UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA
NORTHEASTERN DIVISION

UNITED STATES OF AMERICA	**)**	
	)	**Case No.**
	)	
v.	**)**	**21 U.S.C. §§ 841(a)(1) and (b)(1)(C)**
	)	**18 U.S.C. § 1349**
SHELINDER AGGARWAL	**)**	**18 U.S.C. § 853**
aka SHAUN AGGARWAL	**)**	**18 U.S.C. § 982(a)(7)**

INFORMATION

THE UNITED STATES ATTORNEY CHARGES:

At all times relevant to this Information:

GENERAL ALLEGATIONS

THE DEFENDANT

1. Defendant **SHELINDER AGGARWAL aka SHAUN AGGARWAL ("AGGARWAL")** was a doctor of pain management, a medical specialty that focuses on the evaluation, treatment, and prevention of pain.

2. **AGGARWAL** operated a medical business known as "Chronic Pain Care Services, Inc." ("CPCS"), located at 808 Turner Street SW, Huntsville, Alabama, 35801. At CPCS, **AGGARWAL** provided pain management services to patients, including by prescribing controlled substances and performing urine drug tests.

3. **AGGARWAL** was licensed by the Alabama Board of Medical Examiners ("ABME") to practice medicine in the state of Alabama, and was authorized by the ABME and Drug Enforcement Administration ("DEA") to prescribe controlled substances. On or about March 20, 2013, the ABME suspended **AGGARWAL's** license to practice medicine because it posed an "imminent danger to the public health or safety." On or about April 15, 2013, **AGGARWAL** voluntarily surrendered his DEA certificate to prescribe controlled substances. On or about July 17, 2013, the ABME accepted **AGGARWAL's** voluntary surrender of his certificate to prescribe controlled substances and his license to practice medicine in the state of Alabama, both of which he surrendered while under investigation.

HEALTH CARE BENEFIT PROGRAMS

4. **AGGARWAL** was also a provider under the Medicare Program and Blue Cross Blue Shield of Alabama insurance coverage programs.

A. The Medicare Program

5. The Medicare Program ("Medicare") was a federal health care program providing benefits to persons who are over the age of 65 or disabled. Medicare was a "health care benefit program" as defined by Title 18, United States Code, Section 24(b). Individuals who received benefits under Medicare were referred to as Medicare "beneficiaries."

6. Medicare covered benefits for, among other things, doctor and laboratory services, such as urine drug tests.

7. Medicare was administered by the United States Department of Health and Human Services ("HHS") through its agency, the Centers for Medicare & Medicaid Services ("CMS").

8. In Alabama, CMS contracted with Cahaba Government Benefits Administrators ("Cahaba GBA") to receive, adjudicate, process and pay Medicare claims submitted to it for certain items and services, including those relating to laboratory services, including urine drug tests.

9. **AGGARWAL** enrolled as a Medicare provider on or about May 4, 2006, and was assigned a provider number, referred to as an NPI, which was to be used in submitting claims for payment.

10. By becoming a participating provider in Medicare, enrolled providers, including **AGGARWAL**, agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers, including **AGGARWAL**, were required to abide by all the provisions of the Social Security Act, the regulations promulgated under the Act, and the applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors. Health care providers, including **AGGARWAL**,

were given and provided with online access to Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations.

11. Health care providers, including **AGGARWAL**, could only submit claims to Medicare for medical services that were reasonable and medically necessary. In addition, the Medicare Claims Processing Manual stated that a provider could not impose any limitations with respect to care and treatment of Medicare beneficiaries that it did not impose on all other persons seeking treatment. *See* Medicare Claims Processing Manual, Chapter 1, General Billing Requirements § 30.1.3.

B. Blue Cross Blue Shield of Alabama ("BCBSAL")

12. Blue Cross Blue Shield of Alabama ("BCBSAL") was a private insurance company providing medical insurance in the state of Alabama. BCBSAL was a "health care benefit program" as defined by Title 18, United States Code, Section 24(b). Individuals who received benefits under BCBSAL were referred to as BCBSAL "members."

13. BCBSAL insurance covered benefits for doctor visits and services such as laboratory services, including urine drug tests.

