



**STATE OF ARIZONA  
OFFICE OF ATTORNEY GENERAL**

2005 North Central Avenue  
Phoenix, Arizona 85004  
(602) 542-8465

**REQUEST TO PRODUCE RECORDS**

TO: Custodian of Records  
Maxitransfers Corporation dba Maxi Money Services  
222 Las Colinas Blvd W Suite 2000  
Irving, TX 75039

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 monthly schedule as each such period becomes available, beginning with July 1, 2019 and ending with December 31, 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).**

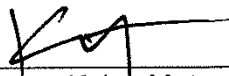
The data is to be delivered electronically to the Arizona Attorney General's Office by delivery to its "SFTP" (Secure File Transfer Protocol) site in a delimited text files format.

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.

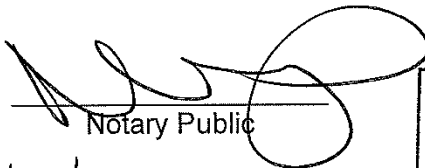
This request is made in connection with the lawful performance of my official duties as an Assistant Attorney General of the State of Arizona, in order to investigate racketeering as defined by A.R.S. § 13-2301(D)(4) or a violation of A.R.S. § 13-2312. Your failure to comply in full with this request will subject you to the proceedings provided by A.R.S. § 13-2315(B).

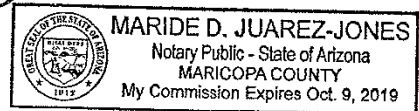
NOTICE: This is a felony investigation. Either warning another person of impending felony prosecution or suppressing physical evidence by concealment, alteration or destruction in a felony investigation are each separate felonies. A.R.S. § 13-2510(2) and (5); § 13-2512.

Please contact the Arizona Attorney General's Office through its investigator 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 10<sup>th</sup> day of June, 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)

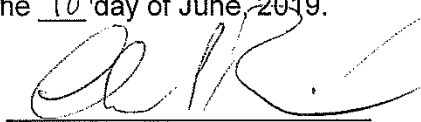
And:

**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, Maxitransfers Corporation dba Maxi Money Services, 222 Las Colinas Blvd W Suite 2000, Irving, TX 75039 and emailing a copy to edelrio@maxi-ms.com at 2:00 p.m on the 10<sup>th</sup> day of June, 2019.



Officer or Agent

SUBSCRIBED AND SWORN to before me this 10<sup>th</sup> day of June, 2019 by Chad Brink.



Notary Public

My Commission Expires:

4/19/2020

