

Capitol One

United States District Court
SOUTHERN DISTRICT OF FLORIDA

TO: CAPITAL ONE
Subpoena Compliance
15000 Capital One Drive
Richmond, VA 23238
Fax: [REDACTED]

SUBPOENA TO TESTIFY
BEFORE GRAND JURY
FGJ 05-02(WPB)-Fri./No. OLY-03

SUBPOENA FOR:

PERSON

DOCUMENTS OR OBJECT[S]

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date and time specified below.

| | |
|--|--|
| PLACE: Palm Beach County Courthouse Juvenile Courts Building 205 N. Dixie Highway West Palm Beach, Florida 33401 (Temporary location for the United States District Courthouse, West Palm Beach) | ROOM: Room 4-A |
| | DATE AND TIME: August 18, 2006 9:00am |

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):

All applications, signature cards, credit or background investigations conducted, and correspondence related to Jeffrey Epstein, [REDACTED], [REDACTED], Janusz Banasiak, [REDACTED] Alfredo Rodriguez, and/or Mastercard Account Number [REDACTED]

For the period of January 1, 2004 to the present, all monthly billing statements, individual charge invoices, repayment records disclosing the dates, amounts, and method of repayment, and checks used to make repayments (front and back) for Mastercard Account Number [REDACTED].

Please coordinate your compliance of this subpoena and confirm the date and time of your appearance with Special Agent [REDACTED] Federal Bureau of Investigation, Telephone: [REDACTED].

Please see additional information on reverse

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

| | | |
|-------------------|---|----------------|
| CLERK |  | DATE: |
| (BY) DEPUTY CLERK | | August 2, 2006 |

This subpoena is issued upon application of the United States of America

Name, Address and Phone Number of Assistant U.S. Attorney
[REDACTED], Assistant U.S. Attorney
500 So. Australian Avenue, Suite 400
West Palm Beach, FL 33401-6235
Tel: [REDACTED] x3047
Fax: [REDACTED]

*If not applicable, enter "none."

RETURN OF SERVICE¹

RECEIVED BY SERVER

DATE 08/03/06

PLACE West Palm Beach, FL

SERVED

DATE 08/09/06

PLACE Richmond, VA (via Fax)

SERVED ON (NAME)

Capital One

SERVED



TITLE

FBI Special Agent

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVICE²

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

08/09/06
DATE



Signature of Server

505 S. Flagler, West Palm Beach, FL
Address of Server

ADDITIONAL INFORMATION

1. As to who may serve a subpoena and the manner of its service see Rule 17(d), Federal Rules of Criminal Procedure, or Rule 45(c), Federal Rules of Civil Procedure.

2. "Fees and mileage need not be tendered to the witness upon service of a subpoena issued on behalf of the United States or an officer or agency thereof (Rule 45(c), Federal Rules of Civil Procedure; Rule 17(d), Federal Rules of Criminal Procedure) or on behalf of certain indigent parties and criminal defendants who are unable to pay such costs (28 USC 1825, Rule 17(b) Federal Rules of Criminal Procedure)"

United States District Court
SOUTHERN DISTRICT OF FLORIDA

TO: CAPITAL ONE
Subpoena Compliance
15000 Capital One Drive
Richmond, VA 23238
Fax: [REDACTED]

**SUBPOENA TO TESTIFY
BEFORE GRAND JURY**
FGJ 05-02(WPB)-Fri./No. OLY-03

SUBPOENA FOR:

PERSON DOCUMENTS OR OBJECT[S]

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| | | |
|-------------------|---|----------------|
| CLERK |  | DATE: |
| (BY) DEPUTY CLERK | | August 2, 2006 |

This subpoena is issued upon application of the United States of America

[REDACTED]

Name, Address and Phone Number of Assistant U.S. Attorney
[REDACTED] Assistant U.S. Attorney
500 So. Australian Avenue, Suite 400
West Palm Beach, FL 33401-6235
Tel: [REDACTED] x3047
Fax: [REDACTED]

RETURN OF SERVICE¹

RECEIVED BY SERVER

DATE

PLACE

SERVED

DATE 08/09/06

PLACE Richmond, VA (Via Fax)

SERVED ON (NAME)

Capital One

SERVED BY

TITLE

FBI Special Agent

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

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I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

08/09/06
DATE

Signature of Server

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Address of Server

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This form shall only be used when requesting financial records of individuals and partnerships of five or fewer individuals.

| | | |
|---|---|---|
| 1 Purchase Order Number/DCN#: 11011-1962 | 2 Date Order Prepared: 08/02/2006 | 3 Case Number: (Optional) FGJ 05-02(WPB) NO.051-03 (OLY-03) |
|---|---|---|