14. To provide and bill for laboratory services, **AGGARWAL** entered into a Preferred Physician Laboratory Agreement with BCBSAL on or about August 14, 2008. Pursuant to that agreement, **AGGARWAL** agreed to provide only those

laboratory services that were medically necessary, meaning that they were, among other things, appropriate and necessary for the symptoms, diagnosis, or treatment of the member's medical condition, provided for the diagnosis or direct care and treatment of the member's medical condition, and within the standards of good medical practice accepted by the organized medical community. He further agreed to provide these services to each BCBSAL member in the same manner and in accordance with the same standards as for his other patients.

C. Billing Procedures

15. Payments under Medicare and BCBSAL were often made directly to a provider of the goods or services, rather than to a Medicare beneficiary or BCBSAL member. This occurred when the provider submitted the claim to Medicare and BCBSAL for payment, either directly or through a billing company.

16. To submit a claim, providers submitted a claim form, often electronically, that was required to set forth information such as the beneficiary and/or member's name, the date the services were provided, the cost of the services, and the name and identifying information (*e.g.*, NPI) of the physician or other health care provider who ordered the services.

CONTROLLED SUBSTANCES

17. Like many pain management doctors, **AGGARWAL** had a DEA Registration Number, which authorized him to prescribe controlled substances in Schedules II through V.

18. The Controlled Substances Act ("CSA"), Title 21, United States Code, Section 801, *et seq.*, and its implementing regulations set forth which drugs and other substances are defined by law as "controlled substances." Those controlled substances are then assigned to one of five schedules – Schedule I, II, III, IV, or V – depending on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision. A substance listed on Schedule I has a higher abuse potential than a substance on Schedule II. The abuse potential decreases as the Schedule numbers increase.

a. Schedule I drugs or substances have no currently accepted medical use and having a high potential for abuse. They are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence. Schedule I drugs cannot legally be prescribed. Examples are heroin and ecstasy.

b. Schedule II drugs or substances have some accepted medical use, but with severe restrictions, and have a high potential for abuse, with

use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous, and abuse can lead to addiction, overdose, and sometimes death. Examples are oxycodone, methadone and cocaine.

c. Schedule III drugs or substances have a moderate to low potential for physical and psychological dependence, less than Schedule II drugs and more than Schedule IV. An example is ketamine.

d. Schedule IV drugs or substances have a low potential for abuse and low risk of dependence. Examples are Xanax and Soma.

e. Schedule V drugs or substances have a lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. An example is Lyrica.

19. Title 21, Code of Federal Regulations, Section 1306.04(a) states that a valid prescription for a controlled substance must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. A prescription not issued in the usual course of professional practice, or in legitimate and authorized research, is not a prescription within the meaning and intent of Section 309 of the CSA (21 U.S.C. § 829), and the person knowingly issuing it shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

PAIN MANAGEMENT

A. Excessive Prescribing of Pain Medications (Controlled Substances)

20. The discipline of pain management is a recognized medical sub-specialty practiced by physicians in the United States. Legitimate pain management physicians have specialized knowledge, education, training, and experience, and utilize a multi-disciplinary approach.

21. Despite some aspects of legitimate medical practice at CPCS, **AGGARWAL** ran what was, in essence, a "pill mill," *i.e.*, an operation in which he prescribed controlled substances without a legitimate medical purpose.

22. The Prescription Drug Monitoring Program (PDMP) for Alabama is a program developed to protect individuals by preventing the diversion, abuse, and misuse of medications classified as controlled substances under the Alabama Uniform Controlled Substances Act. *See* Ala. Code § 20-2-210. Anyone in Alabama who dispenses a Schedule II, III, IV, or V controlled substances is required, by law, to report the dispensing of these drugs to the database. *See* Ala. Code § 20-2-213(a), (b)(3).

23. The PDMP shows that in a one-year period, between on or about January 1, 2012 and on or about December 31, 2012, Alabama pharmacies filled approximately 110,013 prescriptions for controlled substances prescribed by **AGGARWAL**. If he worked 260 days (the average number of working days in a

year) during 2012, **AGGARWAL** would have been writing approximately 423 prescriptions a day in order to reach 110,013. Patients received prescriptions either during office visits with **AGGARWAL**, or monthly refill pickups when patients did not see **AGGARWAL**. Assuming his office was issuing prescriptions 260 days a year and patients received three prescriptions per patient, approximately 144 patients a day would have received prescriptions. Those prescriptions resulted in approximately 12,313,984 pills of Schedule II through IV controlled substances being dispensed to his patients during the same time period.

