

UNITED STATES DISTRICT COURT

for the

Central District of California

In the Matter of the Search of:)	
Information associated with the account(s) held by)	Case No. 2:19-MJ-00547
Dr. Reza Ray Ehsan that is within the possession,)	
custody, or control of AdvancedMD)	
)	

WARRANT PURSUANT TO 18 U.S.C. § 2703

To: Any Authorized Law Enforcement Officer

An application by a federal law enforcement officer requests the production and search of the following data:

See Attachment A-2

The data to be produced and searched, described above, are believed to contain the following:

See Attachment B

I find that the affidavit, or any recorded testimony, establishes probable cause to produce and search the data described in Attachment A-2, and to seize the data described in Attachment B. Such affidavit is incorporated herein by reference.

AUTHORIZED LAW ENFORCEMENT OFFICER/S IS/ARE HEREBY COMMANDED to serve this warrant on AdvancedMD in the daytime, between the hours of 6:00 a.m. and 10:00 p.m., within 14 days from the date of its issuance.

ADVANCEDMD IS HEREBY COMMANDED to produce the information described in Attachment A within 10 calendar days of the date of service of this order. **ADVANCEDMD IS FURTHER COMMANDED** to comply with the further orders set forth in Attachment B.

The officer executing this warrant, or an officer present during the execution, shall prepare an inventory as required by law, and shall promptly return this warrant and the inventory to the United States Magistrate Judge on duty at the time of the return through a filing with the Clerk’s Office.

AUTHORIZED LAW ENFORCEMENT OFFICER/S IS/ARE FURTHER COMMANDED to perform the search of the data provided by Inuit, Inc. pursuant to the procedures set forth in Attachment B.

Date and time issued: February 15, 2019 at 6:02 p.m.

City and State: Los Angeles, CA

/s/
Judge’s signature
Hon. Jacqueline Chooljian, U.S. Magistrate Judge
Printed name and title

AUSA: Benjamin R. Barron (ext. 3542)

Return

Case No: 2:19-MJ-00547

Date and time warrant served on provider:

Inventory made in the presence of:

Inventory of data seized:

[Please provide a description of the information produced.]

Certification

I declare under penalty of perjury that I am an officer involved in the execution of this warrant, and that this inventory is correct and was returned along with the original warrant to the designated judge through a filing with the Clerk's Office.

Date: _____

Executing officer's signature

Printed name and title

ATTACHMENT A-2

PROPERTY TO BE SEARCHED

This warrant applies to information associated with the account(s) held by or associated with the user identified as follows:

Dr. Reza Ray Ehsan
SSN: xxx-xx-9005
Tax ID: 73-1646794
NPI: 1467537480
California medical license number 50372

that is stored at premises controlled by AdvancedMD (the "PROVIDER"), a company that accepts service of legal process at 10876 South River Front Parkway, Suite 400, South Jordan, UT 84095.

ATTACHMENT B

ITEMS TO BE SEIZED

I. SEARCH PROCEDURE

1. The search warrant will be presented to personnel of the PROVIDERS, who will be directed to isolate the information described in Section II below.

2. To minimize any disruption of service to third parties, the PROVIDER's employees and/or law enforcement personnel trained in the operation of computers will create an exact duplicate of the information described in Section II below.

3. The PROVIDER's employees will provide in electronic form the exact duplicate of the information described in Section II below to the agent who serves the search warrant.

4. With respect to contents of electronic communications produced by the PROVIDER's (hereafter, "content records," see Section II.10.a below), law enforcement agents and/or individuals assisting law enforcement and acting at their direction (the "search team") will examine such content records pursuant to search procedures specifically designed to identify items to be seized under this warrant. The search shall extract and seize only the specific items to be seized under this warrant (see Section III below). In conducting this search, the search team shall take notes regarding how it conducts the search.

5. If the search team encounters immediately apparent contraband or other evidence of a crime outside the scope of the

items to be seized, the team shall immediately discontinue its search pending further order of the Court and shall make and retain notes detailing how the contraband or other evidence of a crime was encountered, including how it was immediately apparent contraband or evidence of a crime.

6. The search team will complete its search of the content records as soon as is practicable but not to exceed 60 days from the date of receipt from the PROVIDER's of the response to this warrant. If additional time is needed, the government may seek an extension of this time period from the Court within the original 60-day period.

7. Once the search team has completed its review of the content records and created copies of the items seized pursuant to the warrant, the original production from the PROVIDER will be sealed -- and preserved by the search team for authenticity and chain of custody purposes -- until further order of the Court. Thereafter, the search team will not access the data from the sealed original production which fell outside the scope of the items to be seized absent further order of the Court.

8. The special procedures relating to digital data found in this warrant govern only the search of digital data pursuant to the authority conferred by this warrant and do not apply to any search of digital data pursuant to any other court order.

