



UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

October 2024 Grand Jury

UNITED STATES OF AMERICA,

Plaintiff,

v.

BETZABE WINTERMUTE,
aka "Betsy Wintermute," and
SARKIS BOLISAJIAN,

Defendants.

CR 2:25-cr-00460-ODW

I N D I C T M E N T

[18 U.S.C. § 1349: Conspiracy to Commit Health Care Fraud; 18 U.S.C. § 1347: Health Care Fraud; 18 U.S.C. § 1035: False Statements Relating to Health Care Matters; 18 U.S.C. § 371: Conspiracy; 42 U.S.C. § 1320a-7b(b)(1)(A): Soliciting and Receiving Illegal Remunerations for Health Care Referrals; 18 U.S.C. § 1518: Obstruction of Criminal Investigations of Health Care Offenses; 18 U.S.C. §§ 981(a)(1)(C), 982, and 28 U.S.C. § 2461(c): Criminal Forfeiture]

The Grand Jury charges:

COUNT ONE

[18 U.S.C. § 1349]

[Defendants WINTERMUTE and BOLISAJIAN]

A. INTRODUCTORY ALLEGATIONS

At times relevant to this Indictment:

Individuals

1. Defendant BETZABE WINTERMUTE, also known as "Betsy Wintermute," was a resident of Los Angeles County.

2. Defendant SARKIS BOLISAJIAN was a resident of Ventura County. Defendant BOLISAJIAN was an internal medicine physician licensed to practice in California.

3. Co-Conspirator 1 was a resident of Los Angeles County.

4. Co-Conspirator 2 was a resident of Los Angeles County. Co-Conspirator 2 was a physician licensed in California.

Entities

5. Carmona's Care, Inc. ("Carmona's Care") was a marketing company operated by defendant WINTERMUTE.

6. Burbank Hospice Care Services, Inc. ("Burbank Hospice") was a hospice located at 16909 Parthenia Street, Suite 103, Northridge, California.

7. Community Hospice Care, LLC ("Community Hospice") was a hospice located at 16909 Parthenia Street, Suite 103B, Northridge, California.

8. Silver Age Hospice Service, Inc. ("Silver Age Hospice") was a hospice located at 2500 East Foothill Boulevard, Pasadena, California.

9. Prominent Hospice Care Group, Inc. ("Prominent Hospice") was a hospice located at 4605 Lankershim Boulevard, North Hollywood, California.

10. Avme Hospice Care ("Avme Hospice") was a hospice located at 18747 Sherman Way, Reseda, California.

11. CareMax Hospice was a hospice located at 1015 East Broadway, Glendale, California.

1 12. MGA Home Care Services, Inc. ("MGA Services") was a
2 hospice located at 16921 Parthenia Street, Suite 203B,
3 Northridge, California.

4 13. Co-Conspirator 1 owned and/or controlled Burbank
5 Hospice, Community Hospice, Silver Age Hospice, Prominent
6 Hospice, Avme Hospice, CareMax Hospice, and MGA Services
7 (collectively, the "Los Angeles County Hospices").

8 14. From at least in or around August 2020 to December
9 2021, defendant BOLISAJIAN was the medical director for Burbank
10 Hospice and Community Hospice.

11 The Medicare Program

12 15. Medicare was a federal health care benefit program,
13 affecting commerce, that provided benefits to individuals who
14 were 65 years and older or disabled. Medicare was administered
15 by the Centers for Medicare and Medicaid Services ("CMS"), a
16 federal agency under the United States Department of Health and
17 Human Services.

18 16. Medicare was a "health care benefit program" as
19 defined by Title 18, United States Code, Section 24(b) and a
20 "Federal health care program" as defined by Title 42, United
21 States Code, Section 1320a-7b(f).

22 17. Individuals who qualified for Medicare benefits were
23 referred to as Medicare "beneficiaries."

24 18. Hospices, physicians, and other health care providers
25 who provided services to beneficiaries that were reimbursed by
26 Medicare were referred to as "providers."