24. The PDMP further reflects that in that same one-year period, between on or about January 1, 2012 and on or about December 31, 2012, **AGGARWAL** was the highest prescriber of controlled substances filled in the State of Alabama. The next highest prescriber wrote approximately a third as many prescriptions.

25. Further, Medicare data shows that in the same period, between on or about January 1, 2012 and on or about December 31, 2012, **AGGARWAL** was the highest prescriber of Schedule II controlled substances under Medicare in the entire United States.

26. **AGGARWAL** regularly wrote multiple prescriptions for high doses of Schedule II, III and IV controlled substances, including, but not limited to those listed below. Some of these prescriptions were diverted and/or abused by drug traffickers and addicts.

a. **Oxycodone**: The generic name for a highly addictive prescription analgesic. The use of oxycodone in any form can lead to physical and/or psychological dependence, and abuse of the drug may result in addiction. It is classified as a Schedule II controlled substance, and is sold generically or under a variety of brand names, including OxyContin and Roxicodone.

b. **Oxymorphone**: The generic name for a highly addictive prescription analgesic. The use of oxymorphone in any form can lead to physical and/or psychological dependence, and abuse of this drug may result in addiction. It is classified as a Schedule II controlled substance, and is sold generically or under a variety of brand names, including Opana.

c. **Hydromorphone**: The generic name for a highly addictive prescription analgesic. The use of hydromorphone in any form can lead to physical and/or psychological dependence, and abuse of this drug may result in addiction. It is classified as a Schedule II controlled substance, and is sold generically or under a variety of brand names, including Exalgo and Dilaudid.

d. **Methadone**: The generic name for a highly addictive prescription opioid analgesic. The use of methadone in any form can lead to

physical and/or psychological dependence, and abuse of this drug may result in addiction. It is classified as a Schedule II controlled substance, and is sold generically or under the brand name Dolophine.

e. **Morphine**: The generic name for a highly addictive prescription analgesic. The use of morphine in any form can lead to physical and or psychological dependence, and abuse of this drug may result in addiction. It is classified as a Schedule II controlled substance. It is sold generically or under a variety of brand names, including MsContin and Kadian.

f. **Hydrocodone**: The generic name for a highly addictive prescription analgesic. The use of hydrocodone in any form can lead to physical and/or psychological dependence, and abuse of this drug may result in addiction. As of October 6, 2014, hydrocodone was classified as a Schedule II controlled substance. Prior to this date, it was classified a Schedule III controlled substance. It is sold generically or under a variety of brand names, including Lortab, Norco, Zohydro, and Vicodin.

g. **Benzodiazepines**: The generic name for an addictive class of psychoactive drugs that are used to treat a variety of medical issues,

including depression, panic disorders, anxiety disorders, and insomnia, among others. The use of benzodiazepines can lead to physical and/or psychological dependence, and abuse of these drugs may result in addiction. The benzodiazepine class of drugs is classified as Schedule IV controlled substances. Common brand names of benzodiazepines include Xanax (generic: alprazolam); Valium (generic: diazepam), and Klonopin (generic: clonazepam), among many others.

h. **Carisoprodol**: The generic name for a centrally acting skeletal muscle relaxant. Carisoprodol is classified as a Schedule IV controlled substance. It is sold generically or under the brand name Soma.

27. In addition, **AGGARWAL** often prescribed to patients known dangerous combinations of opioids (*e.g.*, oxycodone, methadone) and benzodiazepines (*e.g.*, Xanax).

28. Multiple aspects of **AGGARWAL's** practice further point to the operation of a pill mill.

a. In 2012, approximately 80 to 145 patients a day were seen in **AGGARWAL**'s office. (**AGGARWAL** was the sole physician at CPCS, was responsible for the plan of care of all patients, and saw

the majority of the patients. A nurse practitioner saw a minority of the patients, who also received prescriptions written by **AGGARWAL**. **AGGARWAL** also hired a certified medical assistant who sometimes met with patients before Aggarwal saw them.) Many of **AGGARWAL's** patients were part of a "VIP" program whereby patients paid $500 to $600 a year to obtain same day appointments if they failed to show up for, or did not have a scheduled appointment.

b. A patient's initial visit consisted of a cursory interview and superficial physical exam and no testing other than a urine drug test. Initial visits typically lasted five minutes or less. A patient's follow-up visit consisted of limited conversation and no physical exam or testing other than a urine drug test, and typically lasted two minutes or less.

