



**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 JOE RECAREY
PALM BEACH PD 33480
345 SOUTH CO RD
PALM BEACH, FL 33480**

File Code: 203067

From: MLB

Phone Number [REDACTED]
Fax Number [REDACTED]

Request Dated: 5/12/2006
Received On: 5/12/2006

Number of Pages: ~~6~~ 7
Date: 5/26/2006

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

This cover sheet, and any document which may accompany it, contains information from the National Compliance Center which is intended for use only by the individual to whom it is addressed, and which may contain information that is privileged, confidential and/or otherwise exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering this message to the intended recipient, any review, disclosure, dissemination, distribution, copying or other use of this message or its substance is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone to arrange for the return of this communication to us at our expense. Thank you.

NCC Official Use Only

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203067

SDNY_GM_02764263

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

FROM :

FAX NO. :

May. 12 2006 03:15PM P2

203067

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

STATE ATTORNEY SUBPOENA

NO. 06-322
PBPD 06-368

Cingular Wireless
Legal Compliance
P. O. Box 24679
West Palm Beach, FL 33416

DUCES TECUM: Any and all subscriber information and billing address for telephone numbers [REDACTED]

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 intecrogation 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, Palm Beach Police Department, 345 South County Road, Palm Beach, Florida 33480.



WITNESS my hand and seal of this Court
this 12th day of May, 2006
SHARON BOCK, CLERK
Deputy Clerk

[Handwritten signature]

ASSISTANT STATE ATTORNEY
Attorney for STATE OF FLORIDA

Received this subpoena on the 12 day of May, 2006, and executed the same on the 12 day of May, 2006, by delivering a True Copy thereof to the within named witness in the County of Palm Beach, State of Florida.

[Handwritten signature]
Deputy Sheriff

SDNY_GM_02764264

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

203067

05/26/2006

SUBSCRIBER INFORMATION



C/T

Financially Liable Party

Name: ERIN SHAW

Credit Address: [REDACTED]

Customer Since: 05/29/2005

Photo ID Type: Driver License

Photo ID State: FL

Photo ID Number: [REDACTED]

DOB: [REDACTED]

SN: [REDACTED]

Contact Name:

Contact Home Phone: [REDACTED]

Contact Work Phone: [REDACTED]

Contact Home Email:

Contact Work Email:

Billing Party

Account Number: [REDACTED]

Name: ERIN SHAW

Billing Address: [REDACTED]

Account Status: Active

Billing Cycle: 22

User Information

MSISDN: [REDACTED]

IMSI: [REDACTED]

MSISDN Active: 05/29/2005 - Current

IMEI/ESN: [REDACTED]

Name: ERIN SHAW

User Address: [REDACTED]

Service Start Date: 05/29/2005 Dealer Info: 37

Payment Type: Postpaid

Contact Name: ERIN SHAW

Contact Work Phone:

Contact Home Phone: [REDACTED]

Contact Work Email:

Contact Home Email:

Status Change History

Status Change Reason:

Status Change Date:

MLB

PROPRIETARY AND CONFIDENTIAL

Page 1

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except under written agreement.

SDNY_GM_02764265

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

203067
05/26/2006

SUBSCRIBER INFORMATION 

[REDACTED] C/T

Financially Liable Party

Name: ERIN SHAW
Credit Address: [REDACTED]

Customer Since: 05/29/2005
Photo ID Type: Driver License Photo ID State: FL
Photo ID Number: [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]

Contact Name:
Contact Home Phone: [REDACTED] Contact Work Phone: [REDACTED]
Contact Home Email: Contact Work Email:

Billing Party

Account Number: [REDACTED]
Name: ERIN SHAW
Billing Address: [REDACTED]

Account Status: Active Billing Cycle: 22

User Information

MSISDN: [REDACTED] IMSI: [REDACTED]
MSISDN Active: 05/29/2005 - Current IMEI/ESN: [REDACTED]
Name: ERIN SHAW
User Address: [REDACTED]