9. Pursuant to 18 U.S.C. § 2703(g) the presence of an agent is not required for service or execution of this warrant.

II. INFORMATION TO BE DISCLOSED BY THE PROVIDER

10. To the extent that the information described in Attachment A-1 or Attachment A-2 is within the possession, custody, or control of the PROVIDER, including any information that has been deleted but is still available to the PROVIDER, or has been preserved pursuant to a request made under 18 U.S.C. § 2703(f), the PROVIDER is required to disclose the following information to the government for the account(s) set forth in Attachment A-1 or Attachment A-2:

a. For the time period January 1, 2015 to the present, all computer generated or computer rendered records constituting bookkeeping, business, financial, billing, patient, and/or medical records.

b. For the time period January 1, 2015 to the present, the content of any electronic messages associated with the account.

c. For the time period January 1, 2015 to the present, records of session times and the internet protocol identifiers associated with such session times.

d. All subscriber information pertaining to the account, including the date on which the account was created, the length of service, the IP address used to register the account, the subscriber's full name(s), screen name(s), other account names or e-mail addresses associated with the account, telephone numbers, physical addresses, and other identifying information regarding the subscriber, the types of service utilized, account status, account settings, login IP addresses

associated with session dates and times, as well as means and source of payment, including detailed billing records.

III. INFORMATION TO BE SEIZED BY THE GOVERNMENT

11. The search team may seize:

a. All information described above in Sections II.10.a and II.10.b that constitutes evidence, contraband, fruits, or instrumentalities of violations of 21 U.S.C. §§ 841(a)(1), 846 (distribution of controlled substances, possession with intent to distribute controlled substances, and related conspiracy); 18 U.S.C. § 1956(a) (money laundering); and 31 U.S.C. § 5324(a) (structuring currency transactions), those violations occurring on or after January 1, 2015, namely:

i. Information relating to who created, accessed, or used the respective **SUBJECT ACCOUNT**, including records about their identities and whereabouts.

ii. Records relating to any and all controlled substances dispensed, prescribed, ordered, or otherwise distributed or acquired.

iii. Any and all medical records, patient files, sign-in sheets, charts, billing information, payment records, and identification documents for any patient prescribed or dispensed a controlled substance; and including evidence of any alterations or deletions to or of such item(s).

iv. Any and all and all records of controlled substances dispensed, prescribed, ordered, or otherwise distributed or acquired.

v. Any and all bookkeeping or other financial records regarding Reza EHSAN, his medical business, or any other medical practitioner employed at his medical business.

b. Any and all communications, or personal notes of communications, to, from, or referring or relating to any person prescribed or dispensed a controlled substance, or that otherwise refers or relates to the prescription, transfer, purchase, sale, or other acquisition of a controlled substance.

c. All records and information described above in Sections II.10.c and II.10.d.

IV. PROVIDER PROCEDURES

12. IT IS ORDERED that the PROVIDERS shall deliver the information set forth in Section II within 10 days of the service of this warrant. The PROVIDERS shall send such information to:

Special Agent Erwin Benedicto
255 E. Temple St., Los Angeles, CA 90012
(213) 621-6700
erwin.m.benedicto@usdoj.gov

13. IT IS FURTHER ORDERED that the PROVIDERS shall provide the name and contact information for all employees who conduct the search and produce the records responsive to this warrant.

V. HANDLING OF MEDICAL RECORDS

14. IT IS FURTHER ORDERED that the investigating agents will implement the following procedures. Any person whose medical records were seized pursuant to this warrant may request that a copy of the record(s) be returned to the patient or to a person with lawful power of attorney for the patient. The

government will provide a copy of the patient's record(s) within five business days of receiving such a request. However, the government may delay production of the records as reasonably necessary to verify that the person making the request was in fact a patient of EHSAN.

AFFIDAVIT

I, Erwin M. Benedicto, being duly sworn, declare and state as follows:

I. INTRODUCTION

1. I am a Special Agent ("SA") of the United States Drug Enforcement Administration ("DEA"), currently assigned to the DEA Diversion Group 1 at the Los Angeles Field Division Office. Until May 25, 2018, I was assigned to the DEA Enforcement Group 1 at the Honolulu District office in Honolulu, HI, and have employed by the DEA since July 15, 2012. Prior to my employment with DEA, I was employed as an attorney in private practice in Los Angeles, California. I have received specialized training from DEA in federal drug law enforcement. I have been involved in numerous drug-related arrests, numerous search warrants, and surveillances. I have debriefed numerous narcotics traffickers following their arrest. I have participated in drug trafficking investigations in which court-authorized wire interception was utilized. During this time, I have become knowledgeable with the enforcement of state and federal laws pertaining to narcotics and dangerous drugs. Based on this experience, I have become well versed in the methodology utilized in narcotics trafficking operations, the specific types of language used by narcotic traffickers, the unique trafficking patterns employed by narcotics organizations and their patterns of drug abuse.