Section A - Authorization and Purchase Order

| | | |
|---|--|--|
| 4 Names and Address of Financial Institution: Attn.: Subpoena Compliance Capital One, 15000 Capital One Drive, Richmond, VA 23238 - Fax [REDACTED] | | |
| 5 Deliver To: Special Agent [REDACTED] Federal Bureau of Investigation, 505 South Flagler Drive, Suite 500, Florida 33401, Tel.: [REDACTED] | | 6 Return Date 08/18/2006 |
| 7 Remarks: FOR REIMBURSEMENT PLEASE RETURN THIS FORM, THE RECORD OF SERVICES, AND A COPY OF THE SUBPOENA. | | |
| 8 Name of Requestor: (Type or Print) [REDACTED] AUSA | 9 Telephone Number: [REDACTED] | 10 Date of request: 08/02/2006 |

Section B - Financial Institution Invoice

No Payment Shall Be Made Unless Expenses Are Itemized Below Or On Your Form To Be Attached.

| 11 Service/Financial Records Provided: | Quantity | Unit Price | | Amount |
|--|----------|------------|----------------------------|--------|
| | | Cost | Per | |
| Please note that reimbursement cannot be made for the records pertaining to corporations or large partnerships of six or more. IMPORTANT: The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form. | | 0.25 | Copy | |
| | | 11.00 | Hour Clerical Tech | |
| | | 17.00 | Hour Manager or Supervisor | |

Do not proceed with compliance: If cost will exceed \$300 without prior approval of Assistant U.S. Attorney/Budget Officer.

PLEASE REFERENCE THE ABOVE DCN# ON YOUR INVOICE FOR PAYMENT.

| | | | |
|--|--|-----------------|---|
| 12a Signature of Financial Institution Official: | 12b Phone of Financial Institution Official: | 13 Date Signed: | Total Amount Claimed By Financial Institution |
|--|--|-----------------|---|

Section C - Receiving Report

| | | |
|---|-------------------|---------------------------------|
| 14 I certify that the articles and services listed were received: | 15 Date Received: | 17 Net to Financial Institution |
|---|-------------------|---------------------------------|

| | | |
|---|---|--|
| 18 Right to Financial Privacy Act - Public Law 95-630 (12 U.S.C. 3401-3422) Request Pursuant To: (Check One Only) SECTION <input type="checkbox"/> 3404 Customer Authorization <input type="checkbox"/> 3405 Administrative Subpoena or Summons <input type="checkbox"/> 3406 Search Warrant <input type="checkbox"/> 3407 Judicial Subpoena <input type="checkbox"/> 3408 Formal Written Request <input type="checkbox"/> 3413 I Grand Jury Subpoena <input type="checkbox"/> 3414 Special Procedures | OBJECT CLASS 2540 2541 2540 2540 2540 2545 2540 | 19 Signature of Approval Official: 20 Accounting Classification Code FY FC 1 2 3 4 5 PROJ 0 E 4 0 0 4 |
|---|---|--|

22 Remarks:

Funds Available

Date: _____
Budget Officer: _____

GENERAL

This is a multi-purpose form designed to serve as an Authorization, Purchase Order, Itemized Invoice, receiving Report and Payment voucher in conjunction with "requests for financial information," pursuant to the Right to Financial Privacy Act of 1978, P.L. 95-630, Title XL, 12 U.S.C. 3415.

NOTE:
Payments under this purchase order will be due on the 30th calendar day after the date of actual receipt of a proper invoice in the office designated to receive the invoice.

The Prompt Payment Act, Public Law 97-177, 96 Stat. 85 (31 U.S.C. 180), is applicable to payments under this purchase order and requires the payment to contractors of interest or overdue payments and improperly taken discounts. Determination of interest due will be made in accordance with the provision of the Prompt Payment Act and the Office of Management and Budget Circular A-125.

PREPARATION INSTRUCTIONS

ITEM 1 - A Purchase Order Number will be preprinted on each form. This number will be used for reference purposes on any correspondence relating to this specific request for financial information.

ITEM 2 - Self explanatory.

ITEM 3 - This block may be used to identify the specific case for which the financial information is required. This block may be left blank.

SECTION A - AUTHORIZATION AND PURCHASE ORDER (To be completed by the requesting official).

ITEM 4 - Enter the name and mailing address of the financial institution being requested to furnish financial information.

ITEM 5 - Enter the name and address to which the financial information is to be sent by the financial institution. This will normally be the name and the address of the requesting official.

ITEM 6 - Enter the date the financial information is required.

ITEM 7 - Include, if appropriate, any pertinent information related to the purchase order not provided for elsewhere on the form

ITEM 8, 9 and 10 - Self-explanatory.

SECTION B - FINANCIAL INSTITUTION INVOICE (To be completed by the financial institution).

ITEM 11 - Self-explanatory. Completion of this block constitutes an itemized bill or invoice for reimbursement for the costs incurred in providing the information requested. The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form.

ITEM 12 and 13 - Self-explanatory.

SECTION C - RECEIVING REPORT (To be completed by the requesting official, when the requested financial information has been delivered).

ITEM 14 and 15 - Self-explanatory.

ITEM 16 - This block should be used to reflect any differences between the amount claimed by the financial institution and the correct amount to be reimbursed. Differences may result from computation errors, or failure of the financial institution to deliver information requested.

ITEM 17 - Enter the amount certified to be proper for payment.

