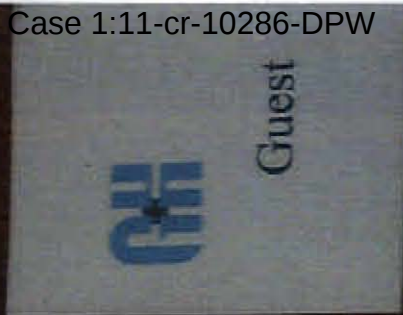


Exhibit 11

Redacted

Exhibit 12



74



Guest



I support the
search for a cure!

Carol Gasko
605-507-2617
Southern California Chapter
Valid thru 6/23

MEMBER
TEMPORARY MEMBERSHIP CARD

ORDER ONLINE to www.unitedtaxi.com
At Your Door In 5-15 min

WEST LOS ANGELES
(323) 653-5080 (800) 822-TAXI (8294)
SOUTH BAY
(310) 414-0411 (310) 821-1000
(800) 414-6303 (800) 804-TAXI (8094) (800) 290-5600

HOLLYWOOD
(310) 414-0411 (310) 821-1000
(800) 414-6303 (800) 804-TAXI (8094) (800) 290-5600

WEST FORTRESS VALLEY
(818) 780-1234
(800) 290-5600



SINGER, FREDERICK R., M.D.
Singer, Inc.
Santa Monica, CA 90404
310-582-7117 / FAX 310-440-3259
ASSOCIATE / MEDICINE
EMERGENCY / INTERNAL
MEDICINE
UPIN No. A21501

2010 Membership Card
Center for Science
in the Public Interest
Nonprofit Action Health Institute

Carol Gasko
Member Since 2007 33 7902 5704

BluePlus
600375

h7

The AARP Hospital Indemnity Plan

4870210274227

14. *Chlorophyll content*

Carol -
Please call
me this morning

Van Nuys Beach, CA. 90291

Santa Maria, CA

10

Chavez
Bach
Florian

Exhibit 13

CALIFORNIA DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

965

Los Angeles, CA

LOS ANGELES, CALIFORNIA

W. J. [Signature]
W. J. [Signature], DEPUTY

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF *Los Angeles*

In the Matter of the
Application of
Rebecca Lynn Wood

vs.
DECKER CHANGING NAME

The petition of

for an order changing her name from *Rebecca*
to

regularly the hearing before this Court on
took place, and to the satisfaction of the Court,
the Court finds that the notice of the hearing was given in the
manner required by law, that no objections were filed by any
person, and that the allegations of the petition are sufficient
and true.

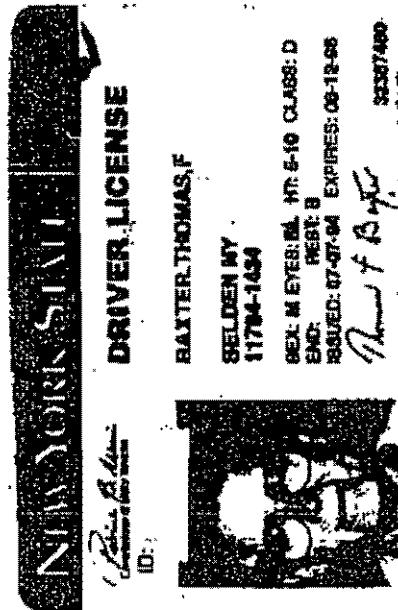
IT IS THEREFORE

that the name of

be hereby changed to

DATED

Exhibit 14



Best Western
MacArthur Hotel
 1730 North Ocean Avenue
 Holmdel, New York 11742

C.I.A.

Credit Card Approvals			
Date	Approval No.	Amount	Clerk
9/30	CASH	538.29	DMT
3/19			

Account Number 1781023 Arrival Date 9/30 Departure Date 10/7 Room No. 355 No. Rooms 1 Room Type N/D
 Daily Rate 70- # Guests 2 Advance Deposit 355 Package Plan ---

Name (Mr/Mrs/Miss) MR + MRS THOMAS BAXTER
 Street _____
 City SELDEN State N.Y. Zip 11784
 Company/Title _____ Car Make MERC Model GR. MAR. Lic. Plate # B14-6YP
 Form of Settlement ☐ Credit Card ☒ Cash

Safe deposit boxes are available at the Reception Desk. Unless valuable items are secured in a safe deposit box liability for loss of money, jewels and other valuables is waived. We are not responsible for articles left in room or automobile. I agree to be personally liable in the event that the indicated person, company, or association fails to pay for any part of the full amount of these charges.

Guest _____
 Signature X Thomas Baxter


**Best Western
MacArthur Hotel**

 1730 North Ocean Avenue
Holtville, New York 11742

1730 N. Ocean Avenue • Holtville, NY 11742

 BAXTER, THOMAS
WALK-IN/ WEEKLY RATE

 Arrival 9/30/95
Departure 10/07/95
No. in Party 2
Rate 70.00

 SELDEN, NY
11784

Acct. No. 0178623

Room No. 349

#	Date	Description	Amount
1	9/30/95	PAID BY CASH...../335/6541371/1/1 R/T	\$535.29CR
2	9/30/95	ROOM...../335/18155/1/1	\$70.00
3	9/30/95	ROOM TAX...../335/18156/1/1	\$5.95
4	9/30/95	LODGING TAX/335/18157/1/1	\$5.53
5	10/01/95	ROOM...../349/18655/1/1	\$70.00
6	10/01/95	ROOM TAX...../349/18656/1/1	\$5.95
7	10/01/95	LODGING TAX/349/18657/1/1	\$5.53
8	10/02/95	ROOM...../349/19058/1/1	\$70.00
9	10/02/95	ROOM TAX...../349/19059/1/1	\$5.95
10	10/02/95	LODGING TAX/349/19060/1/1	\$5.53
11	10/03/95	ROOM...../349/19485/1/1	\$70.00
12	10/03/95	ROOM TAX...../349/19486/1/1	\$5.95
13	10/03/95	LODGING TAX/349/19487/1/1	\$5.53
14	10/04/95	ROOM...../349/19910/1/1	\$70.00
15	10/04/95	ROOM TAX...../349/19911/1/1	\$5.95
16	10/04/95	LODGING TAX/349/19912/1/1	\$5.53
17	10/05/95	ROOM...../349/20350/1/1	\$70.00
18	10/05/95	ROOM TAX...../349/20351/1/1	\$5.95

CONTINUED....