2. I make this affidavit in support of an application for a search warrant for records and information associated with the following accounts held by or in the name of Dr. Reza Ray Ehsan,

SSN: [REDACTED] 9005, Tax ID: 73-1646794, NPI: 1467537480, California Medical License #50372 that is stored at premises controlled by: (i) Intuit Inc., an electronic records provider headquartered at 2700 Coast Avenue, Mountain View, CA 94043 ("SUBJECT ACCOUNT #1"); and (ii) AdvancedMD, an electronic records provider headquartered at 10876 South River Front Parkway, Suite 400, South Jordan, UT 84095 ("SUBJECT ACCOUNT #2" and collectively the "SUBJECT ACCOUNTS").¹ Intuit Inc. and AdvancedMD are collectively referred to herein as the "PROVIDERS." The information to be searched is described in Attachments A-1 and A-2. This affidavit is made in support of an application for a search warrant under 18 U.S.C. §§ 2703(a), 2703(b)(1)(A), 2703(c)(1)(A) and 2703(d)² to require the

¹ Because this Court has jurisdiction over the offense(s) being investigated, it may issue the warrant to compel the PROVIDERS pursuant to 18 U.S.C. §§ 2703(a), (b)(1)(A), (c)(1)(A). See 18 U.S.C. §§ 2703(a) ("A governmental entity may require the disclosure by a provider . . . pursuant to a warrant issued using the procedures described in the Federal Rules of Criminal Procedure . . . by a court of competent jurisdiction") and 2711 ("the term 'court of competent jurisdiction' includes - - (A) any district court of the United States (including a magistrate judge of such a court) or any United States court of appeals that -- (i) has jurisdiction over the offense being investigated; (ii) is in or for a district in which the provider of a wire or electronic communication service is located or in which the wire or electronic communications, records, or other information are stored; or (iii) is acting on a request for foreign assistance pursuant to section 3512 of this title").

² The government is also seeking non-content records pursuant to 18 U.S.C. § 2703(d). To obtain the basic subscriber information, which do not contain content, the government needs only a subpoena. See 18 U.S.C. § 2703(c)(1), (c)(2). To obtain additional records and other information--but not content--pertaining to subscribers of an electronic communications service or remote computing service, the government must comply with the dictates of section 2703(c)(1)(B), which requires the government to supply specific and articulable facts showing that

PROVIDERS to disclose to the government copies of the information (including the content of communications) described in Section II of Attachment B. Upon receipt of the information described in Section II of Attachment B, law enforcement agents and/or individuals assisting law enforcement and acting at their direction will review that information to locate the items described in Section III of Attachment B. Attachments A-1, A-2, and B are incorporated herein by reference.

3. As described more fully below, I respectfully submit there is probable cause to believe that the information associated with the **SUBJECT ACCOUNTS** constitutes evidence, contraband, fruits, or instrumentalities of criminal violations of 21 U.S.C. §§ 841(a)(1), 846 (distribution of controlled substances, possession with intent to distribute controlled substances, and related conspiracy); 18 U.S.C. § 1956(a) (money laundering); and 31 U.S.C. § 5324(a) (structuring currency transactions).

4. The facts set forth in this affidavit are based upon my personal observations, my training and experience, and information obtained from other agents and witnesses. This affidavit is intended to show merely that there is sufficient

there are reasonable grounds to believe that the records or other information sought are relevant and material to an ongoing criminal investigation in order to obtain an order pursuant to 18 U.S.C. § 2703(d). The requested warrant calls for both records containing content (see Attachment B paragraph 11.10.a) as well as subscriber records and other records and information that do not contain content (see Attachment B paragraph II.10.b).

probable cause for the requested warrant and does not purport to set forth all of my knowledge of or investigation into this matter. Unless specifically indicated otherwise, all conversations and statements described in this affidavit are related in substance and in part only.

II. STATEMENT OF PROBABLE CAUSE

6. On January 29, 2019, this Court (the Honorable Maria A. Audero, United States Magistrate Judge) authorized search warrants for two locations associated with Dr. Reza Ray Ehsan ("EHSAN"), namely, EHSAN's medical office and his personal residence (collectively, "the search warrants"). A copy of the affidavit supporting the search warrants is attached hereto as Exhibit A and incorporated as though fully set forth herein.

7. On January 30, 2010, investigators in this case executed the search warrants. EHSAN and his medical staff were present at the medical office (identified in Exhibit A as **Target Location #1**) during execution of the warrant there. From speaking with the business's office manager, investigators learned that the business uses two Internet-based services, namely, the PROVIDERS, to record controlled substances dispensed to patients and related proceeds (via QuickBooks, **SUBJECT ACCOUNT #1**) and to store and maintain patient records (via AdvancedMD, **SUBJECT ACCOUNT #2**).

8. In preparing this affidavit, I have viewed the website of Intuit Inc.'s QuickBooks and observed that it provides accounting functions for businesses such as tracking income and expenses, capturing and organizing receipts, and invoicing and

accepting payments (search2.quickbooks.com). I have also viewed AdvancedMD's website (www.advancedmd.com) and observed that it offers services including creating and maintaining electronic health records (e.g., patient charts); medical billing; payment processing; appointment scheduling; online messaging between doctor and patient; electronic prescribing; patient prescription renewals requests; and paperless faxes.