c. **AGGARWAL** documented patient examinations that were not conducted.

d. **AGGARWAL** did not obtain medical records from patients' other medical providers and relied simply on what patients told him about their medical histories and physical conditions.

e. **AGGARWAL** did not treat patients with anything other than controlled substances. For instance, he did not refer patients for physical therapy or pursue other therapies.

f. **AGGARWAL** often asked patients what medications they wanted, and wrote prescriptions for the requested controlled substances.

g. **AGGARWAL** prescribed controlled substances to patients who admitted to using illegal drugs, as well as patients whose urine drug tests showed the presence of illegal drugs and the absence of prescribed drugs.

h. **AGGARWAL** did not take appropriate measures to ensure that patients did not divert or abuse controlled substances. For instance, he did not require patients to undergo random urine drug tests (patients instead underwent scheduled tests); as set out below, did not utilize the results of tests in patients' treatment; and did not routinely review patients' prescription history in the PDMP to ensure they were not diverting or abusing controlled substances. Further, **AGGARWAL** did not change CPCS procedures even when he learned that patients overdosed, patients attempted to falsify the results of urine tests, patients' family members complained that patients were abusing controlled substances, and

patients engaged in illegal drug transactions in the CPCS parking lot.

i. Patients at CPCS had multiple indicators and "red flags" to indicate that they were seeking drugs for diversion or abuse purposes, which **AGGARWAL** ignored. In addition to those referenced above – aberrant urine drug test results and admitted abuse of controlled substances – they included many of his patients travelling from far distances to see him, being members of the same family, being young, being unemployed, and paying for his services in cash.

B. Unreasonable and Unnecessary Urine Drug Screens

29. Part of the practice of pain management involves the testing of patients' urine to monitor whether patients are taking prescribed drugs or taking or abusing drugs not prescribed, including illicit controlled substances.

30. Urine drug testing (UDT) typically refers to a two-step process involving (a) screening, often referred to as urine drug screens ("UDS"), and typically performed using an "immunoassay" method; and (b) confirmation, performed using chromatographic and mass spectrometric methods. Immunoassay testing detects the presence or absence of a drug or drug class according to a predetermined cutoff threshold. The advantages of immunoassays are their ability to concurrently test for multiple drug classes, provide rapid results and guide

appropriate utilization of confirmatory testing. However, immunoassays are susceptible to false positives and false negatives. Thus, unexpected immunoassay results should be interpreted with caution and verified by confirmatory testing. Laboratory-based confirmation uses gas chromatography/mass spectrometry or liquid chromatography/tandem mass spectrometry (GC/MS or LC/MS/MS) to identify a drug or confirm an immunoassay result.

31. **AGGARWAL** required all of his insured patient to undergo two different expensive automated urine drug tests at every appointment, both performed at CPCS using the immunoassay method, which was performed with a laboratory machine, referred to as a chemistry analyzer. Uninsured patients were treated also using immunoassay methodologies, but with a dip-stick type drug test called a "point of care" or "quick cup" test.

32. Medicare and BCBSAL reimburse providers for testing conducted on a chemistry or other automated analyzer at a much higher rate than testing with the "point of care" or "quick cup" tests. The amounts that **AGGARWAL** billed and was paid by Medicare and BCBSAL in 2011 through 2013 fluctuated. However, during that time period, for the first automated test, **AGGARWAL** sometimes would (a) bill BCBSAL up to approximately $500, and be paid up to approximately $220; and (b) bill Medicare up to approximately $400, and be paid up to approximately $200. For the second automated test, **AGGARWAL** sometimes

would (a) bill BCBSAL up to approximately $550, and be paid up to approximately $330; and (b) bill Medicare up to approximately $600, and be paid up to approximately $300. BCBSAL and Medicare reimbursement rates for the "point of care" or "quick cup" tests were approximately $20 each.

33. **AGGARWAL** required patients to undergo urine drug tests that were unreasonable and unnecessary insofar as they were (a) not tied to treatment of his patients, and (b) not used in treatment of his patients. Rather, **AGGARWAL's** primary reason for testing patients' urine specimens, and submitting those claims for payment, was financial gain. Between on or about January 1, 2011 and on or about March 31, 2013, testing for urine drug tests accounted for approximately 80% of paid claims submitted by **AGGARWAL** to Medicare and BCBSAL.

