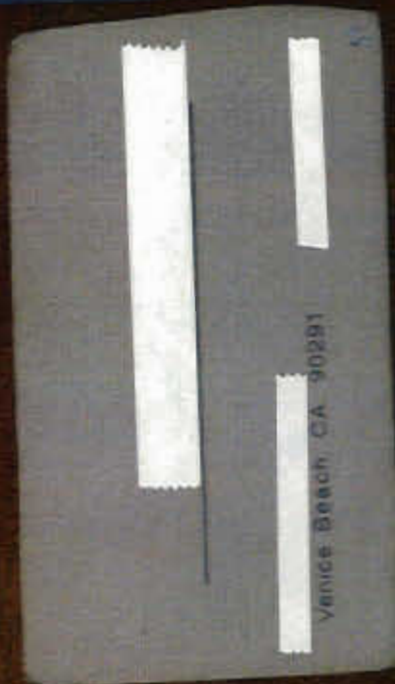
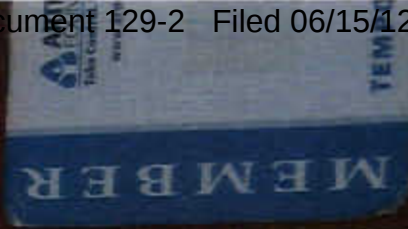
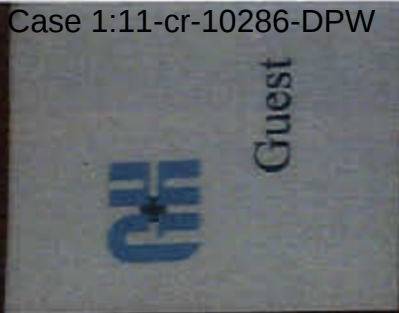


# **Exhibit 11**

Redacted

# **Exhibit 12**





74



Guest

ORDER ONLINE to [www.unitedtaxi.com](http://www.unitedtaxi.com)  
At Your Door In 5-10 min

**United Taxi**  
HOLLYWOOD

**LOS ANGELES** (323) 653-5050 (800) 822-TAXI (8294)  
**SOUTH BAY** (310) 414-0414 (310) 821-1000  
**WEST LOS ANGELES** (310) 414-0414  
**ANTERDORF VALLEY** (888) 804-TAXI (8294) (800) 290-9600  
**SAN FRANCISCO VALLEY** (415) 780-4234



SINGER, FREDERICK R., M.D.  
SHEIC JWC  
Santa Monica, CA 90404  
310-582-7117 / FAX 310-449-5259  
ASSOCIATE / MEDICINE  
ENDOCRINOLOGY / INTERNAL  
MEDICINE  
UPPIN No. A21501

**MEMBER**

**ARTHRITIS**  
The National Arthritis Foundation  
www.arthritis.org

I support the  
search for a cure!

Carol Gasko  
0005-07207  
Southern California Chapter  
Valid thru 5/23

**TEMPORARY MEMBERSHIP CARD\***

**2010 Membership Card**

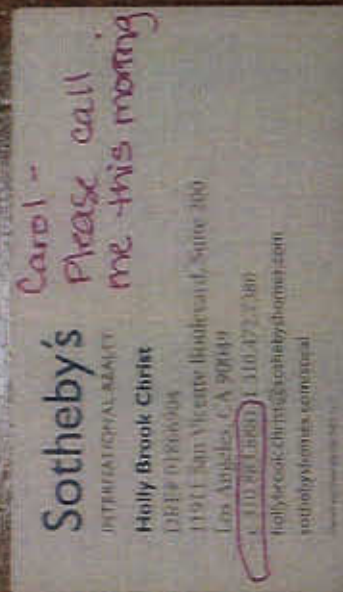
Center for Science  
in the Public Interest  
Nonprofit Publication of  
Nutrition Action Healthletter