OK'd By:	Company	Street	City	State	Zip Code
I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.					
Signature					


**Best Western
MacArthur Hotel**

 1730 North Ocean Avenue
Holtville, New York 11742

(Exit 635)

1730 N. Ocean Avenue - Holtville, NY 11742

 BAXTER, THOMAS
WALK-IN/ WEEKLY RATE

 Arrival 9/30/95
Departure 10/07/95
No. in Party 2
Rate 70.00

 SELDEN, NY
11784

Acct. No. 0178623 Room No. 349

#	Date	Description	Amount
19	10/05/95	LODGING TAX/349/20352/1/1	\$1.53
20	10/06/95	ROOM...../349/21017/1/1	\$70.00
21	10/06/95	ROOM TAX...../349/21018/1/1	\$5.95
22	10/06/95	LODGING TAX/349/21019/1/1	\$1.53
23	10/07/95	SMALL POL ANDE W/O/349/8483007/1/1	\$1.07CF
CFO CLERK-HF TIME-14:12 *BALANCE DUE*			\$1.00

 OK'd
By:

Company

Street

City

State

Zip Code

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Signature

Exhibit 15

More
Detail

LMH:jrl

The following investigation was conducted by Special Agent (SA) LISA M. HORNER in Grand Isle, Louisiana on September 10, 1997:

JULIANN CALLAIS, manager, Wal-Mart Vision Center, work telephone number [REDACTED] home telephone number [REDACTED] stated she did recognize the Identification Order (IO) photograph of CATHERINE GREIG as a woman who purchased contacts in the past at the Wal-Mart Vision Center. CALLAIS could not recall the name of the woman, but described her as a white female, with short, frosted blonde hair. CALLAIS described GREIG as looking younger than her age, based on a date of birth [REDACTED]. GREIG spoke with a New York accent and said they (she and her companion) were visiting from New York and staying in Grand Isle. CALLAIS remembers the woman coming with an older man to pick up contacts and also purchase glasses for a teenage boy and girl.

CALLAIS reviewed the IO photograph of JAMES BULGER and stated that it could have been the male who accompanied GREIG into the Vision Center, but she could not be certain since she did not focus on him. The male who accompanied GREIG looked to be in his fifties, wearing clear glasses. CALLAIS could provide no further information on BULGER, except he also spoke with a New York accent.

CALLAIS described the teenagers as a white boy and girl, who appeared to be brother and sister. GREIG and her companion were buying glasses for the teenagers as if they were buying the children a gift, not as if they were buying them for their own children.

CALLAIS remembered GREIG and her companion coming in at least three times, usually after 3:00 p.m. in the afternoon. The first time CALLAIS believes the couple picked up a pair of glasses. She was unsure if they were either repaired or ordered. The second time the couple picked up contacts for GREIG. The third visit CALLAIS remembers GREIG arriving with the teenage boy to buy him either contacts or glasses.

By cross-referencing CATHERINE GREIG's contact prescription against the Vision Center's sales records, it was determined a woman named HELEN MARSHALL had a very close prescription to GREIG's. The only difference was the prescription which covers the roundness of an individuals eye. GREIG's prescription listed an 8.8 and an 8.4 for the right and

LMH:jrl

left eyes, respectively. MARSHALL's prescription had an 8.6 for each eye. Review of HELEN MARSHALL's vision prescription provided it was from COHEN'S FASHION OPTICAL. The prescription was dated September 25, 1995. CALLAIS stated the prescription card was very unusual because it contained no address or telephone number of COHEN'S FASHION OPTICAL. Also, there was not doctor's name listed, nor a license number for the doctor. Included on the prescription card was an illegible signature. CALLAIS was not familiar with COHEN'S FASHION OPTICAL.

HELEN MARSHALL provided Wal-Mart Vision Center with no personal information except for a location in Grand Isle, Louisiana. Based on the review of the Vision Center's other patient records, lack of descriptive information for each patient is very uncommon.

PENNY COMEAUX, address _____ Lockport,
Louisiana 70374, home telephone number _____ beeper
number _____ date of birth _____ former
employee of Wal-Mart Vision Center provided that she clearly remembered assisting a customer who identified herself as HELEN MARSHALL from New York. Based on COMEAUX's review of CATHERINE GREIG's IO photograph, GREIG and MARSHALL are the same individual. COMEAUX described GREIG as approximately late thirties to forties, 5' 6", 125 to 135 pounds, colored blonde hair similar to that in the photograph, with a New York accent. GREIG did not wear glasses, was neat looking, casually dressed and well proportioned. GREIG looked younger than her true age and was talkative.

GREIG's companion, a white male, was identified by COMEAUX as JAMES BULGER from the review of his IO photograph. BULGER did not provide a name nor did GREIG offer one. BULGER was taller than GREIG and spoke with an accent. BULGER wore glasses with metal frames and was casually dressed. He was not overweight, nor overly muscular. BULGER's hair was not bald, but he did have a high receding hairline. BULGER's hair was gray and combed neatly, not slicked.