34. The urine drug tests **AGGARWAL** ordered and for which he submitted claims to Medicare and BCBSAL were not tied to and not used in patient treatment.

35. *First*, the type of urine drug test **AGGARWAL** ordered depended on how much he could bill for it, and had no connection to the particulars of the patient's treatment. **AGGARWAL's** insured patients were tested using the higher billing immunoassay method/chemistry analyzer. Uninsured patients were tested with the cheaper "point of care" or "quick cup" tests. Insured patients were not given the option of taking the "point of care" or "quick cup" tests, and uninsured patients were not given the option of taking the chemistry analyzer tests.

36. *Second*, the frequency with which patients received urine drug tests depended on whether **AGGARWAL** could directly bill for the tests. Until he began directly billing for tests conducted on the chemistry analyzers, **AGGARWAL** conducted urine drug tests on a randomized basis. Randomized testing is generally accepted pain management practice and is important because it provides as little advance notice as possible to patients who might desire to falsify test results in order to conceal their diversion or abuse of controlled substances. On or about January 1, 2011, and on or about September 1, 2011, respectively, **AGGARWAL** purchased two chemistry analyzers. Having put himself in a position to directly bill Medicare and BCBSAL for urine drug tests using higher paying billing codes, **AGGARWAL** began ordering each insured patients' urine to be tested at every scheduled patient visit, as well as certain refill pick-ups.

37. *Third*, **AGGARWAL** tested insured patients' urine regardless of patient history, test results, and need. CPCS staff were under standing orders to test the urine specimens of insured patients twice using the immunoassay method/chemistry analyzers. Both tests were conducted regardless of a patient's profile and medical history. The second test, the purpose of which was ostensibly to provide more precise information regarding the level of a drug in a patient's system, was conducted even if the results of the first test showed that the drug in question was absent from the patient's system. Further, to the extent the results of

the second automated test were more precise than the first automated test, the first test was unnecessary for treatment of his patients.

38. *Fourth*, notwithstanding that one of the reasons to conduct initial urine drug tests, typically referred to as screens, is to obtain rapid results to inform the decision as to whether to provide patients with controlled substance prescriptions, at CPCS, for insured patients, those initial tests were often run after the patients received their prescriptions.

39. *Fifth*, **AGGARWAL** did not review the results of all urine drug tests. Rather, he delegated that duty to an unlicensed and untrained staff member who **AGGARWAL** had instructed to initial the results using **AGGARWAL's** initials.

40. *Sixth*, **AGGARWAL** often ignored aberrant urine drug tests, *i.e.*, test results showing that a patient tested positive for illicit or non-prescribed drugs, or tested negative for prescribed drugs. For instance, patients with illegal drugs in their system were not referred to drug counseling or addiction treatment, even after multiple aberrant results. In some instances, such patients' dosages were increased.

COUNT ONE

Distribution of drugs without a legitimate medical purpose
(21 U.S.C. §§ 841(a)(1) and (b)(1)(C))

41. Paragraphs 1 through 3, and 17 through 28 of the General Allegations set forth above are realleged and incorporated by reference as though fully set forth herein.

42. On or about July 9, 2012, in Madison County, within the Northern District of Alabama and elsewhere, the defendant,

SHELINDER AGGARWAL
aka Shaun Aggarwal

did knowingly, intentionally, and unlawfully distribute and dispense methadone, a Schedule II controlled substance outside the scope of professional practice and not for a legitimate medical purpose, to a patient with the initials J.M., in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(C).

COUNT TWO

Health Care Fraud Scheme
(18 U.S.C. § 1349)

43. Paragraphs 1 through 40 of the General Allegations set forth above are realleged and incorporated by reference as though fully set forth herein.

44. Beginning on or about January 1, 2011 and continuing through on or about March 31, 2013, in Madison County, in the Northern District of Alabama, and elsewhere, the defendant,

SHELINDER AGGARWAL
aka Shaun Aggarwal

did knowingly and willfully conspire with others known and unknown to the United States, to knowingly and willfully execute a scheme and artifice to defraud Medicare and BCBSAL, health care benefit programs as defined by Title 18, United States Code Section 24(b), using materially false and fraudulent pretenses, representations, and promises, in connection with the delivery and payment for health care benefits, items and services, in violation of Title 18, United States Code, Section 1347.