27 19. To be eligible to participate in Medicare, Medicare
28 required prospective providers to be licensed by a state or

1 local agency. After obtaining the applicable license, Medicare
2 required prospective providers to submit an application in which
3 the prospective provider agreed to: (a) comply with all
4 Medicare-related laws and regulations, including the Anti-
5 Kickback Statute, 42 U.S.C. § 1320a-7b(b), which prohibits the
6 offering, paying, soliciting, or receiving of any remuneration
7 for the referral of Medicare beneficiaries; and (b) not submit
8 claims for payment to Medicare knowing they were false or
9 fraudulent or with deliberate ignorance or reckless disregard of
10 their truth or falsity. If Medicare approved the application,
11 Medicare assigned the provider an identifying number, which
12 enabled the provider to submit claims to Medicare for
13 reimbursement for services provided to Medicare beneficiaries.

14 20. Most providers submitted their claims electronically
15 pursuant to an agreement with Medicare that they would submit
16 claims that were accurate, complete, and truthful.

17 Hospice Services

18 21. To qualify for reimbursement for hospice services,
19 Medicare required: (a) a physician to certify that the
20 beneficiary was terminally ill; and (b) the beneficiary to sign
21 an election form statement choosing hospice care instead of
22 other Medicare benefits. Medicare considered a beneficiary to
23 be "terminally ill" if the beneficiary's life expectancy was six
24 months or less if the beneficiary's illness ran its normal
25 course.

26 22. Hospice services reimbursed by Medicare were
27 palliative in nature and included, but were not limited to,
28

1 medications to manage pain symptoms, necessary medical
2 equipment, and bereavement services to surviving family members.

3 23. Once a beneficiary elected to receive hospice care,
4 Medicare would not cover treatment intended to cure the
5 beneficiary's terminal illness. The election form was required
6 to include an acknowledgement that the beneficiary has been
7 given a full understanding of hospice care, including the
8 palliative rather than curative nature of treatment, and an
9 acknowledgement that the beneficiary understood that certain
10 Medicare services were waived by the election.

11 24. If a beneficiary qualified, Medicare covered hospice
12 services for two 90-day periods and, thereafter, additional 60-
13 day periods. At the start of the first 90-day period, the
14 beneficiary's attending physician (if the beneficiary had one)
15 and a physician at the hospice were required to certify in
16 writing that the patient was terminally ill with a life
17 expectancy of six months or less if the terminal illness ran its
18 normal course. After the second 90-day period, for the
19 beneficiary to continue to receive hospice benefits, Medicare
20 required that a physician re-certify that the beneficiary was
21 terminally ill and include clinic findings or other
22 documentation supporting the diagnosis of terminal illness. For
23 re-certifications, Medicare also required a hospice physician or
24 hospice nurse practitioner to have met with the beneficiary in
25 person and have conducted a face-to-face evaluation before
26 signing a certification of terminal illness.

27 25. Medicare was divided into different program "parts":
28 Part A, Part B, Part C, and Part D. Medicare covered hospice

1 services for those beneficiaries who were eligible for Medicare
2 Part A (hospital-related services). When a Medicare beneficiary
3 elected hospice coverage, the beneficiary waived all rights to
4 Medicare Part B (covering outpatient physician services and
5 procedures) coverage of services to treat or reverse the
6 beneficiary's terminal illness while the beneficiary was on
7 hospice.

8 B. THE OBJECT OF THE CONSPIRACY

9 26. Beginning no later than in or around August 2020, and
10 continuing to at least in or around December 2021, in Los
11 Angeles County, within the Central District of California, and
12 elsewhere, defendants WINTERMUTE and BOLISAJIAN knowingly
13 conspired with each other, Co-Conspirator 1, Co-Conspirator 2,
14 and others known and unknown to the Grand Jury, to commit health
15 care fraud, in violation of Title 18, United States Code,
16 Section 1347.

17 C. THE MANNER AND MEANS OF THE CONSPIRACY

18 27. The object of the conspiracy was carried out, and to
19 be carried out, in substance as follows:

20 a. Defendant WINTERMUTE would recruit Medicare
21 beneficiaries by deceptively advertising and causing others to
22 advertise Carmona's Care as a caregiving service for Medicare
23 beneficiaries. In fact, Carmona's Care was a marketing company
24 focused on the referral of Medicare beneficiaries to hospice
25 companies in exchange for illegal kickbacks.