Carol Gasko  
Member Since 2007 ID 7902 57046

**bluePlus**  
5003 150



47



# **Exhibit 13**



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

365  
31-52-141133

Los Angeles, CA

LOCAL SECRETARY

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

In the Matter of the  
Application of  
Barbara Lynn Weiss

vs.  
DECEASED CHANGING NAME

The petition of

for an order changing

name from Barbara

came on

regularly for hearing before this Court on

proof having been made 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

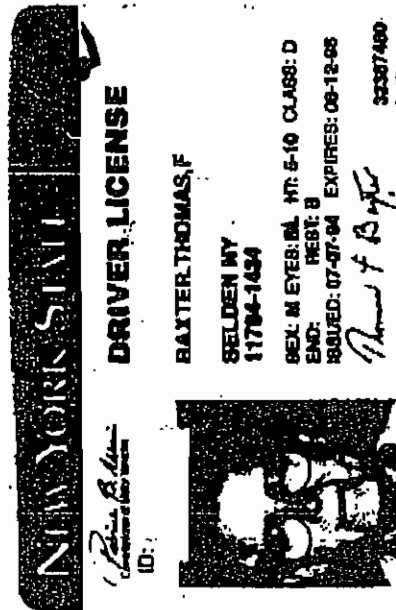
that the name of

has been changed to

DATED



# **Exhibit 14**



**Best Western**  
**MacArthur Hotel**  
1730 North Ocean Avenue  
Holmdel, New York 11742  
(516) 758-2900  
Fax (516) 758-2812

**C.I.A.**

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

1781023	9/30	10/7	385	1	N/D
Account Number	Arrival Date	Departure Date	Room No.	No. Rooms	Room Type
70-	2				
Daily Rate	# Guests	Advance Deposit			Package Plan

Name (Mr./Mrs./Miss)			
MR + MRS THOMAS BAXTER			
Street			
City			
SELDEN		State	Zip
		N.Y.	11784
Company/Title		Car Make	Model
		MERC	GR. MAR.
Form of Settlement		Lic. Plate #	
		B14-6YP	
		<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other
		<input checked="" type="checkbox"/> 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  
 Holtsville, New York 11742  
 (516) 758-2900  
 Fax (516) 758-2812

 1730 N. Ocean Avenue - Holtsville, NY 11742  
 (516) 758-2900 FAX: (516) 758-2812

 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	\$5.55

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

 (516) 758-2900  
Fax (516) 758-2612

(Exit 635)

 1730 N. Ocean Avenue - Holtville, NY 11742  
(516) 758-2900 FAX: (516) 758-2612

 BAXTER, THOMAS  
WALK-IN/ WEEKLY RATE

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

 SEIDEN, NY  
11784

Acct. No. 0178623 Room No. 349

#	Date	Description	Amount
19	10/05/95	LODGING TAX/349/20352/1/1	\$1.53
20	10/05/95	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 POLANDUE W/O/349/8483007/1/1	\$1.07CF
CND CLERK-NE 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 (504) 632-4747, home telephone number 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 . 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 Picciola Parkway, Cutoff, Louisiana 70345, telephone number (504) 632-2884 was negative for cross-referencing last names MARSHALL, BAXTER, HARRIS, BULGER OR GREIG against their computer data base.



# **Exhibit 16**

Issued by: <b>Amtrak</b> Acknowledges receipt of ticket(s) and agrees to accept billing to the credit card identified below.		Ticket Coupon: <b>01 of 01</b> Date of Issue: <b>17 JUL 96</b>		Place of Issue: <b>CHI</b>		Price: <b>1,690.12</b>	
Name of Passenger: <b>SHAFETON/MARK/CAROL</b>		Riding: <b>2</b>		Type: <b>2F</b>		Service: <b>DK</b>	
From: <b>CHICAGO, IL</b>		Train: <b>A3</b>		Date: <b>23 JUL 96</b>		Time: <b>0800P</b>	
To: <b>NEW YORK PENN, NY</b>		Not Valid Before / After: <b>48</b>		Space / Car: <b>08/4801</b>		Accept: <b>V</b>	
Endorsement / Restrictions:							
<div style="text-align: right;">XV282.00</div>							
Form Of Payment: <b>CR CASH</b>		Fare Plans: <b>CUFC</b>		Tkt Pts: <b>CU3S</b>			
Rail Fare: <b>\$282.00</b>		Pricing Pts: <b>CHI-NYP</b>					
Accom Charge: <b>\$249.00</b>		<b>79203498 3</b>		<b>1995775205642</b>			
Total Charges: <b>\$531.00</b>		NRPT 87		STOCK CONTROL NO.		TKT NO - DO NOT MARK OR STAMP IN WHITE AREA ABOVE	