45. It was the purpose and object of the conspiracy to unlawfully enrich **AGGARWAL** and others known and unknown to the United States, by submitting false and fraudulent claims to Medicare and BCBSAL, for urine drug tests that were unreasonable and unnecessary, insofar as they were, as set out in paragraphs 29 through 40 of this Information, not tied to or used in, the treatment of patients.

46. The manner and means by which **AGGARWAL** and others, known and unknown to the United States, sought to accomplish the purpose and object of the conspiracy, are set out in paragraphs 29 through 40 of this Information. Paragraphs 34 through 40 are hereby incorporated by reference as though fully set forth herein, with the words, "It was a further part of the conspiracy" at the start of each paragraph.

47. **AGGARWAL** knew the unlawful purpose of the plan and willfully joined in it.

In violation of Title 18, United States Code, Section 1349.

NOTICE OF FORFEITURE
(21 U.S.C. § 853)

48. All of the allegations set forth in paragraphs 1 through 47 are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to Title 21, United States Code, Section 853.

49. Pursuant to Title 21, United States Code, Section 853, upon conviction of an offense in violation of Title 21, United States Code, Section 841, as alleged in Count One of this Information, the defendant, shall forfeit to the United States of America any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of such offense and any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, the offense. The property to be forfeited includes, but is not limited to, the following:

Real property located at 808 Turner Street SW, Huntsville, AL 35801, held in the name of A & B Properties, LLC.

50. If any of the property described above, as a result of any act or omission of the defendant:

a. cannot be located upon the exercise of due diligence;

b. has been transferred or 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 which cannot be divided without difficulty,

the United States of America shall be entitled to forfeiture of substitute property pursuant to Title 21, United States Code, Section 853(p).

All pursuant to 21 U.S.C. § 853.

NOTICE OF FORFEITURE
(18 U.S.C. § 982(a)(7))

51. All of the allegations set forth in paragraphs 1 through 47 are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to Title 18, United States Code, Section 982(a)(7).

52. Upon conviction of a violation of Title 18, United States Code, Section 1349, as alleged in Count Two of this Information, the defendant shall forfeit to the United States of America, pursuant to Title 18, United States Code, Section

982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

53. The property to be forfeited includes, but is not limited to, the following:

a. A forfeiture money judgment of at least $6,684,120.30.

b. Amounts of $1,781,158.40 and $26,056.12, the contents of a BBVA Compass Bank account number ending in *7422, in the name of Anju Giroti, currently in the government's possession.

c. The contents of a BBVA Compass Investment Solutions account ending in ****2964, in the name of Anju Giroti (valued, as of September 21, 2016, at approximately $1,341,341.78).

d. An amount of $1,098,322.79, from a Vanguard Group, Inc. investment account ending in ****0651, in the name of Anju Giroti, currently in the government's possession.

e. An amount of $674,052, obtained from **AGGARWAL** on or about July 21, 2016, currently in the government's possession.

f. A check for the remainder of the forfeiture money judgment due, in an amount that the Parties estimate will be $1,763,189.21, made out from the defendant to the United States Marshals Service, and to be

delivered to the government prior to the formal entry of a plea of guilty.

54. If any of the property described above, as a result of any act or omission of the defendant:

a. cannot be located upon the exercise of due diligence;

b. has been transferred or 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 which cannot be divided without difficulty,

the United States of America shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1) and Title 28 United States Code, Section 2461(c).

All pursuant to 18 U.S.C. § 982(a)(7) and 28 U.S.C. § 2461(c).

Such property includes, but is not limited to, the following:

- Real property located in Leesburg, AL 35983, held in the name of A and B2 Properties, LLC;
- Real property located in Trafford, AL 35172, held in the name of A and B2 Properties, LLC;

- Real property located in Magnolia Springs, AL 36555, held in the name of A and B2 Properties, LLC;
- Real property located in Huntsville, AL 35803, held in the name of A and B2 Properties, LLC;
- Real property located in Huntsville, AL 35801, held in the name of Shelinder Aggarwal and Anju Giroti Aggarwal;
- Real property located in Gulf Shores, AL 36542, held in the name of A and B2 Properties, LLC;
- Real property located in Northport, AL 35473, held in the name of A and B2 Properties, LLC.

JOYCE WHITE VANCE
United States Attorney

/s/_____
CHINELO DIKÉ-MINOR
Assistant United States Attorney

/s/_____
RUSSELL PENFIELD
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/s/_____
THOMAS BORTON
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