9. From my training and experience, electronic service providers require subscribers to submit to a registration process, as part of which the PROVIDERS ask subscribers to provide basic personal information. Therefore, the computers of the PROVIDERS are likely to contain stored electronic communications and information concerning subscribers and their use of the PROVIDERS' services, such as account access information, e-mail or message transaction information, and account application information. In my training and experience, such information may constitute evidence of the crimes under investigation because the information can be used to identify the user(s) of the **SUBJECT ACCOUNTS**.

a. In my training and experience, electronic service providers generally ask their subscribers to provide certain personal identifying information when registering for an account. Such information can include the subscriber's full name, physical address, telephone numbers and other identifiers, alternative e-mail addresses, and, for paying subscribers, means and source of payment (including any credit or bank account number).

b. I know from my training and experience that the complete contents of an account may be important to establishing the actual user who has dominion and control of that account at a given time. Accounts may be registered in false names or screen names from anywhere in the world with little to no verification by the service provider. They may also be used by multiple people. Given the rarity with which law enforcement has eyewitness testimony about a defendant's use of an account, investigators often have to rely on circumstantial evidence to show that an individual was the actual user of a particular account. Only by piecing together information contained in the contents of an account may an investigator establish who the actual user of an account was. Often those pieces will come from a time period before the account was used in the criminal activity. Limiting the scope of the search would, in some instances, prevent the government from identifying the true user of the account and, in other instances, may not provide a defendant with sufficient information to identify other users of the account. Therefore, the contents of a given account often provide important evidence regarding the actual user's dominion and control of that account. For the purpose of searching for content demonstrating the actual user(s) of the **SUBJECT ACCOUNTS**, I am requesting a warrant requiring the PROVIDERS to turn over all information associated with of the **SUBJECT ACCOUNTS** with the date restriction included in Attachment B for review by the search team.

c. Relatedly, the government must be allowed to determine whether other individuals had access to of the **SUBJECT ACCOUNTS**. If the government were constrained to review only a small subsection of an account, that small subsection might give the misleading impression that only a single user had access to the account.

III. CONCLUSION

10. Based on the foregoing, I request that the Court issue the requested search warrants.

Erwin Benedicto, Special Agent
Drug Enforcement Administration

Subscribed to and sworn before
me on February ____, 2019.

UNITED STATES MAGISTRATE JUDGE

EXHIBIT A

UNITED STATES DISTRICT COURT

for the
Central District of California

FILED
CLERK, U.S. DISTRICT COURT
1/29/2019
CENTRAL DISTRICT OF CALIFORNIA
BY: CW DEPUTY

In the Matter of the Search of)
(Briefly describe the property to be searched or identify the)
person by name and address))

Case No. 2:19-MJ-00235

11600 Venice Boulevard)
Los Angeles, California 90066)
)
)
)
)

APPLICATION FOR A SEARCH WARRANT

I, a federal law enforcement officer or an attorney for the government, request a search warrant and state under penalty of perjury that I have reason to believe that on the following person or property (identify the person or describe the property to be searched and give its location):

See Attachment A-1

located in the Central District of California, there is now concealed (identify the person or describe the property to be seized):

See Attachment B

The basis for the search under Fed. R. Crim. P. 41(c) is (check one or more):

- evidence of a crime;
- contraband, fruits of crime, or other items illegally possessed;
- property designed for use, intended for use, or used in committing a crime;
- a person to be arrested or a person who is unlawfully restrained.

The search is related to a violation of:

Code Section
See Attachment B

Offense Description

The application is based on these facts:

See attached Affidavit

Continued on the attached sheet.

Delayed notice of _____ days (give exact ending date if more than 30 days: _____) is requested under 18 U.S.C. § 3103a, the basis of which is set forth on the attached sheet.


Applicant's signature

DEA SA Erwin Benedicto

Printed name and title

Sworn to before me and signed in my presence.

Date: Jan. 29, 2019


Judge's signature

City and state: Los Angeles, CA

Hon. Maria A. Audero, United States Magistrate Judge

Printed name and title

AUSA: Benjamin Baron (ext. 3542)

ATTACHMENT A-1

Description of Target Location #1

Target Location #1 is a medical business premises located at the address 11600 Venice Boulevard in Los Angeles, California 90066. **Target Location #1** is at the northwest corner of the intersection of Coolidge Avenue and Venice Boulevard. **Target Location #1** consists of a one-story building with a white exterior, a dark gray roof and red borders on the doors and windows. Directly above the front entrance there is a sign with a red cross and red lettering that reads "Urgent Care," underneath which is gray lettering that reads "11600 Venice Blvd" and gold lettering that reads "Medical Group". On the eastern side of the building there is red lettering that reads "Urgent Care" and gold lettering that reads "Pain Institute". On the western side of the building white lettering on a red background reads "West LA Urgent Care". Parking is directly in front of the building. At the northwest corner of the parking spaces is a large free-standing sign, approximately two stories in height, which reads "Urgent Care" and "West LA Urgent Care".

ATTACHMENT B

I. ITEMS TO BE SEIZED

1. The items to be seized are evidence, contraband, fruits, or instrumentalities of violations of 21 U.S.C. §§ 841(a)(1), 846 (distribution of controlled substances, possession with intent to distribute controlled substances, and related conspiracy); 18 U.S.C. § 1956(a) (money laundering); and 31 U.S.C. § 5324(a) (structuring currency transactions), for the date range January 1, 2015 to the present, namely:

a. All Schedule II controlled substances.

b. Records, patient files, customer files, sign-in sheets, charts, billing information, payment records, identification documents, and communications for, or that refer to: (1) patients receiving a controlled substance or a prescription for a controlled substance; and/or (2) patients paying cash for medical or pharmacy services from EHSAN, or at **Target Location #1**. If a patient or customer file includes records that both pre- and post-date January 1, 2015, the entire file may be seized.

