO THE SUBPOENA IDENTIFICATION NUMBER. FOR THIS DATA FIELD PLEASE INCLUDE REFERENCE NUMBER: AZAG2019RTP1).**

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

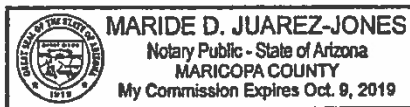
investigate racketeering as defined by A.R.S. § 13-2301(D)(4) or a violation of A.R.S. § 13-2312. Your failure to comply in full with this request will subject you to the proceedings provided by A.R.S. § 13-2315(B).

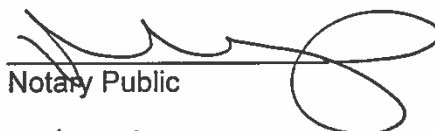
NOTICE: This is a felony investigation. Either warning another person of impending felony prosecution or suppressing physical evidence by concealment, alteration or destruction in a felony investigation are each separate felonies. A.R.S. § 13-2510(2) and (5); § 13-2512.

Please contact the Arizona Attorney General's Office through its Investigator Chad Brink at [chad.brink@azag.gov](mailto:chad.brink@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 14<sup>th</sup> day of January, 2019 by  
Kalon Metz.



  
\_\_\_\_\_  
Notary Public

My Commission expires: 10/09/2019

**DATA APPENDIX AS LINE ITEMS**

Subpoena Identification Number: **AZAG2019RTP1**

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)

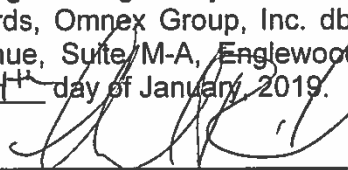
And:

**Web Based Transfers**

**Sender IP Address** used during web account creation  
**Sender IP Address** used to send transaction  
**Sender Email Address** used to create web based account  
**Sender Email Address** used to send transaction  
**Sender Source Account Number**  
**Sender Name on Web Based Account**  
**Sender Included reasons for transaction (if any)**

**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, Omnex Group, Inc. dba Gromex, Uno Money Transfers, 580 Sylvan Avenue, Suite M-A, Englewood Cliffs, NJ 07632, at 2:15 a.m./p.m on the 14<sup>th</sup> day of January, 2019.

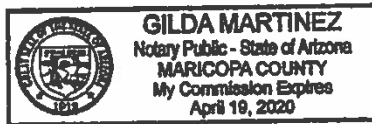
  
\_\_\_\_\_  
Officer or Agent

SUBSCRIBED AND SWORN to before me this 14<sup>th</sup> day of January, 2019 by Chad Brink.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

4/19/2020



BBVA

91 7199 9991 7039 3299 9274

Boss R-IDT-

91 7199 9991 7039 3299 9281

CES-RIA-

91 7199 9991 7039 3299 9298

Dolex -

91 7199 9991 7039 3299 9304

Enramex -

91 7199 9991 7039 3299 9311

Intercambio-

91 7199 9991 7039 3299 9328

Maxi transfers -

91 7199 9991 7039 3299 9335

MG-

91 7199 9991 7039 3299 9342

Omnex -

91 7199 9991 7039 3299 9359

Sigue -

91 7199 9991 7039 3299 9366

Transnetwork-

91 7199 9991 7039 3299 9373

Uniteller-

91 7199 9991 7039 3299 9380

Viamericas-

91 7199 9991 7039 3299 9397



January 28, 2019

Dear carol kepler:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**9171 9999 9170 3932 9993 59.**



**Item Details**

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	January 22, 2019, 1:22 pm
<b>Location:</b>	ENGLEWOOD CLIFFS, NJ 07632
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

**Shipment Details**

<b>Weight:</b>	2lb, 2.2oz
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**Recipient Signature**

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004