.C04

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  
XHL 218A 14SEP  
\*\*\*\*\*  
051067 RR HL NONE CTC-P 115.00/  
-010 1/SHAD/HONGRONG  
3010 T SEG N 3 BASIS 1F  
\* ADBE RAIL FARE 63.00  
286 C BFX-NYP 835A FR 13SEP 445P 13SEP CB #T HK1  
3020 T SEG N 4 BASIS 1F  
\* BOBE RAIL FARE 52.00  
NO ACTIVE ITINERARY  
7010 TKT 2546221078736 SEG N3 CA \$63.00 \$63.00  
7020 TKT 2546221078744 SEG N4 CA \$52.00 \$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-BFX 720A WE 11SEP 308P 11SEP CA HK1  
\*\*\*\*\*  
091418 RR HL NONE CTC-P 543.00/  
-010 2/SHAPETON/MARK/CARDL  
1 49 C NYP-CHI 640P FR 13SEP 1230P 14SEP HA H 4900 #T HK1  
3010 T SEG N 1 BASIS 2F  
\* 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/CHARGE FEE-8525  
50040 RECAPED RESERVATION-8525  
7010 TKT 2538850202596 SEG N1 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

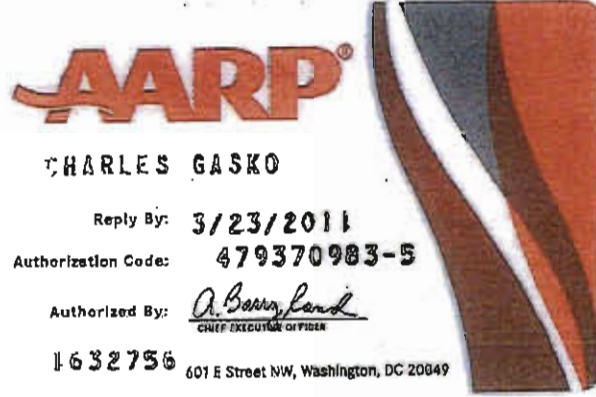
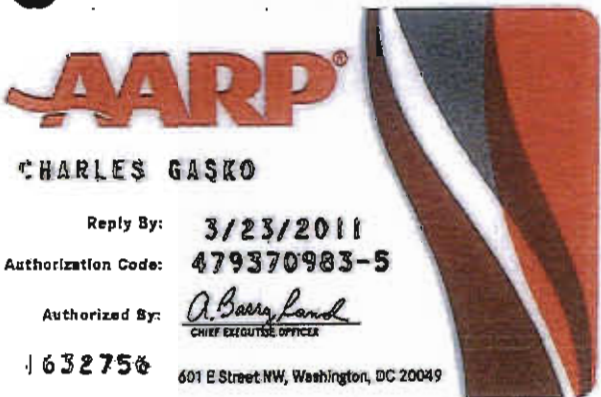
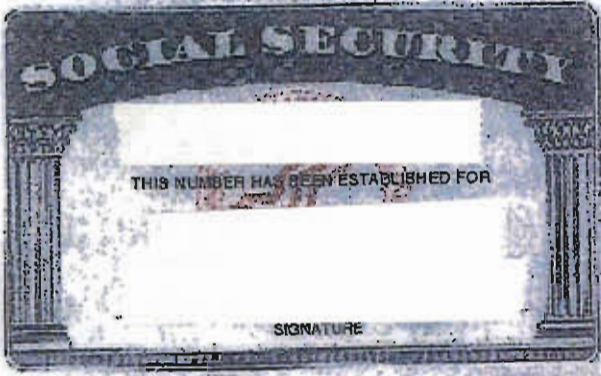
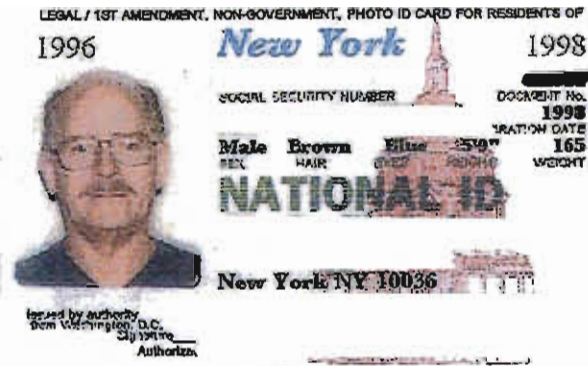
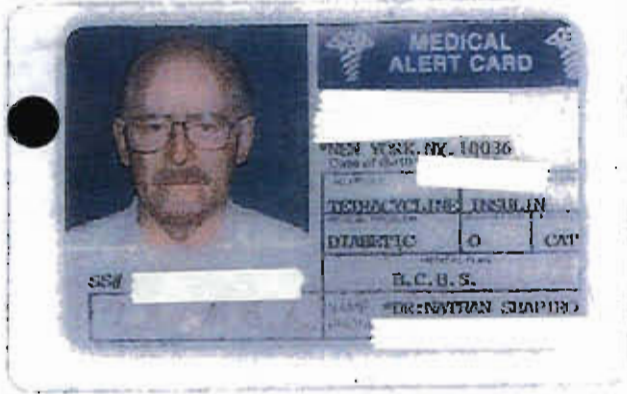
PAGE 32,723