c. Materials, including but not limited to documents, emails, check registers, cancelled checks, deposit items, financial instruments, facsimile transmissions, ledgers, or other communications or correspondence, that refer or relate to: (1) the operation or existence of a pharmacy at **Target Location #1**; (2) the ordering or other acquisition of drugs from any wholesale or other drug distributor; and/or (3) payment for such drug orders or other acquisition.

d. Materials, including but not limited to documents, emails, check registers, cancelled checks, deposit items, financial instruments, facsimile transmissions, ledgers, or correspondence to/from any insurance provider, that refer or relate to: (1) the dispensing, prescribing or other distribution of controlled drugs at **Target Location #1**, by EHSAN, or by any other person employed at **Target Location #1**; and/or (2) the receipt of payment of any compensation in exchange for the act of dispensing a controlled drug or otherwise writing or filling a prescription.

e. United States currency, financial instruments, and precious metals in an aggregate value exceeding \$1,000.

f. Materials, including but not limited to documents, emails, financial records, facsimile transmissions, ledgers, or correspondence to/from any financial institution, that refer or relate to (1) banks' obligation to report currency transactions to federal banks; (2) plans, discussions, or any effort to break up any currency transaction into multiple deposits; (3) plans, discussions, or any effort to otherwise conceal cash proceeds; and (4) any person(s) making currency deposits into financial accounts, to include the accounts identified in the underlying affidavit, such as identifying or corroborating the identity of such person(s).

g. Not more than twenty (20) indicia of occupancy, residency, rental, or ownership of each of the **Target Locations**, including but not limited to utility bills, telephone bills, loan payment receipts, rent receipts, trust deeds, lease or rental agreements, and escrow documents.

h. Keys to show ownership of storage facilities, businesses, locked containers, cabinets, safes, conveyances, and/or other residences.

i. With respect to any digital device containing evidence falling within the scope of the foregoing categories of items to be seized:

i. evidence of who used, owned, or controlled the device at the time the things described in this warrant were created, edited, or deleted, such as logs, registry entries, configuration files, saved usernames and passwords, documents, browsing history, user profiles, e-mail, e-mail contacts, chat and instant messaging logs, photographs, and correspondence;

ii. evidence of the presence or absence of software that would allow others to control the device, such as viruses, Trojan horses, and other forms of malicious software, as well as evidence of the presence or absence of security software designed to detect malicious software;

iii. evidence of the attachment of other devices;

iv. evidence of counter-forensic programs (and associated data) that are designed to eliminate data from the device;

v. evidence of the times the device was used;

vi. passwords, encryption keys, biometric keys, and other access devices that may be necessary to access the device;

vii. applications, utility programs, compilers, interpreters, or other software, as well as documentation and

manuals, that may be necessary to access the device or to conduct a forensic examination of it;

viii. records of or information about Internet Protocol addresses used by the device;

ix. records of or information about the device's Internet activity, including firewall logs, caches, browser history and cookies, "bookmarked" or "favorite" web pages, search terms that the user entered into any Internet search engine, and records of user-typed web addresses.

2. As used herein, the terms "records," "documents," "programs," "applications," and "materials" include records, documents, programs, applications, and materials created, modified, or stored in any form, including in digital form on any digital device and any forensic copies thereof.

3. As used herein, the term "digital device" includes any electronic system or device capable of storing or processing data in digital form, including central processing units; desktop, laptop, notebook, and tablet computers; personal digital assistants; wireless communication devices, such as telephone paging devices, beepers, mobile telephones, and smart phones; digital cameras; gaming consoles (including Sony PlayStations and Microsoft Xboxes); peripheral input/output devices, such as keyboards, printers, scanners, plotters, monitors, and drives intended for removable media; related communications devices, such as modems, routers, cables, and connections; storage media, such as hard disk drives, floppy disks, memory cards, optical disks, and magnetic tapes used to

store digital data (excluding analog tapes such as VHS); and security devices.

II. SEARCH PROCEDURE FOR DIGITAL DEVICES

4. In searching digital devices or forensic copies thereof, law enforcement personnel executing this search warrant will employ the following procedure:

a. Law enforcement personnel or other individuals assisting law enforcement personnel (the "search team") will, in their discretion, either search the digital device(s) on-site or seize and transport the device(s) and/or forensic image(s) thereof to an appropriate law enforcement laboratory or similar facility to be searched at that location. The search team shall complete the search as soon as is practicable but not to exceed 120 days from the date of execution of the warrant. The government will not search the digital device(s) and/or forensic image(s) thereof beyond this 120-day period without obtaining an extension of time order from the Court.

b. The search team will conduct the search only by using search protocols specifically chosen to identify only the specific items to be seized under this warrant.

i. The search team may subject all of the data contained in each digital device capable of containing any of the items to be seized to the search protocols to determine whether the device and any data thereon falls within the list of items to be seized. The search team may also search for and attempt to recover deleted, "hidden," or encrypted data to

determine, pursuant to the search protocols, whether the data falls within the list of items to be seized.

ii. The search team may use tools to exclude normal operating system files and standard third-party software that do not need to be searched.

iii. The search team may use forensic examination and searching tools, such as "EnCase" and "FTK" (Forensic Tool Kit), which tools may use hashing and other sophisticated techniques.

