



Currency Transaction Report

OMB No. 1506-0064

Version Number: 1.1

Filing Name

52-5256

*1 Type of filing

Initial report

Correct/amend prior report

FinCEN directed Backfiling

Document Control Number / BSA Identifier

Save

Validate

Print

Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In the case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the receipts. I declare that this filing represents all Documents filed during this reporting period except for those transactions reported on paper.

Sign with PIN

SDNY_GM_00049867

CONFIDENTIAL – PURSUANT TO FED. R. CRIM. P. 6(e)

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DB-SDNY-0012691

EFTA_00160475

EFTA01291941

Part I Person Involved in Transaction 1 of 2



*2 a Person conducting transaction on own behalf b Person conducting transaction for another c Person on whose behalf transaction was conducted d Courier Service (private)
3 Multiple transactions

Check If entity

*4 Individual's last name or entity's legal name Unknown

*5 First name Unknown

6 Middle name

Suffix

7 Gender

8 Alternate Name

9 Occupation or type of business

9a NAICS Code

*10 Address Unknown

*11 City Unknown

*12 State Unknown *13 ZIP/Postal Code Unknown

*14 Country Unknown

*15 TIN Unknown 16 TIN type

*17 Date of birth Unknown

18 Contact phone number Ext.

19 E-mail address

*20 Form of identification used to verify identity Unknown
 Driver's license/State ID Passport Alien Registration Other

Number Country Issuing State

21 Cash in amount for individual or entity listed in Item 4 \$ _____
Account number + -

22 Cash out amount for individual or entity listed in Item 4 \$ 40,000
Account number + -

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Part I Person Involved in Transaction 2 of 2



*2 a Person conducting transaction on own behalf b Person conducting transaction for another c Person on whose behalf transaction was conducted d Courier Service (private)
3 Multiple transactions

Check If entity

*4 Individual's last name or entity's legal name Unknown Darren K. Indyke PLLC

*5 First name Unknown

6 Middle name

Suffix

7 Gender

8 Alternate Name

9 Occupation or type of business

9a NAICS Code

*10 Address Unknown

*11 City Unknown New York

*12 State Unknown NY *13 ZIP/Postal Code Unknown 10022

*14 Country Unknown US

*15 TIN Unknown 16 TIN type EIN

*17 Date of birth Unknown

18 Contact phone number Ext.

19 E-mail address

*20 Form of identification used to verify identity Unknown
 Driver's license/State ID Passport Alien Registration Other

Number Country Issuing State

21 Cash in amount for individual or entity listed in Item 4 \$
Account number

22 Cash out amount for individual or entity listed in Item 4 \$ 40,000
Account number

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Home

Part II Amount and Type of Transaction(s). Check all boxes that apply.

*23 Date of transaction **05/27/2014**

24 Armored car (FI Contract) ATM Mail Deposit or Shipment Night Deposit Aggregated transactions

*25 CASH IN: (in U.S. dollar equivalent)

a Deposit(s)	\$	_____	.00
b Payment(s)		_____	.00
c Currency received for funds transfer(s) out		_____	.00
d Purchase of negotiable instrument (s)		_____	.00
e Currency exchange(s)		_____	.00
f Currency to prepaid access		_____	.00
g Purchases of casinos chips, tokens and other gaming instruments		_____	.00
h Currency wager(s) including money plays		_____	.00
i Bills inserted into gaming devices		_____	.00
z Other (specify):		_____	.00
Total Cash in		\$	_____
			.00

*27 CASH OUT: (in U.S. dollar equivalent)

a Withdrawal(s)	\$	_____	.00
b Advance(s) on credit (including markers)		_____	.00
c Currency paid from funds transfer(s) in		_____	.00
d Negotiable instrument(s) cashed		_____	40,000.00
e Currency exchange(s)		_____	.00
f Currency from prepaid access		_____	.00
g Redemption(s) of casino chips, tokens, TITO tickets and other gaming instruments		_____	.00
h Payment(s) on wager(s) (including race and OTB or sports pool)		_____	.00
i Travel and complimentary expenses and book gaming incentives		_____	.00
j Payment for tournament, contest or other promotions		_____	.00
z Other (specify):		_____	.00
Total Cash out		\$	_____
			40,000.00

26 Foreign Cash in _____

Foreign Country

+ -

28 Foreign Cash out _____

Foreign Country

+ -

Part III Financial Institution Where Transaction(s) Takes Place 1 of 1

*37 Type of financial institution **Depository institution**

Other (specify)

*29 Primary federal regulator **Federal Reserve Board (FRB)**

38 If 37a - Casino/Card Club is checked, indicate type (check only one)

State licensed casino Tribal authorized casino Card club Other

*30 Legal name of financial institution **Deutsche Bank Trust Company Americas**

31 Alternate name, e.g. trade name, DBA

*32 EIN

*33 Address

*34 City **New York**

*35 State **NY**

*36 ZIP Code **10154**

39 Financial institution ID type

ID number

*40 Contact office **DB PB AML**

*41 Phone number **[REDACTED]** Ext. **[REDACTED]**

*42 Date Filed **[REDACTED]** (Date filed will be auto-populated when the form is signed.)