ITEM 18 - Check the box which identifies the appropriate procedure authorized by the Act, which necessitates the request for financial information.

ITEM 19 and 20 - These blocks must be signed and dated by an official of the organization whose funds will be charged. His or her signature constitutes a statement that the records to which the invoice refers were required for official business and were provided by the financial institution in accordance with the ordering instrument.

ITEM 21 - The Schedule and Voucher Number will be entered by the office which actually schedules the approved amount for payment by the Treasury Department.

ITEM 22 - Enter, if appropriate, any data not provided for elsewhere on the receiving report, such as, reasons for any claim amounts disallowed.

**VENDOR ELECTRONIC FUNDS TRANSFER (EFT)
ENROLLMENT FORM**

Please comply to this information if you have not done so already

PAYEE/COMPANY INFORMATION:

| | |
|--|--|
| Vendor Company Name: | |
| Address: | |
| Taxpayer ID Number | |
| Contact Person Name | |
| Telephone Number | |
| E-mail Address (If you would like to be notified via e-mail) | |

FINANCIAL INSTITUTION INFORMATION:

| | |
|--|--|
| Bank Name | |
| Bank Address | |
| Bank Phone Number | |
| Nine Digit ABA Routing Transit Number | |
| Type of Account (Checking or Saving) | |
| Depositor Account Number | |
| Signature of Vendor's Authorizing Official | |
| Name & Title of Authorizing Official | |

Please Return or Fax to:
U.S. Attorney's Office
Southern District of Florida
99 NE 4 street, Suite 200
Miami, FL. 33132
Attention: [REDACTED]

Fax Number: [REDACTED]

The Debt Collection Improvement Act of 1996 requires that payments made by the Federal government, including vendor payments, must be made by electronic funds transfer (EFT). A benefit of receiving payments by EFT is that your funds are directly deposited to your account at a financial institution and are available to you on the date of payment.

If you have questions regarding the delivery of the remittance information, please contact the financial institution where your account is held.

If you have any questions on the completion of this form, please contact [REDACTED], at [REDACTED].

This form shall only be used when requesting financial records of individuals and partnerships of five or fewer individuals.

| | | |
|--|-----------------------------------|---|
| 1 Purchase Order Number/DCN#: 11011-1962 | 2 Date Order Prepared: 08/02/2006 | 3 Case Number: (Optional) FGJ 05-02(WPB) NO.051-03 (OLY-03) |
|--|-----------------------------------|---|

Section A - Authorization and Purchase Order

| | | |
|---|-----------------------------------|-----------------------------------|
| 4 Names and Address of Financial Institution: Attn.: Subpoena Compliance Capital One, 15000 Capital One Drive, Richmond, VA 23238 - Fax [REDACTED] | | |
| 5 Deliver To: Special Agent [REDACTED] Federal Bureau of Investigation, 505 South Flagler Drive, Suite 500, Florida 33401, Tel.: [REDACTED] | 6 Return Date 08/18/2006 | |
| 7 Remarks: FOR REIMBURSEMENT PLEASE RETURN THIS FORM, THE RECORD OF SERVICES, AND A COPY OF THE SUBPOENA. | | |
| 8 Name of Requestor: (Type or Print) [REDACTED] AUSA | 9 Telephone Number: [REDACTED] | 10 Date of request: 08/02/2006 |

Section B - Financial Institution Invoice

No Payment Shall Be Made Unless Expenses Are Itemized Below Or On Your Form To Be Attached.

| 11 Service/Financial Records Provided: | Quantity | Unit Price | | Amount |
|--|----------|------------|----------------------------|--------|
| | | Cost | Per | |
| Please note that reimbursement cannot be made for the records pertaining to corporations or large partnerships of six or more. IMPORTANT: The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form. | | 0.25 | Copy | |
| | | 11.00 | Hour Clerical Tech | |
| | | 17.00 | Hour Manager or Supervisor | |

Do not proceed with compliance: If cost will exceed \$300 without prior approval of Assistant U.S. Attorney/Budget Officer.

PLEASE REFERENCE THE ABOVE DCN# ON YOUR INVOICE FOR PAYMENT.

| | | | |
|--|--|-----------------|---|
| 12a Signature of Financial Institution Official: | 12b Phone of Financial Institution Official: | 13 Date Signed: | Total Amount Claimed By Financial Institution |
|--|--|-----------------|---|

Section C - Receiving Report

| | | | |
|---|-------------------|--------------------------------|---------------------------------|
| 14 I certify that the articles and services listed were received: | 15 Date Received: | 16 Disallowance (See Attached) | 17 Net to Financial Institution |
|---|-------------------|--------------------------------|---------------------------------|

