



Currency Transaction Report

OMB No. 1506-0064

Version Number: 1.1

Filing Name

52-5426

*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_00049899

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

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DB-SDNY-0012723

EFTA_00160507

EFTA01291973

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 \$ 108,778
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 Epstein

*5 First name Unknown Jeffrey

6 Middle name

Suffix

7 Gender

8 Alternate Name

9 Occupation or type of business President of SouthernFinancial

9a NAICS Code

*10 Address Unknown 6100 Red Hook Quarter, B3

*11 City Unknown St. Thomas

*12 State Unknown VI *13 ZIP/Postal Code Unknown 00802

*14 Country Unknown US

*15 TIN Unknown [Redacted] 16 TIN type SSN-ITIN

*17 Date of birth Unknown 01/20/1953

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 C000000029913 Country US Issuing State VI

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

22 Cash out amount for individual or entity listed in Item 4 \$ 108,778
Account number [Redacted] + -

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

*37 Type of financial institution

Other (specify)

*29 Primary federal regulator

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

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

*32 EIN

*33 Address

*34 City

*35 State

*36 ZIP Code

39 Financial institution ID type

ID number

*40 Contact office

*41 Phone number Ext.

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