26 b. Defendant WINTERMUTE would solicit and receive
27 illegal kickbacks from Co-Conspirator 1 and others known and
28 unknown to the Grand Jury in exchange for the referral of the

1 recruited Medicare beneficiaries to the Los Angeles County
2 Hospices for purported hospice services. Defendant WINTERMUTE
3 received approximately \$3,000 in illegal kickbacks per
4 beneficiary for the first month and approximately \$1,000-\$1,500
5 for every month thereafter that a referred beneficiary received
6 purported hospice services that were billed to Medicare by the
7 Los Angeles County Hospices.

8 c. Defendant WINTERMUTE would conceal and disguise
9 the illegal kickbacks by soliciting and receiving the kickbacks
10 in the form of checks to her company, Carmona's Care, that were
11 purportedly written for bona fide services.

12 d. Defendant WINTERMUTE would further conceal and
13 disguise the illegal kickbacks by creating invoices that falsely
14 listed fees purportedly for providing translation services and
15 nursing referrals, when in fact the fees were for referrals on a
16 per-patient basis.

17 e. Defendant WINTERMUTE would provide Co-Conspirator
18 2 with a list of beneficiaries who did not qualify for hospice
19 care along with false diagnoses of terminal illness for those
20 beneficiaries. Co-Conspirator 2 would then write referrals for
21 hospice using the false diagnoses provided by defendant
22 WINTERMUTE, without Co-Conspirator 2 ever personally evaluating
23 or communicating with the beneficiaries or reviewing any medical
24 records associated with the beneficiaries. Co-Conspirator 2
25 would write the false diagnoses of terminal illness on
26 prescription forms that Co-Conspirator 2 also signed, referring
27 the beneficiaries for hospice. Defendant WINTERMUTE would pay
28 Co-Conspirator 2 illegal kickbacks for the fraudulent referrals.

1 f. As defendant WINTERMUTE knew and intended, the
2 patients she referred to the Los Angeles County Hospices would
3 not be told they were on hospice. In fact, defendant WINTERMUTE
4 would instruct and cause others to instruct Medicare
5 beneficiaries to sign hospice enrollment forms without
6 explaining what the beneficiaries were signing.

7 g. Defendants WINTERMUTE and BOLISAJIAN, together
8 with others known and unknown to the Grand Jury, would cause the
9 Medicare beneficiaries she referred to the Los Angeles County
10 Hospices to remain in hospice care, even though, as defendant
11 WINTERMUTE well knew, the services were medically unnecessary
12 and the beneficiaries were not terminally ill. As such, Co-
13 Conspirator 1 and others known and unknown to the grand jury
14 continued to bill Medicare for the beneficiaries and defendant
15 WINTERMUTE continued to receive illegal kickbacks in exchange
16 for the patient referrals.

17 h. Defendant BOLISAJIAN would falsely recertify
18 patients recruited by defendant WINTERMUTE as terminally ill,
19 when in fact the patients were not terminally ill.

20 i. Defendant BOLISAJIAN would also refer Medicare
21 beneficiaries for hospice services that were medically
22 unnecessary to Burbank Hospice and Community Hospice, where
23 defendant BOLISAJIAN was the medical director.

24 j. Defendant BOLISAJIAN would falsely certify and
25 recertify Medicare beneficiaries he referred to Burbank Hospice
26 and Community Hospice as terminally ill and make false diagnoses
27 of terminal illness, when in fact the beneficiaries were not
28 terminally ill.

1 k. As defendant WINTERMUTE and others knew and
2 intended, the Los Angeles County Hospices would not provide
3 medically necessary services to the beneficiaries referred by
4 defendant WINTERMUTE.

5 l. As a result of the conspiracy, between in or
6 around August 2020 and in or around January 2024, defendants
7 WINTERMUTE and BOLISAJIAN, along with Co-Conspirator 1, Co-
8 Conspirator 2, and others known and unknown to the Grand Jury,
9 would cause the Los Angeles County Hospices to submit false and
10 fraudulent claims to Medicare for purported hospice services
11 that were procured by the payment of illegal kickbacks,
12 medically unnecessary, not provided, and otherwise ineligible
13 for reimbursement, including:

14 i. Between in or around August 2020 and in or
15 around April 2023, over approximately \$4 million in false and
16 fraudulent claims for services purportedly provided to
17 beneficiaries referred by defendant WINTERMUTE, of which
18 approximately \$3.3 million was paid by Medicare to the Los
19 Angeles County Hospices; and

20 ii. Between in or around August 2020 and in or
21 around January 2024, over approximately \$6.9 million in false
22 and fraudulent claims identifying defendant BOLISAJIAN as the
23 attending physician, of which approximately \$5.5 million was
24 paid by Medicare to the Los Angeles County Hospices.