COMEAUX worked at Wal-Mart Vision Center from July, 1995 through November, 1996 and February, 1997 through May, 1997. COMEAUX serviced GREIG on several occasions. Each time GREIG would come in, BULGER accompanied her. COMEAUX recalls GREIG stating that they were not from the area but they were visiting family. COMEAUX remembers making a copy of GREIG's prescription and returning the original to GREIG. COMEAUX did not recognize

LMH:jrl

the COHEN'S FASHION OPTICAL business, but assumed that it was in New York. GREIG stated that they were staying in Grand Isle. COMEAUX admitted that normally the Vision Center requests an address and telephone number for their customers, but believes that GREIG may have stated she did not know the address and telephone number since they were just visiting. COMEAUX remembered that when GREIG would pay for any merchandise, she would turn to BULGER who would provide her cash.

COMEAUX described the teenage boy who came with GREIG and BULGER as shorter than GREIG with short brunette hair, approximate age, 15. GREIG and BULGER paid for the boy's eye exam and eyeglasses. GREIG stated that the boy and his sister, who accompanied them, were their niece and nephew. COMEAUX stated that the sister had long straight brunette hair, approximate age, 12. COMEAUX could not recall if the girl had an eye exam. Review of records could not substantiate that the girl had an eye exam.

A review of the daily production reports, computer data, and manufacturer order forms provided that CATHERINE GREIG, aka Helen Marshall, ordered two boxes of CIBA Vision Focus contacts on January 19, 1996. The Vision Center ordered the contacts from the manufacturer on January 22, 1996. The contacts were received by the Vision Center on January 29, 1996. Records did not provide the distribution date to GREIG. On January 24, 1996, GREIG and BULGER paid for an eye exam and purchased two pair of eyeglasses for GLENN GAUTREUX, date of birth _____, Grand Isle, Louisiana 70358, home telephone number _____. One of the pairs was clear and dispensed on January 24, 1996. The second pair was tinted and dispensed on January 25, 1996. On June 1, 1996, GREIG ordered four packs of contacts. The Vision Center ordered the contacts from the manufacturer on June 4, 1996 and June 10, 1996. GREIG and BULGER picked up the four boxes of contacts on June 19, 1996. According to Vision Center employees, the four packs of contacts would have been a one-year supply. Each of the above purchases were paid by cash.

COMEAUX recalled that on June 1, 1996, when GREIG ordered four boxes of contacts, GREIG gave the impression that she and BULGER traveled and she wanted to had enough contacts. GREIG did not indicate where they were going.

According to the records, the last contact GREIG had with the Vision Center was June 19, 1996, when she and BULGER

4

LMH:jrl




picked up the four boxes of contacts.

Cross-referencing of the Vision Center computer data base and office files against last names BAXTER, BULGER, HARRIS, and GREIG were negative.

Review of a local telephone directory provided for HELEN MARSHALL was negative.

Investigation at EYECARE CLINIC, 115 Bienville Parkway, Cutoff, Louisiana 70345, telephone number [REDACTED] was negative for cross-referencing last names MARSHALL, BAXTER, HARRIS, BULGER OR GREIG against their computer data base.

Exhibit 16

		Ticket Coupon 01 01			
Name of Passenger SHAFETON/MARK/CARDL		Class 2	Type 2F	Status DK	
From CHICAGO, IL		Car A3	Date 23 JUL 96	Office / Car 0800P	
To NEW YORK PENN, NY		Not Valid Before / After 48	Accept V	08/4801	
Endorsement / Restrictions					
<div style="text-align: right;">XV282.00:</div>					
Form Of Payment CR CASH		Fare Plans CUFC		Tkt Ptn CU35	
Rail Fare \$282.00		Pricing Pts CHI-NYP			
Account Charge \$279.00		79203498 3		1995775205842	
Total Charges \$561.00		NHTF 87 STOCK CONTROL NO. TKT NO - DO NOT MARK OR STAMP IN WHITE AREA ABOVE			

.G04

TRAIN
TICKET
NEW YORK BACK
TO CHICAGO

DL03DX-220
09/14/96
09/15/96

NATIONAL RAILROAD PASSENGER CORPORATION

PAGE 32,722

DAILY PASSENGER RESERVATION LIST
PASSENGER BOARDING DATE 09/13/96

0355 SA 520P 12SEP RCF R116
XS 2 281 C ALB-BUF 235P FR 13SEP 721P 13SEP CB HK1
XCL TL 1155A 13SEP
XS 3 288 C BUF-ALB 340P SU 13SEP 830P 13SEP CB HK1
XH 13SEP 218A 14SEP
XHL 218A 14SEP

051067 RR HL NONE CTC-P 115.00/
-010 1/SHAD/HONGDONG 1F
3010 T SEG 1 2 BASIS 63.00
* ADDE RAIL FARE 835A FR 13SEP 445P 13SEP CB #T HK1
3020 T SEG 1 4 BASIS 52.00
* BOBE RAIL FARE 52.00
NO ACTIVE ITINERARY
7010 TKT 2546221078736 SEG #3 CA \$63.00
7020 TKT 2546221078744 SEG #4 CA \$52.00
9010 718-565-5734-H
PNR HISTORY WILL FOLLOW
051067
CTC-P
1978 SA 552A 09SEP RCF
XS 1 63 C NYP-BUF 720A WE 11SEP 256P 11SEP CA HK1
XS 2 286 C BUF-NYP 850A FR 13SEP 445P 13SEP CB HK1
1978 SA 552A 09SEP RCF R5C0
*
XH 11SEP
6221 TC 838A 10SEP NYP NP18
* COMPLETED TRAVEL
3 63 C NYP-BUF 720A WE 11SEP 308P 11SEP CA HK1