18 Right to Financial Privacy Act - Public Law 95-630
(12 U.S.C. 3401-3422) Request Pursuant To: (Check One Only)

| SECTION | OBJECT CLASS |
|--|--------------|
| <input type="checkbox"/> 3404 Customer Authorization | 2540 |
| <input type="checkbox"/> 3405 Administrative Subpoena or Summons | 2541 |
| <input type="checkbox"/> 3406 Search Warrant | 2540 |
| <input type="checkbox"/> 3407 Judicial Subpoena | 2540 |
| <input type="checkbox"/> 3408 Formal Written Request | 2540 |
| <input type="checkbox"/> 3413 I Grand Jury Subpoena | 2545 |
| <input type="checkbox"/> 3414 Special Procedures | 2540 |

19 Signature of Approval Official:

20 Accounting Classification Code

| | | | | | | | |
|----|----|---|---|---|---|---|------|
| FY | FC | 1 | 2 | 3 | 4 | 5 | PROJ |
| | | | | | | | |

21 Schedule and Voucher Number:
DC#

22 Remarks:

Funds Available

Date: [REDACTED]

Budget Officer: [REDACTED]

GENERAL

This is a multi-purpose form designed to serve as an Authorization, Purchase Order, Itemized Invoice, receiving Report and Payment voucher in conjunction with "requests for financial information," pursuant to the Right to Financial Privacy Act of 1978, P.L. 95-630, Title XL, 12 U.S.C. 3415.

NOTE:
Payments under this purchase order will be due on the 30th calendar day after the date of actual receipt of a proper invoice in the office designated to receive the invoice.

The Prompt Payment Act, Public Law 97-177, 96 Stat. 85 (31 U.S.C. 180), is applicable to payments under this purchase order and requires the payment to contractors of interest or overdue payments and improperly taken discounts. Determination of interest due will be made in accordance with the provision of the Prompt Payment Act and the Office of Management and Budget Circular A-125.

PREPARATION INSTRUCTIONS

ITEM 1 - A Purchase Order Number will be preprinted on each form. This number will be used for reference purposes on any correspondence relating to this specific request for financial information.

ITEM 2 - Self explanatory.

ITEM 3 - This block may be used to identify the specific case for which the financial information is required. This block may be left blank.

SECTION A - AUTHORIZATION AND PURCHASE ORDER (To be completed by the requesting official).

ITEM 4 - Enter the name and mailing address of the financial institution being requested to furnish financial information.

ITEM 5 - Enter the name and address to which the financial information is to be sent by the financial institution. This will normally be the name and the address of the requesting official.

ITEM 6 - Enter the date the financial information is required.

ITEM 7 - Include, if appropriate, any pertinent information related to the purchase order not provided for elsewhere on the form

ITEM 8, 9 and 10 - Self-explanatory.

SECTION B - FINANCIAL INSTITUTION INVOICE (To be completed by the financial institution).

ITEM 11 - Self-explanatory. Completion of this block constitutes an itemized bill or invoice for reimbursement for the costs incurred in providing the information requested. The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form.

ITEM 12 and 13 - Self-explanatory.

SECTION C - RECEIVING REPORT (To be completed by the requesting official, when the requested financial information has been delivered).

ITEM 14 and 15 - Self-explanatory.

ITEM 16 - This block should be used to reflect any differences between the amount claimed by the financial institution and the correct amount to be reimbursed. Differences may result from computation errors, or failure of the financial institution to deliver information requested.

ITEM 17 - Enter the amount certified to be proper for payment.

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ITEM 21 - The Schedule and Voucher Number will be entered by the office which actually schedules the approved amount for payment by the Treasury Department.

ITEM 22 - Enter, if appropriate, any data not provided for elsewhere on the receiving report, such as, reasons for any claim amounts disallowed.

**VENDOR ELECTRONIC FUNDS TRANSFER (EFT)
ENROLLMENT FORM**

Please comply to this information if you have not done so already

PAYEE/COMPANY INFORMATION:

| | | | |
|--|--|--|--|
| Vendor Company Name: | | | |
| Address: | | | |
| Taxpayer ID Number | | | |
| Contact Person Name | | | |
| Telephone Number | | | |
| E-mail Address (If you would like to be notified via e-mail) | | | |

FINANCIAL INSTITUTION INFORMATION:

| | | | |
|--|--|--|--|
| Bank Name | | | |
| Bank Address | | | |
| Bank Phone Number | | | |
| Nine Digit ABA Routing Transit Number | | | |
| Type of Account (Checking or Saving) | | | |
| Depositor Account Number | | | |
| Signature of Vendor's Authorizing Official | | | |
| Name & Title of Authorizing Official | | | |

Please Return or Fax to:
U.S. Attorney's Office
Southern District of Florida
99 NE 4 street, Suite 200
Miami, FL. 33132
Attention: [REDACTED]

Fax Number: [REDACTED]

The Debt Collection Improvement Act of 1996 requires that payments made by the Federal government, including vendor payments, must be made by electronic funds transfer (EFT). A benefit of receiving payments by EFT is that your funds are directly deposited to your account at a financial institution and are available to you on the date of payment.

If you have questions regarding the delivery of the remittance information, please contact the financial institution where your account is held.

If you have any questions on the completion of this form, please contact [REDACTED] at [REDACTED].

