

Michael and Elana Laham  
P. O. Box 5248  
Orange, CA 92863-5248  
FAX: (562) 982-5711

August 4, 2003

Office of the District Attorney  
Newport Beach Office  
4601 Jamboree Road  
Newport Beach, CA 92660  
Phone (949) 476-4650

SUBJECT: REQUEST FOR **TWO SEALED COPIES** OF ALL AUDIO TAPES FOR ORANGE COUNTY SUPERIOR COURT CASE NUMBER IR02HM00216, IRVINE POLICE REPORT NUMBER DR 01-19823.

Dear District Attorney,

I write to request **two copies** of all tapes of evidence pertaining to Orange County Superior Court Case Number IR02HM00216, Irvine Police Report Number DR 01-19823, in which I was the defendant in a case of annoying phone calls [CA Penal Code Section 653(m)]. I request that, if there is more than one audio tape for this case, you put one copy of each tape in each of two envelopes, each of which is to be sealed by City of Irvine personnel and signed across the seal by the person preparing the copies. I also request **both sealed envelopes** be mailed to my address, which is P. O. Box 5248, Orange, CA 92863-5248.

Please advise at your earliest convenience how much this request costs and to whom I would make the check to pay for this request payable. To speed up this process, please send your letter with this information by facsimile (FAX) to my FAX number, which is (562) 982-5711.

Your prompt attention to this request would be most sincerely appreciated.

~~Most Sincerely Yours~~

Michael Laham

7003 0500 0001 5902 5283

NEWPORT BEACH CA 92660

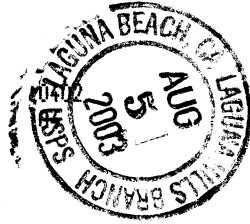
\$0.37

\$2.30

\$1.75

\$0.00

\$4.42



08/05/2003

OFFICE OF THE DISTRICT ATTORNEY  
NEWPORT BEACH OFFICE

4601 JAMBOREE ROAD  
NEWPORT BEACH, CA 92660

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OFFICE OF THE  
DISTRICT ATTORNEY  
NEWPORT BEACH OFFICE  
4601 JAMBOREE ROAD  
NEWPORT BEACH, CA  
92660

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name)  Agent  
C. Date of Delivery  
**RECEIVED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE

D. Is delivery address (Printed Name)  Yes  
HARBOR JUSTICE CENTER  No  
If YES, enter delivery address below:

**AUG - 6 2003**

**ALAN SLATER, Clerk of the Court**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from)

7003 0500 0001 5902 5283

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

*SEND TO:*

*MICHAEL AND ELANA LAHAM  
P. O. BOX 5248  
ORANGE, CA 92863-5248*

Michael and Elana Laham  
P. O. Box 5248  
Orange, CA 92863-5248  
FAX: (562) 982-5711

August 4, 2003

Office of the City Clerk  
City of Irvine  
One Civic Center Plaza  
P. O. Box 19575  
Irvine, CA 92623-9575  
Phone (949) 724-6000  
FAX (949) 724-6045

SUBJECT: REQUEST FOR **TWO SEALED COPIES** OF ALL AUDIO TAPES FOR IRVINE  
POLICE REPORT NUMBER DR 01-19823.

Dear City Clerk,

Please forward this letter to the Irvine Police Department or to whoever we need to talk to, to obtain the subject audio tapes.

I write to request **two copies** of all tapes of evidence pertaining to Irvine Police Report Number DR 01-19823. I request that, if there is more than one audio tape for this case, you put one copy of each tape in each of two envelopes, each of which is to be sealed by City of Irvine personnel and signed across the seal by the person preparing the copies. I also request both sealed envelopes be mailed to my address, which is P. O. Box 5248, Orange, CA 92863-5248.

Please advise at your earliest convenience how much this request costs and to whom I would make the check to pay for this request payable. To speed up this process, please send your letter with this information by facsimile (FAX) to my FAX number, which is (562) 982-5711.

Your prompt attention to this request would be most sincerely appreciated.

~~Most Sincerely Yours,~~

Michael Laham

cc: Office of Irvine Chief of Police, FAX (949) 724-7101 or (949) 724-7191

7003 0500 0001 5902 5290

IRVINE CA 92623

\$0.37  
\$2.30  
\$1.75  
\$0.00  
\$4.42



OFFICE OF THE CITY CLERK  
CITY OF IRVINE  
ONE CIVIL CENTER PLAZA  
P. O. BOX 19575  
IRVINE, CA 92623-9575

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OFFICE OF THE CITY CLERK  
 CITY OF IRVINE  
 ONE CIVIC CENTER PLAZA  
 P. O. BOX 19575  
 IRVINE, CA, 92623-9575

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jesus M. Soto*  Agent  Addressee  
 B. Received by (Printed Name) *Jesus M. Soto* C. Date of Delivery *AUG 07 2003*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from s) 7003 0500 0001 5902 5290



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

SEND TO:

MICHAEL AND ELANA LAHAM  
P. O. BOX 5248  
ORANGE, CA 92863-5248

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