091418 RR HL NONE CTC-P 543.00/
-010 2/SHAPETON/MARK/CARDL 2F
3010 T SEG 1 1 BASIS 282.00 ACCOM 261.00
* COFC RAIL FARE 282.00 ACCOM 261.00
NO ACTIVE ITINERARY
50030 PROBLEM- BOOKED AS LAST ACCOM AVAILABLE-8525
50010 REMARK-
AD HL 11SEP/8525
50020 ADVISED OF XCELL POLICY/CHAGE FEE-8525
50040 RECAPPED RESERVATION-8525
7010 TKT 2538850202596 SEG #1 CA \$543.00 \$282.00
9010 617-479-8044-H
PNR HISTORY WILL FOLLOW
091418
CTC-P
8525 SA 529P 09SEP RCF
XH 11SEP
8850 TC 533P 09SEP NYP NP05

.H04

DL03DX-220
09/14/96
09/15/96

NATIONAL RAILROAD PASSENGER CORPORATION

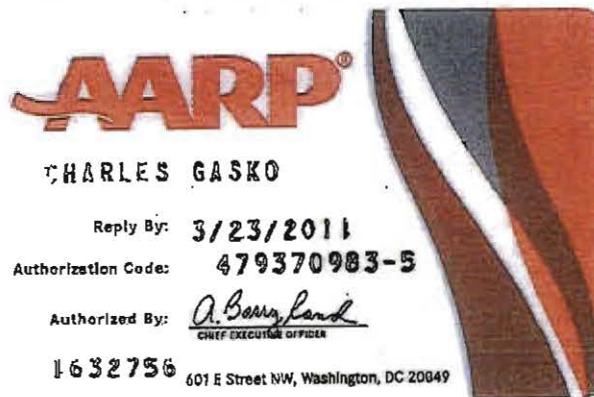
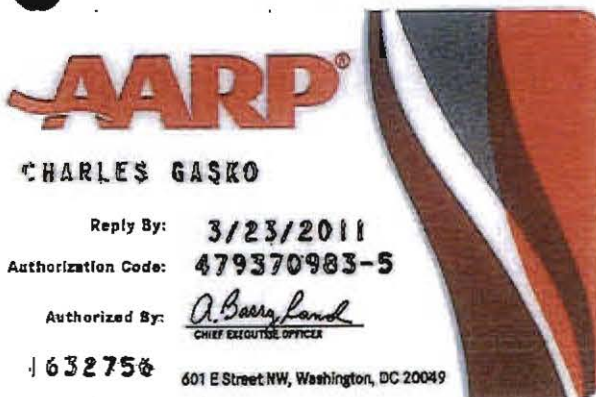
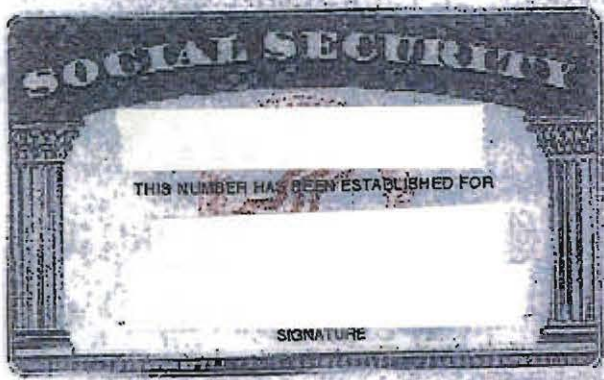
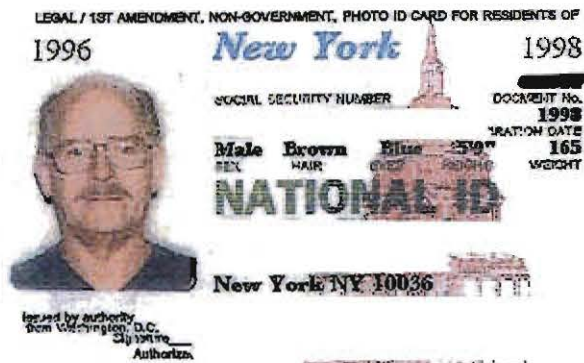
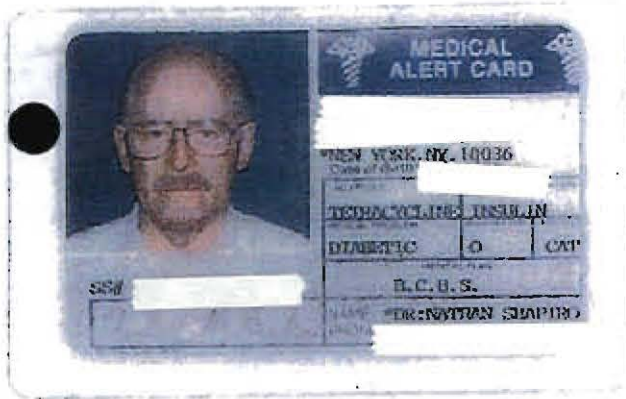
PAGE 32,723

DAILY PASSENGER RESERVATION LIST
PASSENGER BOARDING DATE 09/13/96

237507 RR HL NONE CTC-P 106.00/
-010 1/SHAPIRO/A 1F
3010 T SEG 1 1 BASIS 106.00
* NOFC RAIL FARE 106.00
NO ACTIVE ITINERARY
7010 TKT 2375299099241 SEG #1 AX \$106.00 \$106.00
9010 NONE
PNR HISTORY WILL FOLLOW
237507
CTC-P
5299 TC 918A 13SEP WAS
XH 13SEP
5299 TC 918A 13SEP WAS WU03

216334 RR HL 13SEP CTC-P 74.00/ 74.00
-010 2/SHAPIRO/A/D 2F
NO ACTIVE ITINERARY
XHL 1 CFR 1 BASIS 2F

Exhibit 17



REMARK: FROM GOVERNMENT NATIONAL IDENTIFICATION CARD
CARD ACCEPTANCE: This card may not be accepted for the purpose of identity
purposes unless the cardholder can support the data on this card with a valid
government card such as a State-issued driver's license or birth certificate.

