



National Compliance Center
RESPONSE COVER SHEET
PO BOX 24679
WEST PALM BEACH, FL 33416-4679
Phone 1-800-635-6840 Facsimile 1-888-938-4715

To: DET [REDACTED]

File Code: 158886

From: LHH

Phone Number: [REDACTED]
Fax Number: [REDACTED]

Request Dated: 1/4/2006
Received On: 1/4/2006

Number of Pages: 5
Date: 1/6/2006

If you are not already doing so, please begin addressing all legal requests to Cingular Wireless. Additionally, effective immediately, please fax all legal requests to Cingular Wireless at 1-888-938-4715.

- The requested information is enclosed.

CONFIDENTIALITY NOTICE

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NCC Official Use Only

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158886

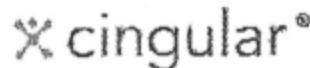
SDNY_GM_02764737

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

158886

01/06/2006

SUBSCRIBER INFORMATION



05705333

c/t

Financially Liable Party

Name: J. EPSTEIN & COMPANY
Credit Address: 457 MADISON AVE, #4, NEW YORK, NY 10022

Customer Since: 11/29/2004
Photo ID Type: Driver License Photo ID State: FL
Photo ID Number: R362000541320
DOB: 04/12/1954 SSN: [REDACTED]

Contact Name:
Contact Home Phone: [REDACTED] Contact Work Phone: (917) 855-6391
Contact Home Email: Contact Work Email:

Billing Party

Account Number: 05705333
Name: J. EPSTEIN & COMPANY
Billing Address: 457 MADISON AVE, #4, NEW YORK, NY 10022

Account Status: Active Billing Cycle: 1

User Information

MSISDN: [REDACTED] IMSI: 310410012138690
MSISDN Active: 11/29/2004 - Current IMEI/ESN: 356252005681314/

Name: JAMUSE B
User Address: [REDACTED]

Service Start Date: 11/29/2004 Dealer Info: AINWS 4109
Payment Type: Postpaid
Contact Name: JAMUSE B
Contact Home Phone: [REDACTED] Contact Work Phone:
Contact Home Email: Contact Work Email:

Status Change History

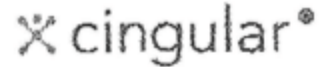
Status Change Reason: Status Change Date:

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

158886

01/06/2006

SUBSCRIBER INFORMATION



[Redacted] C/T

Financially Liable Party

Name: [Redacted]
Credit Address: [Redacted]

Customer Since: 08/20/2003
Photo ID Type: Driver License Photo ID State: FL
Photo ID Number: [Redacted]
DOB: [Redacted] SSN: [Redacted]

Contact Name:
Contact Home Phone: (000) 000-0000 Contact Work Phone: [Redacted]
Contact Home Email: [Redacted] Contact Work Email: [Redacted]

Billing Party

Account Number: [Redacted]
Name: [Redacted]
Billing Address: [Redacted]

Account Status: Active Billing Cycle: 28

User Information

MSISDN: [Redacted] IMSI: 310410004285027
MSISDN Active: 08/20/2003 - Current IMEI/ESN: 354905005328093/

Name: [Redacted]
User Address: [Redacted]

Service Start Date: 08/20/2003 Dealer Info: 6H17 0017
Payment Type: Postpaid
Contact Name: [Redacted]
Contact Home Phone: [Redacted] Contact Work Phone:
Contact Home Email: [Redacted] Contact Work Email:

Status Change History

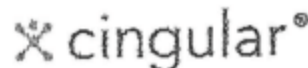
Status Change Reason: Status Change Date:

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

158886

01/06/2006

SUBSCRIBER INFORMATION



[Redacted]

C/T

Financially Liable Party

Name: THOMAS ROFRANO

Credit Address: [Redacted]

Customer Since: 11/20/2005

Photo ID Type: Driver License

Photo ID State: FL

Photo ID Number: [Redacted]

DOB: [Redacted]

SSN: [Redacted]

Contact Name: [Redacted]

Contact Home Phone: [Redacted]

Contact Work Phone: [Redacted]

Contact Home Email: [Redacted]

Contact Work Email: [Redacted]

Billing Party

Account Number: [Redacted]

Name: THOMAS ROFRANO

Billing Address: [Redacted]

Account Status: Active

Billing Cycle: 6

User Information

MSISDN: [Redacted]

IMSI: 310410032614840

MSISDN Active: 11/20/2005 - Current

IMEI/ESN: 358269003868253/

Name: THOMAS ROFRANO

User Address: [Redacted]

Service Start Date: 11/20/2005

Dealer Info: APWK1 9105

Payment Type: Postpaid

Contact Name: THOMAS ROFRANO

Contact Home Phone: [Redacted]

Contact Work Phone: [Redacted]

Contact Home Email: [Redacted]

Contact Work Email: [Redacted]

Status Change History

Status Change Reason:

Status Change Date:

LHH

PROPRIETARY AND CONFIDENTIAL

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SDNY_GM_02764740

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

158886

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION)**

STATE ATTORNEY SUBPOENA
NO. 05-787
PBPD Case #05-368

Cingular Wireless
Subpoena Compliance
801 Northpoint Parkway
West Palm Beach, FL 33407
Fax 888-938-4715

DUCESTECUM: Any and all subscriber information for telephone number 561-818-8361, 561-389-6874, and 561-309-0079

GREETINGS: YOU ARE HEREBY COMMANDED to be and appear before **THE STATE ATTORNEY** or his Assistant, in and for Palm Beach County, Florida, at the State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida. ****INSTANTER** for interrogation and the truth to speak, in a certain matter pending and under investigation. Failure to appear will subject you to contempt of Court.

******* You may comply by supplying materials directly to Detective Joe Recarey, Town of Palm Beach Police Department, 345 South County Road, Palm Beach, Florida. *******

WITNESS my hand and seal of this Court
this 4th day of January, 2006
SHARON BOCK, CLERK

By [Signature]
Deputy Clerk



[Signature]
ASSISTANT STATE ATTORNEY
Attorney for STATE OF FLORIDA

Received this subpoena on the 4 day of January, 2006, and executed the same on the 4 day of January, 2006, by delivering a True Copy thereof to the within named witness in the County of Palm Beach, State of Florida.

[Signature]
Deputy Sheriff

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17