RE: Identity Theft Claim

You recently notified Fay Servicing, LLC that you are the victim of identity theft with respect to the above referenced loan (also referred to in this notice as the “debt” or “account”). In order for Fay Servicing to complete a review of your identify theft claim, we require that you submit the following:

1. A copy of a police report filed with law enforcement alleging that you are the victim of an identity theft crime with respect to the debt; and
2. The enclosed Identity Theft Victim’s Complaint and Affidavit completed with all relevant information regarding the alleged identity theft crime.

The above documentation must be sent to the following address:

Fay Servicing, LLC
901 S. 2nd St., Suite 201
Springfield, IL 62704

Upon receipt of the above information, Fay Servicing will initiate a review and cease all collection activity and credit reporting. In addition, if we have reported adverse information regarding the account to any credit reporting agencies, we will notify those agencies that the account is disputed. Fay Servicing will send you written notice of our determination no later than ten (10) business days after we conclude our review. Please be advised that Fay Servicing will not take any of these actions regarding your identity theft claim until all of the required information is received.

If Fay Servicing determines that the information does establish that you are the victim of an identity theft crime, we will cease all further collection activity and credit reporting. If we have reported adverse information regarding the account to any credit reporting agencies, we will notify those agencies to delete that information. We will also inform the owner of your loan that the debt was obtained through an identity theft crime and that collection activities have been terminated based upon your claim of identity theft.

If Fay Servicing determines that the information does not establish that you are the victim of an identity theft crime, we will resume collection activity and credit reporting in accordance with applicable federal and state laws and regulations.

If you are unable to provide the required information or have any questions, please call our toll-free number: 1-800-495-7166. Our regular business hours are 8:00 a.m. to 9:00 p.m. Monday through Thursday, 8:30 a.m. to 5:00 p.m. on Friday, and Saturday 10:00 a.m. to 4:00 p.m., Central Time.

Sincerely,

Fay Servicing, LLC

Fay Servicing, LLC is a debt collector, and information you provide to us will be used for that purpose. To the extent your original obligation was discharged, or is subject to an automatic stay under the United States Bankruptcy Code, this is being provided for informational purposes only and does not constitute an attempt to collect a debt or impose personal liability. NMLS ID No. 88244.
Identity Theft Victim’s Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit identitytheft.gov to use a secure online version that you can print for your records.

Before completing this form:
1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

About You (the victim)

Now

(1) My full legal name: ________________________________________________
    First          Middle          Last          Suffix

(2) My date of birth: __________________
    mm/dd/yyyy

(3) My Social Security number: ________-______-__________

(4) My driver’s license: __________________
    State          Number

(5) My current street address:
    Number & Street Name
    Apartment, Suite, etc.
    City            State          Zip Code          Country

(6) I have lived at this address since __________________
    mm/yyyy

(7) My daytime phone: (____)___________________
    My evening phone: (____)___________________
    My email: ______________________________________

At the Time of the Fraud

(8) My full legal name was: ____________________________________________
    First          Middle          Last          Suffix

(9) My address was: _________________________________________________
    Number & Street Name
    Apartment, Suite, etc.
    City            State          Zip Code          Country

(10) My daytime phone: (____)___________________ My evening phone: (____)___________________
    My email: ______________________________________

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.
About You (the victim) (Continued)

Declarations

(11) I □ did OR □ did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.

(12) I □ did OR □ did not receive any money, goods, services, or other benefit as a result of the events described in this report.

(13) I □ am OR □ am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

About the Fraud

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: ___________________________________________________
First       Middle       Last       Suffix

Address: ____________________________________________________
Number & Street Name Apartment, Suite, etc.

City        State        Zip Code        Country

Phone Numbers: (____)_________________ (____)_________________
Victim’s Name _______________________________ Phone number (____)_________________

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

(14) and (15):
Attach additional sheets as needed.

[...]

Documentation

(16) I can verify my identity with these documents:

☐ A valid government-issued photo identification card (for example, my driver’s license, state-issued ID card, or my passport).

*If you are under 16 and don’t have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*

☐ Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

[...]

About the Information or Accounts

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) __________________________________________________________________________
(B) __________________________________________________________________________
(C) __________________________________________________________________________

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: __________________________________________________________________
Company Name: __________________________________________________________________
Company Name: __________________________________________________________________
(19) Below are details about the different frauds committed using my personal information.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number</td>
<td>Routing Number</td>
<td>Affected Check Number(s)</td>
<td></td>
</tr>
</tbody>
</table>

Account Type: ☐ Credit ☐ Bank ☐ Phone/Utilities ☐ Loan ☐ Government Benefits ☐ Internet or Email ☐ Other

Select ONE:
- ☐ This account was opened fraudulently.
- ☐ This was an existing account that someone tampered with.

Date Opened or Misused (mm/yyyy) Date Discovered (mm/yyyy) Total Amount Obtained ($)

(19): If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

Contact Person: Someone you dealt with, whom an investigator can call about this fraud.

Account Number: The number of the credit or debit card, bank account, loan, or other account that was misused.

Dates: Indicate when the thief began to misuse your information and when you discovered the problem.

Amount Obtained: For instance, the total amount purchased with the card or withdrawn from the account.
Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It’s important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

☐ I have not filed a law enforcement report.
☐ I was unable to file any law enforcement report.
☐ I filed an automated report with the law enforcement agency listed below.
☐ I filed my report in person with the law enforcement officer and agency listed below.

<table>
<thead>
<tr>
<th>Law Enforcement Department</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Number</td>
<td>Filing Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officer’s Name (please print)</th>
<th>Officer’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badge Number</td>
<td>(____) Phone Number</td>
</tr>
</tbody>
</table>

Did the victim receive a copy of the report from the law enforcement officer?  ☐ Yes  OR  ☐ No

Victim’s FTC complaint number (if available): ____________________________
Signature

As applicable, sign and date IN THE PRESENCE OF a law enforcement officer, a notary, or a witness.

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

Signature __________________________ Date Signed (mm/dd/yyyy)

Your Affidavit

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit. If someone has used your Social Security number (SSN) to get a tax refund or a job, or you suspect your SSN has been stolen, alert the IRS using Form 14039 at www.irs.gov/pub/irs-pdf/f14039.pdf.

Notary

Witness:

Signature __________________________ Printed Name __________________________

Date __________________________ Telephone Number __________________________