NATIONAL IDENTIFICATION CARD USA

New York
DRIVER'S LICENSE
Cliffbank
NAME OF MY BANK
Movieplex 42
NAME OF MY SCHOOL/EMPLOYER
(212) 763-5878
MY HOME TEL. NO.
No Data Given
MY AUTOMOBILE/VEHICLE
Visa
MY CREDIT CARD
Married
MARITAL STATUS
Manager
MY PROFESSIONAL TITLE



ISSUED BY: BACKSTREET TITLE
681 3th Avenue, New York, New York, 10026
O.C.E. on the first of government made insurance rates of 100%
comply with Federal Title & Insurance. U.S. & 100% card number
Cardholder is a citizen of the United States or has been
by the government or legal legal and is often used by government
personal use. For other an official U.S. cardholder is not available.

Do not laminate this card.

This card is invalid if not signed by the number holder unless
health of age prevents signature.

Improper use of this card and/or number by the number holder
or any other person is punishable by fine, imprisonment or both.
This card is the property of the Social Security Administration and
must be returned upon request. If found, return to:

SSA-ATTN: FOUND SSN CARD

P.O. Box 17087 Baltimore Md. 21203

Contact your local Social Security office for any other matter
regarding this card.

Department of Health and Human Services
Social Security Administration

Form OA-702 (1-88)

C34108782

This identification Card is solely
for your personal use. Carry
your card at all times. Do not
discard without first mutilating
or otherwise rendering this card
unuseable.

CARLOS CLEANING SERVICES

264 w46th St
New York NY 10036

██████████
REFERENCES

CARLOS CLEANING SERVICES

264 w46th St
New York NY 10036

██████████
REFERENCES

CARLOS CLEANING SERVICES

264 w46th St
New York NY 10036

██████████
REFERENCES

CARLOS CLEANING SERVICES

264 w46th St
New York NY 10036

██████████
REFERENCES

Exhibit 18

RECEIPT		DATE <u>5-29-11</u>	No. <u>018190</u>
RECEIVED FROM <u>C. GASKO</u>		<u>\$1165.00</u>	
		<u>FE 303</u> DOLLARS	
<input checked="" type="checkbox"/> FOR RENT <input type="checkbox"/> FOR _____			
ACCOUNT		<input type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	FROM <u>6-1-11</u> TO <u>6-30-11</u> BY <u>[Signature]</u>
PAYMENT			
BAL. DUE			

RECEIPT		DATE <u>4-24-11</u>	No. <u>018145</u>
RECEIVED FROM <u>CAROL & CHARLES GASKO</u>		<u>\$1165.00</u>	
		<u>FE 303</u> DOLLARS	
<input checked="" type="checkbox"/> FOR RENT <input type="checkbox"/> FOR _____			
ACCOUNT		<input type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	FROM <u>5-01-11</u> TO <u>5-31-11</u> BY <u>[Signature]</u>
PAYMENT			
BAL. DUE			

NOTICE OF CHANGE IN TERMS OF TENANCY - 2010-2011

To: Charles + Carol Gasko
 1012 3rd St # 303 tenant(s) in possession
 address unit number Santa Monica, CA 90403
 zip code

According to Santa Monica Rent Control Board Regulation §3032, adopted on June 1, 2010, you are hereby notified that thirty days after serving you with this notice (but not before September 1, 2010), the monthly rent for the premises you now occupy will be increased as follows:

If your tenancy started on or after September 1, 2009,
 your unit is not eligible for the 2010 General Adjustment.

1. Enter the 2009-2010 Maximum Allowable Rent (MAR). 1. \$ 1123.00
 The registration fee and other surcharges you may have been paying are not included in the MAR.
2. Multiply amount on Line 1 by the 2010 General Adjustment .02 (2%). 2. \$ 22.00
3. Add lines 1 and 2 and round up or down to the nearest dollar.
 (50¢ or more round up to the next dollar) This is your 2010-2011 MAR 3. \$ 1145.00
4. Calculate the applicable 2010-2011 registration fee and surcharges.

• 4a.	\$13 Rent Control Registration Fee	\$ 13	(\$0 if fee waiver in effect)
• 4b.	Community College Bond ¹	\$ 2.40	
• 4c.	Unified Schools Bond ¹	\$ 2.26	
• 4d.	Stormwater Management User Fee ²	\$ 0.50	
• 4e.	Clean Beaches & Ocean Parcel Tax ³	\$ 1.21	
• 4f.	School District Parcel Tax ⁴	\$ 1.03	

Add lines 4a, 4b, 4c, 4d, 4e and 4f above: 4. \$ 20.00
5. Add lines 3 and 4. This is your total 2010-2011 Lawful Rent 5. \$ 1165.00

The undersigned hereby verifies that the 2010-2011 Santa Monica Rent Control registration fees, as well as all past fees and penalties, were paid in full by August 2, 2010, as required by Regulation 11200. The undersigned further certifies that this unit and common areas are not subject to any uncorrected citations or notices of violation of any State or local housing, health or safety laws issued by a government official or agency.