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

\*\*\*\*\*  
237507 RR HL NONE CTC-P 106.00/  
-010 1/SHAPIRO/A  
1 118 N WAS-NYP 300P FR 13SEP 602P 13SEP CH #T HK1  
3010 T SEG N 1 BASIS 1F  
\* MOFH RAIL FARE 106.00  
NO ACTIVE ITINERARY  
7010 TKT 2375299099241 SEG N1 AX \$106.00 \$106.00  
9010 NONE  
PNR HISTORY WILL FOLLOW  
237507  
CTC-P  
5299 TC 918A 13SEP WAS  
XH 13SEP  
5299 TC 919A 13SEP WAS WJ03  
\*\*\*\*\*  
216334 RR HL 13SEP CTC-P 74.00/ 74.00  
-010 2/SHAPIRO/A  
NO ACTIVE ITINERARY  
7010 TKT 2375299099241 SEG N1 BASIS 2F



# **Exhibit 17**



LEGAL, HIGH SECURITY NATIONAL IDENTIFICATION CARD

CARD ACCEPTANCE: This card may not be accepted for the purpose of identification 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**  
**Citibank**  
**NAME OF MY BANK**  
**Movieplex 42**  
**NAME OF MY SCHOOL/EMPLOYER**  
**(212) 765-5878**  
**MY HOME TEL. NO.**

**No Data Given**  
**MY AUTOMAKER/YR/COLOR**  
**Visa**  
**MY CREDIT CARD**  
**Married**  
**MARITAL STATUS**  
**Manager**  
**MY PROFESSIONAL SKILL**



**ISSUED BY: BACKSTREET GIRLS**  
**681 3th Avenue, New York, New York, 10026**  
**O.C.E. on the front of government cards indicates DATE OF BIRTH**  
**Supply with Federal State & Local Govt. C.C. to the card owner**  
**Cardholder who is a foreigner date of entry into the country with that of**  
**by the government, or listed local and by other means by passport**  
**personal identification card on which both cards are 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 (1-68)

**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

212 997 9200  
REFERENCES

CARLOS CLEANING SERVICES

264 w46th St  
New York NY 10036

212 997 9200  
REFERENCES

CARLOS CLEANING SERVICES

264 w46th St  
New York NY 10036

212 997 9200  
REFERENCES

CARLOS CLEANING SERVICES

264 w46th St  
New York NY 10036

212 997 9200  
REFERENCES

# **Exhibit 18**



**RECEIPT** DATE 5-29-11 No. 018190

RECEIVED FROM C. GASKO \$ 1165.00 DOLLARS

☒ FOR RENT ☐ FOR \_\_\_\_\_

FROM 6-1-11 TO 6-30-11

BY [Signature]

ACCOUNT		<input type="radio"/> CASH
PAYMENT		<input checked="" type="radio"/> CHECK
BAL DUE		<input type="radio"/> MONEY ORDER
		<input type="radio"/> CREDIT CARD

**RECEIPT** DATE 4-24-11 No. 018145

RECEIVED FROM Carol Gasko \$ 1165.00 DOLLARS

☒ FOR RENT ☐ FOR \_\_\_\_\_

FROM 5-01-11 TO 5-31-11

BY [Signature]

ACCOUNT		<input type="radio"/> CASH
PAYMENT		<input checked="" type="radio"/> CHECK
BAL DUE		<input type="radio"/> MONEY ORDER
		<input type="radio"/> CREDIT CARD

