

BB

(*)

Michael S. Laham and Elana Laham
P. O. Box 66
Renton, WA 98057-0066

Page 1 of 1

13 December 2010

EQUIFAX INFORMATION SERVICES LLC
P. O. Box 105466
Atlanta, GA 30348-5069

(*)

~~CONFIDENTIAL~~

SUBJECT: Verification Requested for Credit REPORT for Elana Laham

In accordance with your correspondence of 23 November 2010, I enclose the following documents to verify my identification and address:

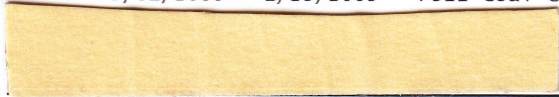
- > Copy of Social Security Card, to verify identification.
- > Copy of Driver's License, to verify address.

Please send me a paper copy of my EQUIFAX credit report to my mailing address, listed below with my other identification information.

Full Name: Elana Laham [no middle name]
 Social Security Number (SSN): ██████████
 Date of Birth (DOB): ██████████
 Current Address: 530 Burnett Avenue North, Apt. #10
 Renton, WA 98057
 Mailing Address: P. O. Box 66
 Renton, WA 98057-0066
 Telephone Number: (425) 965-8754
 Current Employer: (None)
 Reason for Sending Information: Want my Credit REPORT

Previous Addresses:

From	To	(Previous) Address
6/01/2010	Present	530 Burnett Avenue North, Apt. #10, Renton, WA 98057
2/01/2010	5/31/2010	8208 161st Avenue NE, Apt. # A-514, Redmond, WA 98052
8/01/2009	1/31/2010	10710 NE 10th Street, Apt. # 714, Bellevue, WA 98004
1/23/2009	7/31/2009	12527 NE 130th Court, Apt. # B-06, Kirkland, WA 98034
9/01/2008	1/23/2009	7311 Coal Creek Parkway SE, Apt. # E-304, Newcastle, WA 98059



Elana Laham

ENCLOSURES:

- 1) Copy of Social Security Card ✓
- 2) Copy of Driver's License (to verify address) ✓

SOCIAL SECURITY

AL SECT



THIS NUMBER HAS BEEN ESTABLISHED FOR

ELANA LIAHAM



WA
USA

WASHINGTON

DRIVER LICENSE



02153G1284

4d LIC#

1 LAHAM
2 ELANA

8 530 BURNETT AVE N APT 10
RENTON WA 98057-5444

15 Sex F 16 Hgt 5-02
17 Wgt 205 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions C

4a Iss **08-03-2010**



Rev 09-16-2009

7010 0290 0001 4001 0690

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

ATLANTA GA 30348 **OFFICIAL USE**

Postage	\$ 0.44
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.54

0269
02
Postmark Here
12/13/2010
DOWNTOWN ATLANTA
330
15185 PM

Sent To
EQUIFAX INFORMATION SERVICES LLC
Street, Apt. No.;
or PO Box No. **P. O. BOX 105466**
City, State, ZIP+4 **ATLANTA, GA 30348-5069**

ELAMA - 025011 RPT Follow-Up

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:

EQUIFAX INFORMATION
 SERVICES LLC
 P.O. BOX 105466
 ATLANTA, GA 30348-5069

2. Article Number
(Transfer from service label)

7010 0290 0001 4001 0690

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jung King* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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 •

ELANA LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