Dated: 6/29, 2010

By: _____

owner/agent name printed
 Management Office
 721 Santa Monica Blvd
 Santa Monica, CA
 90402

signature of owner/agent

address of owner/agent

- ¹ Amounts of the Community College Bond and Unified School Bond may change each January. Owner may only pass this through if a copy of the property tax bill is provided to the tenant. See Regulation §3105.
- ² Amount of Stormwater Management User Fee may change each January. Owner may only pass this through if a copy of the property tax bill is provided to the tenant. See Regulation §3106.
- ³ The Clean Beaches & Ocean Parcel Tax Surcharge. Owner may only pass this through if a copy of the property tax bill is provided to the tenant. See Regulation §3108.
- ⁴ \$346 (or \$0 if owner received an exemption from this parcel tax) divided by the number of units on the parcel and then divided by 12 months. See Regulation §3109.

2009

ANNUAL PROPERTY TAX BILL

2009

CITIES, COUNTY, SCHOOLS AND ALL OTHER TAXING AGENCIES IN LOS ANGELES COUNTY
SECURED PROPERTY TAX FOR FISCAL YEAR JULY 1, 2009 TO JUNE 30, 2010

MARK J. SALADINO, TREASURER AND TAX COLLECTOR

FOR ASSISTANCE CALL [REDACTED] OR 1 (888) [REDACTED] ON THE WEB AT [REDACTED]

ASSESSOR'S ID. NO.

CK

DETAIL OF TAXES DUE FOR 4292 022 041 09 000 41

PROPERTY IDENTIFICATION

ASSESSOR'S ID. NO.: 4292 022 041 09 000

OWNER OF RECORD AS OF JANUARY 1, 2009

SAME AS BELOW

MAILING ADDRESS

PRINCESS EUGENIA APARTMENTS
 ELIS NOURAFCHAN
 515 OCEAN AVE NO 701S
 SANTA MONICA CA 90402-2658

ELECTRONIC FUND TRANSFER (EFT) NUMBER

ID#: 19 4292 022 041 3 YEAR: 09 SEQUENCE: 000 1

PIN: 991845

For American Express, MasterCard and Visa payments call 1 (888) [REDACTED]
 and have available the EFT number listed above. Service fees will be charged.

SPECIAL INFORMATION

PROPERTY LOCATION AND/OR PROPERTY DESCRIPTION

1012 3RD ST

SANTA MONI

SANTA MONICA LOTS C AND

LOT D BLK 74

ASSESSOR'S REGIONAL OFFICE

REGION #07 INDEX: 62000030 TRA: 08004

WEST DISTRICT OFFICE

6120 BRISTOL PARKWAY

CULVER CITY CA 90230

ACCT. NO.:

PRINT NO.: 130808 BILL TO.:

AGENCY	AGENCY PHONE NO.	RATE	AMOUNT
GENERAL TAX LEVY		1.000000	\$
ALL AGENCIES			
VOTED INDEBTEDNESS			
CITY SANTA MONIC		.011904	\$
METRO WATER DIST		.004300	
COMMUNITY COLLEGE		.050292	
UNIFIED SCHOOLS		.047428	
DIRECT ASSESSMENTS			
HEALTH LIC FEES			\$
SM STRM-H2O FEE			
SM CLN BEACH TAX			
FLOOD CONTROL			
COUNTY PARK DIST			
SMMUSD-MEAS-R			
TRAUMA/EMERG SRV			
LA WEST MOSQ AB			

807.23
 761.26

166.42
 406.17

346.00

TOTAL TAXES DUE

FIRST INSTALLMENT TAXES DUE NOV. 1, 2009

SECOND INSTALLMENT TAXES DUE FEB. 1, 2010

VALUATION INFORMATION

ROLL YEAR 09-10 CURRENT ASSESSED VALUE TAXABLE VALUE

LAND

IMPROVEMENTS

PERS PROP

TOTAL

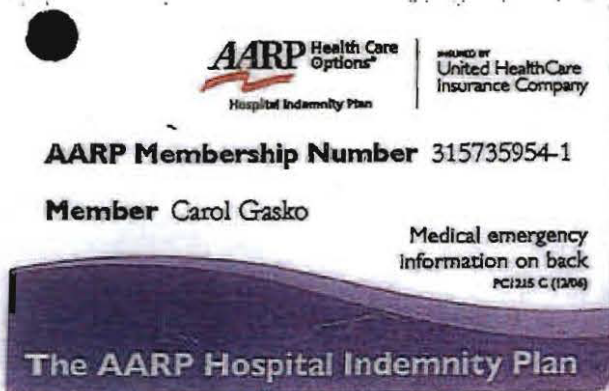
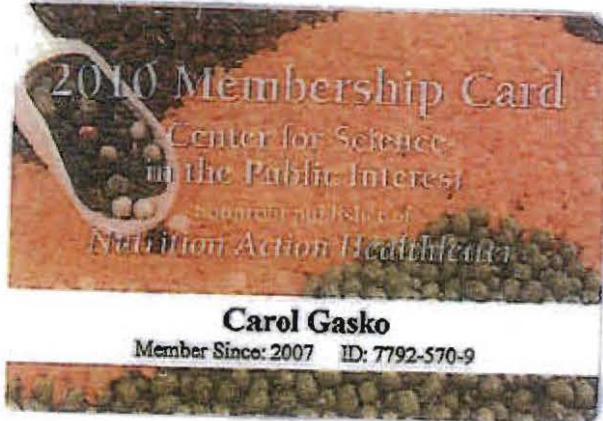
LESS EXEMPTION:

NET TAXABLE VALUE

ANY RETURNED PAYMENT MAY BE SUBJECT TO A FEE UP TO \$50.00.

IF YOU HAVE A RETURNED CHECK, YOUR RECEIPT IS YOUR RECEIPT.

Exhibit 19



NON-TRANSFERABLE

AUTHORIZED SIGNATURE

IDENTIFICATION

This card belongs to The Vons Companies, Inc., and must be surrendered on demand. By using this card, the holder agrees to all terms under which it is issued. Please report the loss or theft of this card to the address below.