**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 <sup>1</sup>	\$ 2.40	
• 4c.	Unified Schools Bond <sup>1</sup>	\$ 2.26	
• 4d.	Stormwater Management User Fee <sup>2</sup>	\$ 0.50	
• 4e.	Clean Beaches & Ocean Parcel Tax <sup>3</sup>	\$ 1.21	
• 4f.	School District Parcel Tax <sup>4</sup>	\$ 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: Michele Nasatir M Nasatir  
 owner/agent name printed signature of owner/agent  
 Management Office  
 721 Santa Monica Blvd  
 Santa Monica, CA address of owner/agent  
 90402

<sup>1</sup> 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.  
<sup>2</sup> 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.  
<sup>3</sup> 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.  
<sup>4</sup> \$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 1 (213) 974-2111 OR 1 (888) 807-2111, ON THE WEB AT [www.lacountypropertytax.com](http://www.lacountypropertytax.com)

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

AGENCY AGENCY PHONE NO. RATE AMOUNT

GENERAL TAX LEVY  
ALL AGENCIES

1.000000 \$

## VOTED INDEBTEDNESS

CITY SANTA MONICA

.011904 \$

METRO WATER DIST

.004300

COMMUNITY COLLEGE

.050292

UNIFIED SCHOOLS

.047428

807.23  
761.26

## DIRECT ASSESSMENTS

HEALTH LIC FEES (626) 430-5350 \$

SM STRMH2O FEE (310) 458-8223

SM CLN BEACH TAX (310) 458-8223

FLOOD CONTROL (626) 458-5165

COUNTY PARK DIST (213) 738-2983

SMMUSD-MEAS-R (310) 450-8338

TRAUMA/EMERG SRV (866) 587-2862

LA WEST MOSQ AB (310) 915-7370

166.42  
406.17

346.00

## 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) 473-0835  
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 MONICA

SANTA MONICA LOTS C AND

LOT D BLK 74

## 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

## ASSESSOR'S REGIONAL OFFICE

REGION #07 INDEX: 62000030 TRA: 08004

WEST DISTRICT OFFICE

6120 BRISTOL PARKWAY

CULVER CITY CA 90230

(310) 665-5300

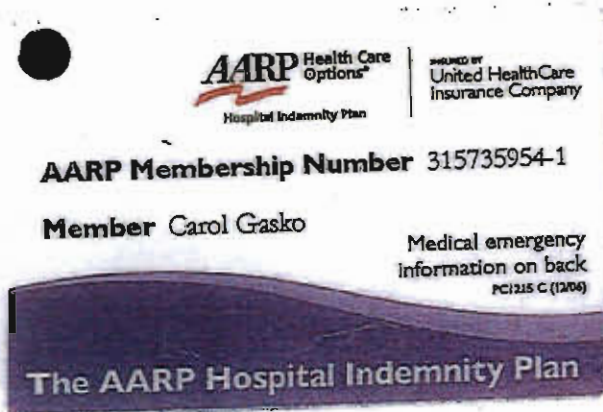
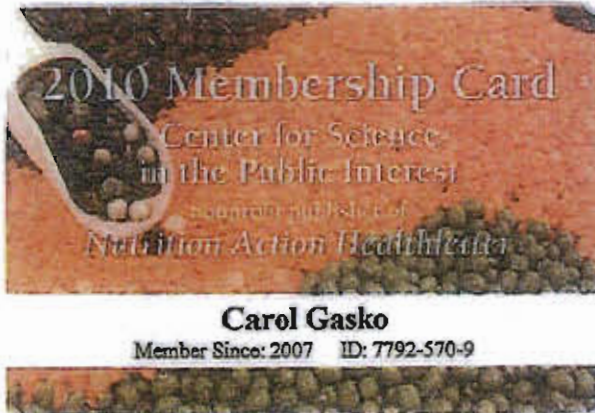
ACCT. NO.:

PRINT NO.: 130808 BILL NO.:

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

IF YOU HAVE A RETURNED CHECK, YOUR CANCELLED CHECK 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.

Your VonsChek card accepted at all Vons, Pavilions, Pavilions Place.

**VonsChek**  
VonsChek  
P.O. Box 30630  
Los Angeles, CA 90030-0630

**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.® ¿Tiene preguntas o comentarios? Llame al 1.800.746.7287



4878216274227

his 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 your personal knowledge of nutrition and food safety, acquired through membership in CSPI.