Service Start Date: 05/29/2005 Dealer Info: 37 0591
Payment Type: Postpaid
Contact Name: ERIN SHAW
Contact Home Phone: [REDACTED] Contact Work Phone:
Contact Home Email: Contact Work Email:

Status Change History

Status Change Reason: Status Change Date:

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Page 1

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SDNY_GM_02764266

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

203067

05/26/2006

SUBSCRIBER INFORMATION



C/T

Financially Liable Party

Name: DAWN GUTERMAN

Credit Address: [REDACTED]

Customer Since: 12/20/2004

Photo ID Type: Driver License

Photo ID State: DC

Photo ID Number: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

Contact Name:

Contact Home Phone: (000) 000-0000

Contact Work Phone: (000) 000-0000

Contact Home Email:

Contact Work Email:

Billing Party

Account Number: [REDACTED]

Name: DAWN GUTERMAN

Billing Address: [REDACTED]

Account Status: Active

Billing Cycle: 21

User Information

MSISDN: [REDACTED]

IMSI: [REDACTED]

MSISDN Active: 12/20/2004 - Current

IMEI/ESN [REDACTED]

Name: DAWN GUTERMAN

User Address: [REDACTED]

Service Start Date: 12/20/2004

Dealer Info: 5A313 4000

Payment Type: Postpaid

Contact Name: DAWN GUTERMAN

Contact Home Phone: [REDACTED]

Contact Work Phone:

Contact Home Email:

Contact Work Email:

Status Change History

Status Change Reason:

Status Change Date:

MLB

PROPRIETARY AND CONFIDENTIAL

Page 1

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SDNY_GM_02764267

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

203067
05/26/2006

SUBSCRIBER INFORMATION



[REDACTED] C/T

Financially Liable Party

Name: MAUREEN BRENNAN
Credit Address: [REDACTED]

Customer Since: 03/17/2006
Photo ID Type: Driver License Photo ID State: TX
Photo ID Number: [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]

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

Billing Party

Account Number: [REDACTED]
Name: MAUREEN BRENNAN
Billing Address: [REDACTED]

Account Status: Active Billing Cycle: 1

User Information

MSISDN: [REDACTED] IMSI: [REDACTED]
MSISDN Active: 03/18/2006 - Current IMEI/ESN: [REDACTED]
Name: MAUREEN BRENNAN
User Address: [REDACTED]

Service Start Date: 03/18/2006 Dealer Info: Z0066 0000
Payment Type: Postpaid
Contact Name: MAUREEN BRENNAN
Contact Home Phone: [REDACTED] Contact Work Phone:
Contact Home Email: [REDACTED] Contact Work Email:

Status Change History

Status Change Reason: Status Change Date:

203067
05/26/2006

SUBSCRIBER INFORMATION



[REDACTED] C/T

Financially Liable Party

Name: MAUREEN BRENNAN
Credit Address: [REDACTED]

Customer Since: 03/17/2006
Photo ID Type: Driver License Photo ID State: TX
Photo ID Number: [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
Contact Name:
Contact Home Phone: [REDACTED] Contact Work Phone: (000) 000-0000
Contact Home Email: [REDACTED] Contact Work Email:

Billing Party

Account Number: [REDACTED]
Name: MAUREEN BRENNAN
Billing Address: [REDACTED]

Account Status: Active Billing Cycle: 1

User Information

MSISDN: [REDACTED] IMSI: [REDACTED]
MSISDN Active: 03/18/2006 - Current IMEI/ESN: [REDACTED]
Name: MAUREEN BRENNAN
User Address: [REDACTED]

Service Start Date: 03/18/2006 Dealer Info: 20066 0000
Payment Type: Postpaid
Contact Name: MAUREEN BRENNAN
Contact Home Phone: [REDACTED] Contact Work Phone:
Contact Home Email: Contact Work Email:

Status Change History

Status Change Reason: Status Change Date:

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PROPRIETARY AND CONFIDENTIAL

Page 1

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