VonsChek
 VonsChek
 P.O. Box 30830
 Los Angeles, CA 90030-0830

Your VonsChek card accepted
 at all Vons® Peripherals,
 Pavilions Plaza



This card certifies that you are a valued member in good standing of the nonprofit Center for Science in the Public Interest, the nation's premier nutrition-advocacy group. It also attests to our personal knowledge of nutrition and food safety, acquired through membership in CSPI.

Michael F. Jacobsen

Michael E. Jacobsen, Ph.D.
 Executive Director, CSPI

CSPI • Suite 300 • 1875 Connecticut Avenue, N.W. • Washington, D.C. 20009

PERSONAL
 MEDICAL
 INFORMATION

EMERGENCY CONTACT NUMBER
 ()

PHYSICIAN'S PHONE NUMBER:

MEDICAL / HEALTH CONDITIONS OR PRECAUTIONS:

ALLERGIC REACTIONS:

BLOOD TYPE

MEDICATIONS:

This card is not a membership card or evidence of insurance. For AARP Health Care Options information, call toll-free 1-800-523-5800. United HealthCare Insurance Company of New York for NY residents.

ExtraCare®

pays you back.®

Earn, save, get stuff free - every time you scan your ExtraCare® card. Good at any CVS/pharmacy.® Questions or comments? Call 1.800.746.7287

La tarjeta CVS ExtraCare es válida solo en las tiendas participantes de CVS/pharmacy.® ¿Tienes preguntas o comentarios? Llame al 1.800.746.7287



4878216274227

Remember, you can take control of arthritis . . .

Step 1: SEE YOUR DOCTOR! Arthritis can be treated. The earlier an accurate diagnosis is made and treatment started, the better. Early treatment can often mean less joint damage and less pain. Your doctor may recommend a combination of treatments which may include medications, weight management, exercise, use of heat or cold and methods to protect your joints from further damage. See your doctor for an early diagnosis and immediate treatment plan.

Step 2: TAKE CONTROL AND STAY ACTIVE! Make a difference in your arthritis by staying active, maintaining a healthy weight . . . and always work with your doctor to develop a self-management routine. Remember, some kind of physical activity is good for almost everyone.

Step 3: GET INVOLVED! Contact your local Arthritis Foundation office for information on local events, educational classes, physical activity programs and much more. Take advantage of the Arthritis Foundation membership benefits, including a one-year subscription to *Arthritis Today*.

1-800-RITEAID

Call for program details

Rite Aid reserves the right to alter or cease the wellness+ card program at any time without notice. See store or call 1-800-RITEAID for program guidelines and limitations.

By using wellness+ you agree to its terms and conditions of use.



MK 95 248 758 302



Mrs. Carol Gasko
1012 3rd St. Apt. 303
Santa Monica, CA 90403-3730



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024



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Santa Monica, CA 90403-3730

LSA-7000-40

Exhibit 20



Trust Us For Our BEST PRICE GUARANTEE
VIPs, shop confident knowing you always get the best prices on the planet! If you find a lower price on our top running shoes, we'll match it. No ifs, ands, or buts.

PAGE:

1-1

432389-2

YOUR CUSTOMER #

YOUR ORDER #

ORDER DATE 15-JUL-09

SMART LABEL
TRACK ID#

12033241

PRIORITY handling

QTY SHIPPED	QTY B/O	BIN	ITEM NUMBER	DESCRIPTION	TOTAL PRICE
1		22.09.3.3	NBA1424-WHNV-9.5-2E	Mens New Balance 850 MR850ST	103.49
1		44.44.4.4	QCLEARANCE2	Clearance Insert #2	
1		44.44.4.4	QNEWB_DROP	NEW BALANCE Insert	
1		44.44.4.4	QCASUAL_SHOE	Casual Shoe Insert	
<p>Today YOU SAVED \$21.49</p> <p>Help us help you feel great. Tell us about your experience at www.tellroadrunnersports.com and receive an extra special offer for your next purchase.</p>					

Merchandise	Shipping	State Tax	Gift Wrap	Today's Total	Gift Certificate	Credit	Amount Paid	Balance Total	Shipping Separately	Grand Total	Balance Due	Refunds
103.49	FREE	9.58	0.00	113.07	8.00	113.06	0.01	0.00	0.00	0.01	0.00	0.00

Carol,
Smart move VIP! You can count on us to always give you the biggest bang for your buck with our VIP Best Price Guarantee! Visit roadrunnersports.com/vip

Items Shipped: 1
Customer #:
Order #:

CAROL GASKO
1012 3RD ST
SANTA MONICA, CA 90403

USPS PARCEL RTN SVC



PARCEL SELECT RTN SVC
NEWGISTICS, INC. PERMIT# 77000

RRS RETURNS
PARCEL RETURN SERVICE
BULK MAIL CENTER 56901



BMC ZIP - 569

NO POSTAGE
NECESSARY
IF MAILED IN THE
UNITED STATES

V39

Case 1:11-cr-10286-DPW Document 129-2 Filed 06/15/12 Page 14 of 18

07/06/11
22:07:46

ICMIPR01
Page 1

Title and Character of Case:

ORGANIZED CRIME DRUG INVESTIGATION

Date Property Acquired: Source from which Property Acquired:
07/06/2011 1012 3RD ST, APT 303

SANTA MONICA CA

Anticipated Disposition: Acquired By: Case Agent:
KOCH KRISTIN D TEAHAN RICHARD E

Description of Property: Date Entered
1B 162

ITEM 9: 1 ROADRUNNER SPORTS RECEIPT (ROOM L, ON SHELF)

Barcode: Location: 07/06/2011

Case Number:
Owning Office: LOS ANGELES

EVIDENCE

1B162


Kirk's
NATURAL, LLC

1820 Airport Exchange Blvd., Erlanger, KY 41018

Tel: [REDACTED] Fax: [REDACTED]

PACKING SLIP

1010198

INVOICE NUMBER:

INVOICE DATE:

Oct 12, 2010

PAGE:

1.