FD-448 (Rev. 6-2-97)



FBI FACSIMILE COVER SHEET

PRECEDENCE

- Immediate
- Priority
- Routine

CLASSIFICATION

- Top Secret
- Secret
- Confidential
- Sensitive
- Unclassified

Time Transmitted: _____
 Sender's Initials: _____
 Number of Pages: 6
 (including cover sheet)

To: CAPITAL ONE

Date: 08/08/2006

Name of Office

Facsimile Number: _____

Attn: _____
 Name Room Telephone

From: FBI

Name of Office

Subject: Subpoena Request

Special Handling Instructions: _____

Originator's Name: SA _____ Telephone: _____

Originator's Facsimile Number: _____

Approved: _____

Brief Description of Communication Faxed: _____

WARNING

Information attached to the cover sheet is U.S. Government Property. If you are not the intended recipient of this information, disclosure, reproduction, distribution, or use of this information is prohibited (18.U.S.C. § 641). Please notify the originator or the local FBI Office immediately to arrange for proper disposition.

Capital One

PO Box 85032
Richmond, VA 23285-5032

August 10, 2006

Federal Bureau of Investigation
Attn: Special Agent [REDACTED]
505 South Flagler Drive, Suite 500
West Palm Beach, FL 33401

Re: SF number: 21705
Case number: FGJ 05-02 (WPB)-Fri./No.OLY-03

Dear Special Agent [REDACTED]:

We received your request for customer records on August 9, 2006.

We object to this request on the grounds that the request is overbroad and unspecific to which entity your request is in regards to.

There are two bankcard entities which may have customer financial records that exist within the scope of your request. If you wish to obtain information from these entities you will need to reissue a subpoena specifically identifying the entity. The entities that manage customer financial records must be identified as:

Capital One Bank/FSB

Please resubmit your request to the below address for review and response:

Capital One Bank/FSB
PO Box 85032
Richmond, VA 23285-5032
Fax: [REDACTED]

Thank you for your attention to this matter. If you have any further questions, please contact our office at [REDACTED].

Sincerely,

Subpoena Coordinator
Capital One Services, Inc.

Enclosure

United States District Court

SOUTHERN DISTRICT OF FLORIDA

TO: CAPITAL ONE
Subpoena Compliance
15000 Capital One Drive
Richmond, VA 23238
Fax ██████████

SUBPOENA TO TESTIFY BEFORE GRAND JURY

FGJ 05-02(WPB)-Pri./No. OLY-03

SUBPOENA FOR:
 PERSON DOCUMENTS OR OBJECT(S)

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|--|--|
| PLACE: Palm Beach County Courthouse Juvenile Courts Building 205 N. Dixie Highway West Palm Beach, Florida 33401 (Temporary location for the United States District Courthouse, West Palm Beach) | ROOM: Room 4-A |
| | DATE AND TIME: August 18, 2006 9:00am |

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██████████ Alfredo Rodriguez, and/or Mastercard Account Number ██████████

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Please see additional information on reverse

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

| | | |
|--|---|--------------------------------|
| CLERK (BY) DEPUTY CLERK |  | DATE: August 2, 2006 |
| This subpoena is issued upon application of the United States of America ██████████ | Name, Address and Phone Number of Assistant U.S. Attorney ██████████ Assistant U.S. Attorney 500 So. Australian Avenue, Suite 400 West Palm Beach, FL 33401-6235 Tel: ██████████ Fax: ██████████ | |

*If not applicable, enter "none."

RETURN OF SERVICE

| | | |
|--------------------|-------|-------|
| RECEIVED BY SERVER | DATE | PLACE |
| SERVED | DATE | PLACE |
| SERVED ON (NAME) | | |
| SERVED BY | TITLE | |

STATEMENT OF SERVICE FEES

| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|
|--------|----------|-------|

DECLARATION OF SERVICE²

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
DATE Signature of Server

Address of Server

ADDITIONAL INFORMATION

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Request for Financial Information (Authorization,
Purchase Order, Receiving Report)

U.S. Department of Justice
Washington, DC 20530

This form shall only be used when requesting financial records of individuals and partnerships of five or fewer individuals.

| | | |
|---|--------------------------------------|--|
| 1 Purchase Order Number/DCN# 11011-1962 | 2 Date Order Prepared: 08/02/2006 | 3 Case Number: (Optional) FGJ 05-02(WPB) NO.051-03 (OLY-03) |
|---|--------------------------------------|--|

Section A - Authorization and Purchase Order

| | | |
|--|-----------------------------------|-----------------------------------|
| 4 Name and Address of Financial Institution: Attn.: Subpoena Compliance Capital One, 15000 Capital One Drive, Richmond, VA 23238 - Fax 888-259-3021 | | 6 Return Date 08/18/2006 |
| 5 Deliver To: Special Agent [REDACTED] Federal Bureau of Investigation, 505 South Flagler Drive, Suite 500, Florida 33401, Tel.: [REDACTED] | | |
| 7 Remarks: FOR REIMBURSEMENT PLEASE RETURN THIS FORM, THE RECORD OF SERVICES, AND A COPY OF THE SUBPOENA. | | |
| 8 Name of Requestor: (Type or Print) [REDACTED] AUSA | 9 Telephone Number: [REDACTED] | 10 Date of request: 08/02/2006 |