COUNTS TWO THROUGH FIVE

[18 U.S.C. §§ 1347, 2]

[Defendants WINTERMUTE and BOLISAJIAN]

28. The Grand Jury realleges paragraphs 1 through 25 and 27 of this Indictment here.

A. THE SCHEME TO DEFRAUD

29. Beginning no later than in or around August 2020, and continuing to at least in or around December 2021, in Los Angeles County, within the Central District of California, and elsewhere, defendants WINTERMUTE and BOLISAJIAN, together with Co-Conspirator 1, Co-Conspirator 2, and others known and unknown to the Grand Jury, each aiding and abetting one another, knowingly, willfully, and with intent to defraud, executed and willfully caused to be executed a scheme and artifice: (a) to defraud Medicare, a health care benefit program, as to material matters in connection with the delivery of and payment for health care benefits, items, and services; and (b) to obtain money from Medicare, a health care benefit program, by means of materially false and fraudulent pretenses, representations, and promises and the concealment of material facts in connection with the delivery of and payment for health care benefits, items, and services.

B. MEANS TO ACCOMPLISH THE SCHEME TO DEFRAUD

30. The fraudulent scheme operated, in substance, as described in paragraph 27 of this Indictment.

C. EXECUTIONS OF THE FRAUDULENT SCHEME

31. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and

elsewhere, defendants WINTERMUTE and BOLISAJIAN, together with Co-Conspirator 1, Co-Conspirator 2, and others known and unknown to the Grand Jury, each aiding and abetting one another, knowingly and willfully executed and willfully caused to be executed the fraudulent scheme described above by submitting and causing to be submitted the following false and fraudulent claims for purported hospice care:

| COUNT | DEFENDANT | HOSPICE | BENEF- ICIARY | CLAIM NUMBER | DATE CLAIM SUBMITTED | APPROX. AMOUNT BILLED |
|-------|--------------------------|--------------------|------------------|---------------------------|----------------------------|-----------------------------|
| TWO | WINTERMUTE | Burbank Hospice | M.R. | 221187 045036 07CAR | 7/6/2021 | \$7,259.40 |
| THREE | WINTERMUTE BOLISAJIAN | Burbank Hospice | R.R. | 221250 005913 07CAR | 9/7/2021 | \$5,737.80 |
| FOUR | BOLISAJIAN | Burbank Hospice | A.R. | 223010 000021 08CAR | 5/3/2021 | \$6,194.28 |
| FIVE | BOLISAJIAN | Burbank Hospice | J.B. | 221062 012440 07CAR | 6/2/2021 | \$5,929.06 |

COUNTS SIX THROUGH EIGHT

[18 U.S.C. §§ 1035, 2]

[Defendant BOLISAJIAN]

32. The Grand Jury realleges paragraphs 1 through 25 of this Indictment here.

33. On or about the following dates, in Los Angeles County, within the Central District of California, and elsewhere, defendant BOLISAJIAN, together with others known and unknown to the Grand Jury, each aiding and abetting one another, knowingly and willfully made, and willfully caused others to make, the following materially false, fictitious, and fraudulent statements and representations, and made and used, and willfully caused others to make and use, the following materially false writings and documents knowing the same to contain a materially false, fictitious, and fraudulent statement and entry, in connection with the delivery of and payment for health care benefits, items, and services involving a health care benefit program, namely, Medicare:

| COUNT | BENEFI- CIARY | FALSE STATEMENT | DATE |
|-------|------------------|---|-----------|
| SIX | J.B. | Certification of a terminal illness, "chronic back pain [and] opioid dependency," for Medicare beneficiary J.B. | 2/10/2021 |
| SEVEN | R.R. | Recertification of a terminal illness, "CVA" [cerebrovascular accident], for Medicare beneficiary R.R. | 8/13/2021 |
| EIGHT | A.R. | Recertification of a terminal illness, "HIV," for Medicare beneficiary A.R. | 10/7/2021 |

