



STATE OF ARIZONA  
OFFICE OF ATTORNEY GENERAL

2005 North Central Avenue  
Phoenix, Arizona 85004  
(602) 542-8431

## 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 bi-weekly schedule as each such period becomes available, beginning with January 1, 2020 and ending with June 30, 2020. **(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: AZAG2020RTP1)**

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).

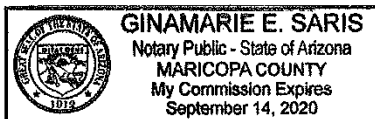
NOTICE: This is a felony investigation. Either warning another person of impending felony prosecution or suppressing physical evidence by concealment, alteration or destruction in a felony investigation are each separate felonies. A.R.S. § 13-2510(2) and (5); § 13-2512.

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 23<sup>rd</sup> day of December, 2019 by Kalon Metz.



Notary Public

My Commission expires: 9-14-2020

## DATA APPENDIX AS LINE ITEMS

Subpoena Identification Number  
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, Continental Exchange Solutions, Inc./ RIA Financial Services, 7001 Village Drive, Suite 200, Buena Park, CA 90621 ATTN: Legal Dept. at \_\_\_\_ \_\_.m on the \_\_\_\_ day of January, 2018.

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

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of January, 2018 by

\_\_\_\_\_.

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

My Commission Expires:

\_\_\_\_\_

**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, to:

Maxitransfers Corporation dba Maxi Money Services

at 3:12 p.m on the 2<sup>nd</sup> day of January, 2020.

91 7199 9991 7039 3309 0574



Officer or Agent

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of January, 2020 by

\_\_\_\_\_

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

My Commission Expires:

\_\_\_\_\_