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|---|----------|------------|----------------------------|--------|
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| | | 11.00 | Hour Clerical Tech | |
| | | 17.00 | Hour Manager or Supervisor | |

Do not proceed with compliance: If cost will exceed \$300 without prior approval of Assistant U.S. Attorney/Budget Officer.
PLEASE REFERENCE THE ABOVE DCN# ON YOUR INVOICE FOR PAYMENT.

| | | | |
|--|--|-----------------|---|
| 12a Signature of Financial Institution Official: | 12b Phone of Financial Institution Official: | 13 Date Signed: | Total Amount Claimed By Financial Institution |
|--|--|-----------------|---|

Section C - Receiving Report

| | | | |
|---|-------------------|--------------------------------|---------------------------------|
| 14 I certify that the articles and services listed were received: | 15 Date Received: | 16 Disallowance (See Attached) | 17 Net to Financial Institution |
|---|-------------------|--------------------------------|---------------------------------|

| | |
|---|--|
| 18 Right to Financial Privacy Act - Public Law 95-630 (12 U.S.C. 3401-3422) Request Pursuant To: (Check One Only) | 19 Signature of Approval Official: |
| SECTION <input type="checkbox"/> 3404 Customer Authorization <input type="checkbox"/> 3405 Administrative Subpoena or Summons <input type="checkbox"/> 3406 Search Warrant <input type="checkbox"/> 3407 Judicial Subpoena <input type="checkbox"/> 3408 Formal Written Request <input type="checkbox"/> 3413 Grand Jury Subpoena <input type="checkbox"/> 3414 Special Procedures | OBJECT CLASS 2540 2541 2540 2540 2540 2540 2545 2540 |
| | 20 Accounting Classification Code FY FG 1 2 3 4 5 PROJ 0 4 0 0 4 |
| | 21 Schedule and Voucher Number DCN# |

22 Remarks:

Funds Available

Date: _____

Budget Officer: _____

This form was electronically produced by Ethix Federal Forms, Inc.

GENERAL

This is a multi-purpose form designed to serve as an Authorization, Purchase Order, Itemized Invoice, receiving Report and Payment voucher in conjunction with "requests for financial information," pursuant to the Right to Financial Privacy Act of 1978, P.L. 95-630, Title XI, 12 U.S.C. 3415.

NOTE:

Payments under this purchase order will be due on the 30th calendar day after the date of actual receipt of a proper invoice in the office designated to receive the invoice.

The Prompt Payment Act, Public Law 97-177, 96 Stat. 85 (31 U.S.C. 130), is applicable to payments under this purchase order and requires the payment to contractors of interest or overdue payments and improperly taken discounts. Determination of interest due will be made in accordance with the provision of the Prompt Payment Act and the Office of Management and Budget Circular A-125.

PREPARATION INSTRUCTIONS

ITEM 1 - A Purchase Order Number will be preprinted on each form. This number will be used for reference purposes on any correspondence relating to this specific request for financial information.

ITEM 2 - Self-explanatory.

ITEM 3 - This block may be used to identify the specific case for which the financial information is required. This block may be left blank.

SECTION A - AUTHORIZATION AND PURCHASE ORDER (To be completed by the requesting official).

ITEM 4 - Enter the name and mailing address of the financial institution being requested to furnish financial information.

ITEM 5 - Enter the address to which the financial information is to be sent by the financial institution. This will normally be the name and the address of the requesting official.

ITEM 6 - Enter the date the financial information is required.

ITEM 7 - Include, if appropriate, any pertinent information related to the purchase order not provided for elsewhere on the form.

ITEM 8, 9 and 10 - Self-explanatory.

SECTION B - FINANCIAL INSTITUTION INVOICE (To be completed by the financial institution).

ITEM 11 - Self-explanatory. Completion of this block constitutes an itemized bill or invoice for reimbursement for the costs incurred in providing the information requested. The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form.

ITEM 12 and 13 - Self-explanatory.

SECTION C - RECEIVING REPORT (To be completed by the requesting official, when the requested financial information has been delivered).

ITEM 14 and 15 - Self-explanatory.

ITEM 16 - This block should be used to reflect any differences between the amount claimed by the financial institution and the correct amount to be reimbursed. Differences may result from computation errors, or failure of the financial institution to deliver information requested.

ITEM 17 - Enter the amount certified to be proper for payment.

ITEM 18 - Check the box which identifies the appropriate procedure authorized by the Act, which necessitates the request for financial information.

ITEM 19 and 20 - These blocks must be signed and dated by an official of the organization whose funds will be charged. His or her signature constitutes a statement that the records to which the invoice refers were required for official business and were provided by the financial institution in accordance with the ordering instrument.

ITEM 21 - The Schedule and Voucher Number will be entered by the office which actually schedules the approved amount for payment by the Treasury Department.

ITEM 22 - Enter, if appropriate, any data not provided for elsewhere on the receiving report, such as, reasons for any claim amounts disallowed.