COUNT NINE

[18 U.S.C. § 371]

[Defendant WINTERMUTE]

34. The Grand Jury realleges paragraphs 1 through 25 of this Indictment here.

A. OBJECTS OF THE CONSPIRACY

35. Beginning no later than in or around August 2020, and continuing to at least in or around December 2021, in Los Angeles County, within the Central District of California, and elsewhere, defendant WINTERMUTE knowingly conspired with Co-Conspirator 1 and others known and unknown to the Grand Jury to commit the following offenses against the United States:

a. To knowingly and willfully solicit and receive any remuneration in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a Federal health care program, in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A); and

b. To knowingly and willfully offer and pay any remuneration to any person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a Federal health care program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

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1 B. THE MANNER AND MEANS OF THE CONSPIRACY

2 36. The objects of the conspiracy were carried out, and to
3 be carried out, in substance, as set forth in subparagraphs
4 27(a)-(e), (g), and (l) of this Indictment.

5 C. OVERT ACTS

6 37. On or about the following dates, in furtherance of the
7 conspiracy and to accomplish its objects, defendant WINTERMUTE,
8 Co-Conspirator 1, and others known and unknown to the Grand
9 Jury, committed and willfully caused others to commit the
10 following overt acts, among others, within the Central District
11 of California and elsewhere:

12 Overt Act No. 1: On June 21, 2021, defendant WINTERMUTE,
13 through Carmona's Care, sent invoice no. 123509 to Co-
14 Conspirator 1 requesting payment of \$21,500 in exchange for
15 referring Medicare beneficiaries for hospice services, including
16 Medicare beneficiaries M.R. and R.R.

17 Overt Act No. 2: On June 23, 2021, Co-Conspirator 1 wrote a
18 check to Carmona's Care for \$21,000, with memo line "invoice no.
19 125309."

20 Overt Act No. 3: On July 21, 2021, defendant WINTERMUTE,
21 through Carmona's Care, sent invoice no. 125322 to Co-
22 Conspirator 1 requesting payment of \$20,000 in exchange for
23 referring Medicare beneficiaries for hospice services, including
24 Medicare beneficiaries M.R. and R.R.

25 Overt Act. No. 4: On July 23, 2021, Co-Conspirator 1 wrote
26 a check to Carmona's Care for \$20,000, with memo line "invoice
27 no. 125322."
28

COUNTS TEN THROUGH TWELVE

[42 U.S.C. § 1320a-7b(b) (1) (A); 18 U.S.C. § 2]

[Defendant WINTERMUTE]

38. The Grand Jury realleges paragraphs 1 through 25 of this Indictment here.

39. Hospice 1 was a hospice clinic located in Long Beach, California. Hospice 1 was owned and operated by Individual 1. Defendant WINTERMUTE solicited and received remuneration from Individual 1 in exchange for referring Medicare beneficiaries to Hospice 1.

40. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendant WINTERMUTE, together with others known and unknown to the Grand Jury, aiding and abetting one another, knowingly and willfully solicited and received remuneration, namely, the following payments, which constituted illegal kickbacks, in return for referring Medicare beneficiaries for hospice services, for which payment could be made in whole and in part under a Federal health care program, namely, Medicare, as follows:

| COUNT | DATE | PAYMENT | APPROX. AMOUNT |
|--------|---------|--|----------------|
| TEN | 6/23/21 | Payment from Co-Conspirator 1 to defendant WINTERMUTE in the form of Check no. 1557 written from Wells Fargo Bank account ending in 4565 in the name of Burbank Hospice to Carmona's Care. | \$21,000 |
| ELEVEN | 7/23/21 | Payment from Co-Conspirator 1 to defendant WINTERMUTE in the form of Check no. 1558 written from Wells Fargo account ending in 4565 in the name of Burbank Hospice to Carmona's Care. | \$20,000 |

| COUNT | DATE | PAYMENT | APPROX. AMOUNT |
|--------|----------|---|-------------------|
| TWELVE | 11/17/21 | Payment from Individual 1 to defendant WINTERMUTE in the form of Check no. 1081 written from JPMorgan Chase Bank account ending in 7665 in the name of Hospice 1 to Carmona's Care. | \$20,500 |