*Michael F. Jacobson*

Michael F. Jacobson, Ph.D.  
Executive Director, CSPI

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

**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*.

**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.



MK 95 248 758 302

**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.



553



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

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

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

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



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

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Santa Monica, CA 90403-3730

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553-553

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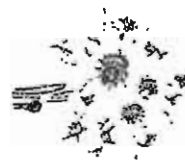
G Mrs. Carol Gasko  
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Santa Monica, CA 90403-3730

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Santa Monica, CA 90403-3730

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



# **Exhibit 20**



**ROADRUNNER SPORTS**  
World's Largest Running Store.  
www.roadrunnersports.com



**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

YOUR CUSTOMER # 101449156  
YOUR ORDER # 129222242

ORDER DATE 15-JUL-09

SMART LABEL TRACK ID# 12033941

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	

**Today YOU SAVED \$21.49**

Help us help you feel great. Tell us about your experience at [www.tellroadrunnersports.com](http://www.tellroadrunnersports.com) and receive an extra special offer for your next purchase.

Merchandise	Shipping	State Tax	Gift Wrapping	Today's Total	Gift Certificate	Credit	Amount Paid	Balance Due	Shipping Separate	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](http://roadrunnersports.com/vip)

CAROL GASKO  
10123RD ST  
SANTA MONICA, CA 90403

Items Shipped : 1  
Customer #: 101449156  
Order #: 129222242

**USPS PARCEL RTN SVC**



9158 1372 0368 8032 0332 410



610 39 90403 RRSX 0 012033241

**PARCEL SELECT RTN SVC**  
NEWGISTICS, INC.  
PERMIT# 77000



**RRS RETURNS**  
**PARCEL RETURN SERVICE**  
**BULK MAIL CENTER 56901**

BMC ZIP - 569

**V39**

~~07/06/11~~  
22:07:46

ICMIPR01  
Page 1

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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: 859-847-0777 or 1-800-82kirk's Fax 859-647-0778

**PACKING SLIP**

1010198

INVOICE NUMBER:

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

CUST. ORDER ID

CUST. ORDER ID

PAYMENT TERMS

GASKO, CAROL

CWO

Prepaid

SALES REP ID

SHIPPING METHOD

SHIP DATE

DUPLICATE

UPS GROUND

10/12/10

10/12/10

QUANTITY

U. OF M.

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: 859-647-0777 or 1-800-82kirk Fax 859-647-0778

# 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	DUPLICATE DATE
		UPS GROUND		10/12/10	10/12/10
QUANTITY	ITEM	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: (859) 647-0777

(800) 825-4757 (82KIRKS)

EMAIL: sales@kirksnatural.com

www.kirksnatural.com

FAX: (859) 647-0778

Prices effective August 1, 2009

BAR SOAPS	48 Bars/Case	24 Bars/Case	12 Bars	Quantity Ordered	Order \$
<b>KIRK'S COCO CASTILE SOAP</b>					
ORIGINAL - 4 oz Bar	\$57.60	\$32.16	\$19.68		\$
FRAGRANCE FREE - 4 oz Bar	\$57.60	\$32.16	\$19.68		\$
<b>KIRK'S PREMIUM TRANSPARENT GLYCERIN SOAP</b>					
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>					\$
<b>LIQUIDS</b>	12 Bottles/Case	6 Bottles	2 Bottles		
<b>KIRK'S LIQUID SOAP w/PUMP - 16 oz</b>	\$69.00	\$37.74	\$14.60		\$
<b>KIRK'S BODY WASH - 16 oz</b>					
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		\$
<b>KIRK'S SHAMPOO - 16 oz</b>	\$46.44	\$29.40	\$12.58		\$
<b>KIRK'S CONDITIONER - 16 oz</b>	\$46.44	\$29.40	\$12.58		\$
<b>SHAMPOO &amp; CONDITIONER SET</b>				1 Set \$11.98	\$
<b>Kirk's T-Shirt - 100% Cotton</b>	Available in White Only				
Large				\$5.99	\$
X-Large				\$5.99	\$
<b>Kirk's Gift Tote Bag</b>				\$41.49	\$
<b>\$15.00 Minimum Order</b>					
<b>Subtotal</b>					\$
<b>Shipping &amp; Handling</b>					6.95
<b>Each additional case add \$2.99</b>					\$
<b>Kentucky Residents And/Or Shipping Address &gt;&gt;&gt; Add 6% Sales Tax</b>					\$
<b>ORDER TOTAL</b>					\$

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