BILL TO:

SHIP TO:

CAROL GASKO
 1012 3RD ST
 APT 303
 SANTA MONICA, CA 90403

CAROL GASKO
 1012 3RD ST
 APT 303
 SANTA MONICA, CA 90403

CUST. ORDER ID

CUST. ORDER NO.

PAYMENT TERMS

GASKO, CAROL

CWO

Prepaid

SALES REP ID

SHIPPING METHOD

SHIP DATE

DUE DATE

UPS GROUND

10/12/10

10/12/10

QUANTITY	UOM	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
----------	-----	-------------	-------------	------------	-----------

1.00 CAS 14900

KIRK'S COCO CASTILE SOAP
 48'S - FRAGRANCE FREE

PAID IN FULL. THANK YOU

BALANCE

64.55


Kirk's
NATURAL, LLC

1820 Airport Exchange Blvd., Erlanger, KY 41018

Tel: [REDACTED] Fax: [REDACTED]

INVOICE

INVOICE NUMBER:

1010198

INVOICE DATE:

Oct 12, 2010

PAGE:

1

BILL TO:

CAROL GASKO
 1012 3RD ST
 APT 303
 SANTA MONICA, CA 90403

SHIP TO:

CAROL GASKO
 1012 3RD ST
 APT 303
 SANTA MONICA, CA 90403

CUSTOMER ID:

CUSTOMER PO:

PAYMENT TERMS:

GASKO, CAROL

CWO

Prepaid

SALES REP ID:

SHIPPING METHOD:

SHIP DATE:

DEL DATE:

UPS GROUND

10/12/10

10/12/10

QUANTITY	CODE	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1.00	CAS	14900	KIRK'S COCO CASTILE SOAP 48'S - FRAGRANCE FREE	57.60	57.60

PAID IN FULL. THANK YOU

SUBTOTAL 57.60

SALES TAX

FREIGHT 6.95

INVOICE TOTAL 64.55

PAYMENT/CREDIT

BALANCE 64.55

KIRK'S NATURAL LLC
1820 AIRPORT EXCHANGE BLVD.
ERLANGER, KY 41018

PHONE: [REDACTED]

EMAIL: [REDACTED]

FAX: [REDACTED]

Prices effective August 1, 2009

www.kirksnatural.com

BAR SOAPS	48 Bars/Case	24 Bars/Case	12 Bars	Quantity Ordered	Order \$
KIRK'S COCO CASTILE SOAP					
ORIGINAL - 4 oz Bar	\$57.60	\$32.16	\$19.68		\$
FRAGRANCE FREE - 4 oz Bar	\$57.60	\$32.16	\$19.68		\$
KIRK'S PREMIUM TRANSPARENT GLYCERIN SOAP					
Deodorant Bar - 4 oz Bar		\$53.52	\$27.36		\$
Moisturizing Bar - 4 oz Bar		\$53.52	\$27.36		\$
Sensitive Skin - 4 oz Bar		\$53.52	\$27.36		\$
<i>Mix and Match any 3 Transparent Glycerin bars for only \$6.99</i>					\$
LIQUIDS	12 Bottles/Case	6 Bottles	2 Bottles		
KIRK'S LIQUID SOAP w/PUMP - 16 oz	\$69.00	\$37.74	\$14.60		\$
KIRK'S BODY WASH - 16 oz					
Classic Clean (Original)	\$69.00	\$37.74			\$
* New * Grapefruit Ginger	\$69.00	\$37.74			\$
* New * Mint Rosemary	\$69.00	\$37.74			\$
<i>Introductory Offer - Mix and Match any 2 Body washes for only</i>			\$13.98		\$
KIRK'S SHAMPOO - 16 oz	\$46.44	\$29.40	\$12.58		\$
KIRK'S CONDITIONER - 16 oz	\$46.44	\$29.40	\$12.58		\$
SHAMPOO & CONDITIONER SET				1 Set \$11.98	\$
Kirk's T-Shirt - 100% Cotton	Available in White Only				
Large				\$5.99	\$
X-Large				\$5.99	\$
Kirk's Gift Tote Bag				\$41.49	\$
\$15.00 Minimum Order					
Subtotal					\$
Shipping & Handling					6.95
Each additional case add \$2.99					\$
Kentucky Residents And/Or Shipping Address >>> Add 6% Sales Tax					\$
ORDER TOTAL					\$

Method of Payment: Check () Money Order () Payable to: Kirk's Natural LLC

Credit Card: MasterCard() VISA() Card # _____

Expiration Date: Month ____ Year ____ Last 3 Digit # from back of card ____

SHIP TO: (within the Continental USA via UPS - NO ADDITIONAL SHIPPING CHARGE)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE (DAYTIME): _____

E MAIL ADDRESS: _____

Please

Print

051509

07/06/11
22:07:41

ICMIPR01
Page 1

Title and Character of Case:

ORGANIZED CRIME DRUG INVESTIGATION

Date Property Acquired: Source from which Property Acquired:
07/06/2011 1012 3RD ST, APT 303

SANTA MONICA CA

Anticipated Disposition: Acquired By: Case Agent:
KOCH KRISTIN D TEAHAN RICHARD E

Description of Property: Date Entered
1B 161

ITEM 7: 1 PIECE OF PACKING SLIP (ROOM K, ON FLOOR)

Barcode: Location: 07/06/2011

Case Number:
Owning Office: LOS ANGELES

EVIDENCE

10111