c. If the search team, while searching a digital device, encounters immediately apparent contraband or other evidence of a crime outside the scope of the items to be seized, the team shall immediately discontinue its search of that device pending further order of the Court and shall make and retain notes detailing how the contraband or other evidence of a crime was encountered, including how it was immediately apparent contraband or evidence of a crime.

d. If the search determines that a digital device does not contain any data falling within the list of items to be seized, the government will, as soon as is practicable, return the device and delete or destroy all forensic copies thereof.

e. If the search determines that a digital device does contain data falling within the list of items to be seized, the government may make and retain copies of such data, and may access such data at any time.

f. If the search determines that a digital device is (1) itself an item to be seized and/or (2) contains data falling

within the list of other items to be seized, the government may retain the digital device and any forensic copies of the digital device, but may not access data falling outside the scope of the other items to be seized (after the time for searching the device has expired) absent further court order.

g. The government may also retain a digital device if the government, prior to the end of the search period, obtains an order from the Court authorizing retention of the device (or while an application for such an order is pending), including in circumstances where the government has not been able to fully search a device because the device or files contained therein is/are encrypted.

h. After the completion of the search of the digital devices, the government shall not access digital data falling outside the scope of the items to be seized absent further order of the Court.

5. In order to search for data capable of being read or interpreted by a digital device, law enforcement personnel are authorized to seize the following items:

a. Any digital device capable of being used to commit, further, or store evidence of the offense(s) listed above;

b. Any equipment used to facilitate the transmission, creation, display, encoding, or storage of digital data;

c. Any magnetic, electronic, or optical storage device capable of storing digital data;

d. Any documentation, operating logs, or reference manuals regarding the operation of the digital device or software used in the digital device;

e. Any applications, utility programs, compilers, interpreters, or other software used to facilitate direct or indirect communication with the digital device;

f. Any physical keys, encryption devices, dongles, or similar physical items that are necessary to gain access to the digital device or data stored on the digital device; and

g. Any passwords, password files, biometric keys, test keys, encryption codes, or other information necessary to access the digital device or data stored on the digital device.

6. The special procedures relating to digital devices found in this warrant govern only the search of digital devices pursuant to the authority conferred by this warrant and do not apply to any search of digital devices pursuant to any other court order.

III. PROCEDURE FOR PATIENT REQUESTS FOR MEDICAL RECORDS

7. The following procedures will be followed in order to minimize disruption to the legitimate medical needs of patients: A patient whose medical information has been seized pursuant to this search warrant may request that a copy of that seized information be returned to the patient. These requests must be in writing and submitted to Special Agent Erwin Benedicto, Drug Enforcement Administration, 255 E. Temple Street, 17th Floor, Los Angeles, CA 90012. Requests may also be faxed to (213) 576-2300 or emailed to Erwin.M.Benedicto@usdoj.gov. The government must

provide to the patient making the request a copy of any medical information it has regarding the patient within five days (excluding weekends and holidays) of receiving the request.

AFFIDAVIT IN SUPPORT OF SEARCH WARRANT

I, Erwin M. Benedicto, being duly sworn, declare and state as follows:

I. INTRODUCTION

1. I am a Special Agent ("SA") of the United States Drug Enforcement Administration ("DEA"), currently assigned to the DEA Diversion Group 1 at the Los Angeles Field Division Office. Until May 25, 2018, I was assigned to the DEA Enforcement Group 1 at the Honolulu District office in Honolulu, HI, and have employed by the DEA since July 15, 2012. Prior to my employment with DEA, I was employed as an attorney in private practice in Los Angeles, California. I have received specialized training from DEA in federal drug law enforcement. I have been involved in numerous drug-related arrests, numerous search warrants, and surveillances. I have debriefed numerous narcotics traffickers following their arrest. I have participated in drug trafficking investigations in which court-authorized wire interception was utilized. During this time, I have become knowledgeable with the enforcement of state and federal laws pertaining to narcotics and dangerous drugs. Based on this experience, I have become well versed in the methodology utilized in narcotics trafficking operations, the specific types of language used by narcotic traffickers, the unique trafficking patterns employed by narcotics organizations and their patterns of drug abuse.

2. The facts averred herein, except as otherwise noted, are known to me based upon my own personal knowledge, or, where noted, information provided to me, directly or indirectly, by federal law enforcement agents and task force officers,

California law enforcement agents, and other investigators and detectives described herein, in addition to my review of information obtained from the California Department of Vehicles ("DMV"), the National Crime Information Center ("NCIC"), telephone toll records and subscriber information, California Law Enforcement Telecommunications ("CLETS"), and the California Bureau of Narcotic Enforcement's Controlled Substance Utilization Review and Evaluations system ("CURES").

II. PURPOSE OF AFFIDAVIT

3. This affidavit is made in support of a warrant to search the following locations (collectively, "**the Target Locations**") for evidence, fruits, and instrumentalities of violations of 21 U.S.C. §§ 841(a)(1), 846 (distribution of controlled substances, possession with intent to distribute controlled substances, and related conspiracy); 18 U.S.C. § 1956(a) (money laundering); and 31 U.S.C. § 5324(a) (structuring currency transactions): (1) 11600 Venice Boulevard, Los Angeles, California 90066 (**Target Location #1**); and (2) 10957 Chalon Road, Los Angeles, CA 90077 (**Target Location #2**, and collectively, "**the Target Locations**").