VENDOR ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Please comply to this information if you have not done so already

PAYEE/COMPANY INFORMATION:

| | |
|--|--|
| Vendor Company Name: | |
| Address: | |
| Taxpayer ID Number | |
| Contact Person Name | |
| Telephone Number | |
| E-mail Address (if you would like to be notified via e-mail) | |

FINANCIAL INSTITUTION INFORMATION:

| | | | |
|--|--|--|--|
| Bank Name | | | |
| Bank Address | | | |
| Bank Phone Number | | | |
| Nine Digit ABA Routing Transit Number | | | |
| Type of Account (Checking or Saving) | | | |
| Depositor Account Number | | | |
| Signature of Vendor's Authorizing Official | | | |
| Name & Title of Authorizing Official | | | |

Please Return or Fax to:
 U.S. Attorney's Office
 Southern District of Florida
 99 NE 4 street, Suite 200
 Miami, FL. 33132
 Attention: [REDACTED]

Fax Number: [REDACTED]

The Debt Collection Improvement Act of 1996 requires that payments made by the Federal government, including vendor payments, must be made by electronic funds transfer (EFT). A benefit of receiving payments by EFT is that your funds are directly deposited to your account at a financial institution and are available to you on the date of payment.

If you have questions regarding the delivery of the remittance information, please contact the financial institution where your account is held.

If you have any questions on the completion of this form, please contact [REDACTED] at [REDACTED].

Request for Financial Information (Authorization, Purchase Order, Receiving Report)

U.S. Department of Justice
Washington, D.C. 20530

This form shall only be used when requesting financial records of individuals and partnerships of five or fewer individuals.

1 Purchase Order Number/DCN#: 11011-1962
2 Date Order Prepared: 08/02/2006
3 Case Number: (Optional) FGJ 05-02(WPB) NO.051-03 (OLY-03)

Section A - Authorization and Purchase Order

4 Name and Address of Financial Institution: Attn: Subpoena Compliance
Capital One, 15000 Capital One Drive, Richmond, VA 23238 - Fax 888-259-3021

5 Deliver To: Special Agent Nesbitt Knyrkendall, Federal Bureau of Investigation, 505 South Flagler Drive, Suite 500, Florida 33401, Tel: [REDACTED]
6 Return Date: 08/18/2006

7 Remarks: FOR REIMBURSEMENT PLEASE RETURN THIS FORM, THE RECORD OF SERVICES, AND A COPY OF THE SUBPOENA.

8 Name of Requestor: (Type or Print) [REDACTED], AUSA
9 Telephone Number: [REDACTED]
10 Date of request: 08/02/2006

Section B - Financial Institution Invoice

No Payment Shall Be Made Unless Expenses Are Itemized Below Or On Your Form To Be Attached.

| 11 Service/Financial Records Provided: | Quantity | Unit Price | | Amount |
|--|----------|------------|----------------------------|--------|
| | | Cost | Per | |
| Please note that reimbursement cannot be made for the records pertaining to corporations or large partnerships of six or more. IMPORTANT: The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form. | | 0.25 | Copy | |
| | | 11.00 | Hour Clerical Tech | |
| | | 17.00 | Hour Manager or Supervisor | |

Do not proceed with compliance: If cost will exceed \$300 without prior approval of Assistant U.S. Attorney/Budget Officer.

PLEASE REFERENCE THE ABOVE DCN# ON YOUR INVOICE FOR PAYMENT.

12a Signature of Financial Institution Official: [REDACTED]
12b Phone of Financial Institution Official: [REDACTED]
13 Date Signed: [REDACTED]
Total Amount Claimed By Financial Institution: [REDACTED]
16 Disallowance (See Attached): [REDACTED]

Section C - Receiving Report

14 I certify that the articles and services listed were received:
15 Date Received: [REDACTED]
17 Net to Financial Institution: [REDACTED]

18 Right to Financial Privacy Act - Public Law 95-630 (12 U.S.C. 3401-3422) Request Pursuant To: (Check One Only)

SECTION

- 3404 Customer Authorization
- 3405 Administrative Subpoena or Summons
- 3406 Search Warrant
- 3407 Judicial Subpoena
- 3408 Formal Written Request
- 3413 Grand Jury Subpoena
- 3414 Special Procedures

OBJECT CLASS

- 2540
- 2541
- 2540
- 2540
- 2540
- 2545
- 2540

19 Signature of Approval Official: [REDACTED]

20 Accounting Classification Code

| | | | | | | | |
|----|----|---|---|---|---|---|------|
| FY | PC | 1 | 2 | 3 | 4 | 5 | PROJ |
| | | | | | | | |

21 Schedule and Voucher Number: DC# [REDACTED]

22 Remarks:

Funds Available

Date: [REDACTED]
Budget Officer: [REDACTED]

This form was electronically produced by Elite Federal Forms, Inc.