COUNTS THIRTEEN AND FOURTEEN

[18 U.S.C. §§ 1518, 2]

[Defendant WINTERMUTE]

41. The Grand Jury realleges paragraphs 1 through 25 and 39 of this Indictment here.

42. On or about February 22, 2022, in Los Angeles County, within the Central District of California, and elsewhere, defendant WINTERMUTE, together with others known and unknown to the Grand Jury, aiding and abetting one other, willfully attempted to prevent, obstruct, mislead, and delay the communication of information and records relating to a violation of a Federal health care offense to a criminal investigator by providing and causing to be provided in response to a grand jury subpoena issued as a part of a criminal investigation into Federal health care offenses the following false invoices:

| COUNT | ENTRY |
|----------|---|
| THIRTEEN | An invoice numbered 125349 dated on or about August 31, 2021, from Carmona's Care to Hospice 1 purportedly for providing translation services and nursing referrals when in truth and fact, as defendant WINTERMUTE then well knew, the requested payment was for the referral of Medicare beneficiaries to Hospice 1. |
| FOURTEEN | An invoice numbered 125350 dated on or about September 30, 2021, from Carmona's Care to Hospice 1 purportedly for providing translation services and nursing referrals when in truth and fact, as defendant WINTERMUTE then well knew, the requested payment was for the referral of Medicare beneficiaries to Hospice 1. |

FORFEITURE ALLEGATION ONE

[18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461(c)]

1. Pursuant to Rule 32.2 of the Federal Rules of Criminal Procedure, notice is hereby given that the United States of America will seek forfeiture as part of any sentence, pursuant to Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c), in the event of any defendant's conviction of the offenses set forth in any of Counts One or Nine of this Indictment.

2. Any defendant so convicted shall forfeit to the United States of America the following:

(a) all right, title, and interest in any and all property, real or personal, constituting, or derived from, any proceeds traceable to the offenses; and

(b) To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).

3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 28, United States Code, Section 2461(c), any defendant, if so convicted, shall forfeit substitute property, up to the value of the property described in the preceding paragraph if, as the result of any act or omission of the defendant, the property described in the preceding paragraph or any portion thereof (a) cannot be located upon the exercise of due diligence;

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1 (b) has been transferred, sold to, or deposited with a third
2 party; (c) has been placed beyond the jurisdiction of the court;
3 (d) has been substantially diminished in value; or (e) has been
4 commingled with other property that cannot be divided without
5 difficulty.

FORFEITURE ALLEGATION TWO

[18 U.S.C. § 982]

1. Pursuant to Rule 32.2(a), Fed. R. Crim. P., notice is hereby given that the United States will seek forfeiture as part of any sentence, pursuant to Title 18, United States Code, Section 982(a)(7), in the event of any defendant's conviction of the offenses set forth in any of Counts Two through Eight, and Ten through Fourteen of this Indictment.

2. Any defendant so convicted shall forfeit to the United States of America the following:

(a) All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of any offense of conviction; and

(b) To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).

3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), any defendant so convicted shall forfeit substitute property, up to the total value of the property described in the preceding paragraph if, as a result of any act or omission of said defendant, the property described in the preceding paragraph, or any portion thereof (a) cannot be located upon the exercise of due diligence;

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(b) has been transferred, sold to or deposited with a third party; (c) has been placed beyond the jurisdiction of the Court; (d) has been substantially diminished in value; or (e) has been commingled with other property that cannot be divided without difficulty.

A TRUE BILL

/S/
Foreperson

BILAL A. ESSAYLI
United States Attorney

Christina Shay

CHRISTINA T. SHAY
Assistant United States Attorney
Chief, Criminal Division

KRISTEN A. WILLIAMS
Assistant United States Attorney
Chief, Major Frauds Section

LORINDA LARYEA
Acting Chief, Fraud Section
U.S. Department of Justice

SANDOR A. CALLAHAN
Trial Attorney, Fraud Section
United States Department of Justice