4. The **Target Locations** are further described in Attachments A-1 and A-2, which are incorporated herein by reference. The items to be seized are set forth in Attachment B, which is also incorporated herein by reference.

5. This affidavit is intended to show that there is sufficient probable cause for the warrants. This affidavit is not intended to be a complete statement of all known information of evidentiary value, and it does not purport to set forth all

of my knowledge of, or investigation into, this matter. The instant application for search warrants is specifically requested by Benjamin R. Barron, an Assistant United States Attorney for the United States Attorney's Office for the Central District of California, who is an "attorney for the government" as that term is defined and used in Federal Rules of Criminal Procedure 1(b)(1)(B) and 41(b).

III. BACKGROUND INFORMATION

6. Hydrocodone is a generic name for a narcotic analgesic classified under federal law as a Schedule II (formerly Schedule III) narcotic drug controlled substance. Hydrocodone is also found in medications known by the brand names Vicodin, Norco, and Lortab. Hydrocodone, when legally prescribed for a legitimate medical purpose, is typically used for the relief of mild to moderate pain. Hydrocodone is formulated in combinations of 5-10mg of hydrocodone and 325-750mg of acetaminophen; 10mg strength, or the maximum strength available, is the preferred strength of hydrocodone on the black market.

7. Individuals on the black market - both drug addicts and drug traffickers - often seek to abuse or sell narcotics such as those listed above in combination with drugs including benzodiazepines and muscle relaxants. Examples of benzodiazepines include alprazolam (brand name Xanax), diazepam (brand name Valium), and clonazepam (brand name Klonopin). Benzodiazepines are Schedule IV drugs, and are intended primarily for use in treatment of conditions such as anxiety or insomnia. While those drugs are addictive and dangerous even taken alone, the combination of a narcotic with a benzodiazepine

magnifies the danger of the overall cocktail, and is known among law enforcement to be a major red flag of illicit diversion by medical practitioners such as doctors prescribing and/or pharmacists dispensing such cocktails.

8. Through my training, experience, and discussions with other experienced agents, I know that:

a. 21 U.S.C. § 812 establishes schedules for controlled substances that present a potential for abuse and the likelihood that abuse of the drug could lead to physical or psychological dependence. Such controlled substances are listed in Schedule I through Schedule V depending on the level of potential for abuse, the current medical use, and the level of possible physical dependence. Controlled substance pharmaceuticals are listed in Schedules II through V because they are drugs for which there is a substantial potential for abuse and addiction. There are other drugs available only by prescription but not classified as controlled substances. Title 21 of the Code of Federal Regulations, Part 1308, provides further listings of scheduled drugs.

b. Pursuant to 21 U.S.C. § 822, controlled substances may only be prescribed, dispensed, or distributed by persons registered with the Attorney General of the United States to do so (with some exceptions, such as delivery persons). The Attorney General has delegated to the DEA authority to register such persons.

c. Under 21 U.S.C. § 823(f), DEA-registered medical practitioners (including pharmacies, see 21 U.S.C. § 802(21))

must be specifically authorized to handle controlled substances in any jurisdiction in which they engage in medical practice.

d. 21 C.F.R. § 1306.04 sets forth the requirements for a valid prescription. It provides that for a "prescription for a controlled substance to be effective [it] must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription."

e. 21 U.S.C. § 841(a)(1) makes it an offense for any person to knowingly and intentionally distribute or dispense a controlled substance except as authorized by law. Distribution of a scheduled controlled substance in violation of 21 U.S.C. § 841(a)(1) (often referred to as "diversion") by a medical doctor occurs when a medical doctor knowingly and intentionally prescribes or dispenses a controlled substance, knowing the drug is a controlled substance, for a purpose other than a legitimate medical purpose and outside of "the usual course of professional practice." See *United States v. Moore*, 423 U.S. 122, 124 (1975) ("We . . . hold that registered physicians can be prosecuted under 21 U.S.C. § 841 when their activities fall outside the usual course of professional practice."); see also *United States v. Feingold*, 454 F.3d 1001, 1008 (9th Cir. 2006) ("[T]o convict a practitioner under § 841(a), the government must prove (1) that the practitioner distributed controlled substances, (2) that the distribution of those controlled substances was outside

the usual course of professional practice and without a legitimate medical purpose, and (3) that the practitioner acted with intent to distribute the drugs and with intent to distribute them outside the course of professional practice.”).

f. Under 21 U.S.C. § 843(a)(3), it is unlawful “to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge.”

g. From my review of DEA records for Ray Reza EHSAN (“EHSAN”), I know that he has a form of DEA registration (commonly called a “DATA Waiver,” referring to a waiver under the Drug Addiction Treatment Act of 2000) that allows EHSAN to administer, dispense, or prescribe controlled drugs for narcotic addiction treatment, limited to drugs authorized by the United States Food and Drug Administration (“FDA”). Specifically, according to DEA records, in 2012, EHSAN applied for and received authorization to use buprenorphine (brand names Suboxone or Subutex, a Schedule III drug) for addiction treatment; he is authorized to handle only up to 30 patients at a time for such purpose. FDA regulations state that three drugs “will be considered to be approved by the [FDA] for use in treatment of opioid addiction: (i) methadone; (ii) levomethadyl acetate (LAAM); and (iii) buprenorphine and buprenorphine combination products [also known as Suboxone].” 42 C.F.R. § 8.12(h)(2). I understand that it is unlawful for a doctor to prescribe hydrocodone, or other unapproved narcotics, for the sole purpose of narcotic addiction treatment. See, e.g., *United States v. Bussam*, 513 Fed. Appx. 665, 665 (9th Cir. 2013) (“Congress has delegated to the Secretary of the Department of