GENERAL

This is a multi-purpose form designed to serve as an Authorization, Purchase Order, Itemized Invoice, receiving Report and Payment voucher in conjunction with "requests for financial information," pursuant to the Right to Financial Privacy Act of 1978, P.L. 95-630, Title XI, 12 U.S.C. 3415.

NOTE:

Payments under this purchase order will be due on the 30th calendar day after the date of actual receipt of a proper invoice in the office designated to receive the invoice.

The Prompt Payment Act, Public Law 97-177, 96 Stat. 85 (31 U.S.C. 180), is applicable to payments under this purchase order and requires the payment to contractors of interest or overdue payments and improperly taken discounts. Determination of interest due will be made in accordance with the provision of the Prompt Payment Act and the Office of Management and Budget Circular A-125.

PREPARATION INSTRUCTIONS

ITEM 1 - A Purchase Order Number will be preprinted on each form. This number will be used for reference purposes on any correspondence relating to this specific request for financial information.

ITEM 2 - Self explanatory.

ITEM 3 - This block may be used to identify the specific case for which the financial information is required. This block may be left blank.

SECTION A - AUTHORIZATION AND PURCHASE ORDER (To be completed by the requesting official).

ITEM 4 - Enter the name and mailing address of the financial institution being requested to furnish financial information.

ITEM 5 - Enter the name and address to which the financial information is to be sent by the financial institution. This will normally be the name and the address of the requesting official.

ITEM 6 - Enter the date the financial information is required.

ITEM 7 - Include, if appropriate, any pertinent information related to the purchase order not provided for elsewhere on the form.

ITEM 8, 9 and 10 - Self-explanatory.

SECTION B - FINANCIAL INSTITUTION INVOICE (To be completed by the financial institution).

ITEM 11 - Self-explanatory. Completion of this block constitutes an itemized bill or invoice for reimbursement for the costs incurred in providing the information requested. The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form.

ITEM 12 and 13 - Self-explanatory.

SECTION C - RECEIVING REPORT (To be completed by the requesting official, when the requested financial information has been delivered).

ITEM 14 and 15 - Self-explanatory.

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ITEM 17 - Enter the amount certified to be proper for payment.

ITEM 18 - Check the box which identifies the appropriate procedure authorized by the Act, which necessitates the request for financial information.

ITEM 19 and 20 - These blocks must be signed and dated by an official of the organization whose funds will be charged. His or her signature constitutes a statement that the records to which the invoice refers were required for official business and were provided by the financial institution in accordance with the ordering instrument.

ITEM 21 - The Schedule and Voucher Number will be entered by the office which actually schedules the approved amount for payment by the Treasury Department.

ITEM 22 - Enter, if appropriate, any data not provided for elsewhere on the receiving report, such as, reasons for any claim amounts disallowed.

VENDOR ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Please comply to this information if you have not done so already

PAYEE/COMPANY INFORMATION:

| | |
|--|--|
| Vendor Company Name: | |
| Address: | |
| Taxpayer ID Number | |
| Contact Person Name | |
| Telephone Number | |
| E-mail Address (if you would like to be notified via e-mail) | |

FINANCIAL INSTITUTION INFORMATION:

| | |
|--|--|
| Bank Name | |
| Bank Address | |
| Bank Phone Number | |
| Nine Digit ABA Routing Transit Number | |
| Type of Account (Checking or Saving) | |
| Depositor Account Number | |
| Signature of Vendor's Authorizing Official | |
| Name & Title of Authorizing Official | |

Please Return or Fax to:
U.S. Attorney's Office
Southern District of Florida
99 NE 4 street, Suite 200
Miami, FL 33132
Attention: ██████████

Fax Number: ██████████

The Debt Collection Improvement Act of 1996 requires that payments made by the Federal government, including vendor payments, must be made by electronic funds transfer (EFT). A benefit of receiving payments by EFT is that your funds are directly deposited to your account at a financial institution and are available to you on the date of payment.

If you have questions regarding the delivery of the remittance information, please contact the financial institution where your account is held.

If you have any questions on the completion of this form, please contact Claudia Castellanos, at ██████████.



FBI FACSIMILE

COVER SHEET

*Fax
8/9*

PRECEDENCE

- Immediate
- Priority
- Routine

CLASS

- Top Secret
- Secret
- Confidential
- Sensitive
- Unclassified

Number Transmitted: _____
 Sender's Initials: _____
 Number of Pages: 6
 (including cover sheet)

To: CAPITAL ONE

Date: 08/08/2006

Name of Office

Facsimile Number: [Redacted]

Attn: [Redacted]
 Name Room Telephone

From: FBI
 Name of Office

Subject: Subpoena Request

Special Handling Instructions: _____

Originator's Name: SA [Redacted]

Originator's Facsimile Number: _____

Approved: _____

Brief Description of Communication Faxed: _____

*I was at the
 USA O's office
 I picked this up
 for you*



WARNING

Information attached to the cover sheet is U.S. Government Property. If you are not the intended recipient of this information, disclosure, reproduction, distribution, or use of this information is prohibited (18.U.S.C. § 641). Please notify the originator or the local FBI Office immediately to arrange for proper disposition.