Health and Human Services [(of which the FDA is a part)] the authority to determine the scope of professional practice for the medical treatment of narcotic addiction. . . . The Secretary has not authorized the prescription or distribution of Schedule II controlled substances for use in maintenance or detoxification treatment of narcotic dependent persons.").¹

IV. PROBABLE CAUSE

9. EHSAN is a DATA-Waived Practitioner who is registered with DEA as the medical director at 11600 Venice Boulevard, Los Angeles, California (**Target Location #1**), under DEA #BE2532201. The medical business housed at **Target Location #1** operates under the business names Superior Multi-Specialty Medical Clinic and Superior Multi-Specialty West LA Urgent Care. It appears that EHSAN uses the two names interchangeably, particularly given that to my knowledge EHSAN only has one business incorporated at the location with the California Secretary of State, namely, Superior Multi-Specialty Medical Clinic, Inc. Moreover, agents having observed the interior of **Target Location #1** during on multiple occasions as recently as January 25, 2019, as described below, and have not observed any dividing wall separating an urgent care practice from a general medical clinics; for example, there was no observable separation of waiting rooms, examination rooms, etc. In any event, even if **Target Location**

¹ Under DEA regulations, records for patients receiving such addiction treatment must be kept separately and under the special DEA registration number associated with the DATA waiver. In the event that investigators come across a separate file for addiction treatment patients, investigators intend to copy the files on site or immediately following the search and return copies of the records to EHSAN (to the extent that such records fall within the items to be seized).

#1 housed the two separate practices, I submit that EHSAN controls both of them and, thus, all of the medical operations within **Target Location #1**. Records from the California Secretary of State, including as recent as March 30, 2018, identify EHSAN as the medical director, chief executive officer, secretary, chief financial officer, sole director, and agent for service of process for the business, and the records show its location as **Target Location #1**. The business' websites (www.superiormedclinic.com and www.westlaurgentcare.com) likewise both identify EHSAN as medical director, and identify the respective business location as **Target Location #1**.

10. Both recent surveillances and multiple categories of records show that EHSAN resides at **Target Location #2**. For example, on January 14, 2019 at approximately 9:30 a.m., I saw EHSAN leave **Target Location #2**, enter his car, and drive to **Target Location #1** for that day's work. California DMV records for EHSAN show that **Target Location #2** is his residence, and I have observed from a law enforcement public records database query that EHSAN's professional license and his vehicle are registered to EHSAN at **Target Location #2**. Finally, subpoenaed bank records show that **Target Location #2** is the address associated with at least three of EHSAN's bank accounts.

11. Based on the evidence developed in this investigation, I submit that there is probable cause to believe that EHSAN has a long history of unlawfully distributing controlled drugs including the Schedule II opiate hydrocodone, while acting and intending to act outside the scope of a professional practice and without a legitimate medical purpose, by both unlawful

prescribing and unlawfully dispensing such drugs outside the usual course of professional practice and without a legitimate medical purpose, and I further believe that there is probable cause that EHSAN has laundered more than \$1 million in illicit cash proceeds of his illicit drug sales via a systematic pattern of structured deposits across multiple bank accounts to evade federal reporting requirements. The evidence discussed herein includes, among other things, analysis of multiple data sets regarding the prescribing and ordering of controlled drugs by EHSAN; an expert opinion about red flags of diversion and fraud reflected in the data; surveillances conducted by investigators; recent undercover visits to EHSAN; and analysis of subpoenaed bank records. I further submit that there is probable cause to believe that evidence of such offenses will be found at the

Target Locations.

A. Review of EHSAN's Prescribing and Ordering History

12. Investigators have reviewed two data sets regarding EHSAN's handling of controlled drugs: (1) ARCOS records documenting EHSAN's wholesale acquisition of such drugs;² and (2) CURES records documenting EHSAN's distribution of such drugs via prescribing or direct dispensing.³ As set forth below,

² ARCOS (Automation of Reports and Consolidated Orders System) is an automated drug reporting system that monitors the flow of certain controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level. The drugs tracked by ARCOS include all Schedule II drugs and all Schedule III opiates. Manufacturers and wholesale distributors are mandated by law to accurately report such data.

³ CURES (the Controlled Substance Utilization Review and Evaluation System), is a prescription drug monitoring program maintained by the California Department of Justice that tracks

investigators have observed what I recognize to be major red flags of illicit diversion in both data sets, both individually and when compared together, as confirmed by a medical expert's independent review. Of particular note, there is a shortfall of more than 700,000 pills of Schedule II controlled drugs that EHSAN acquired from wholesalers, which are not accounted for in his records of drug distribution, which I submit reflects EHSAN's effort to conceal his black market drug sales. I further submit this is corroborated by the evidence described in Sections IV(B), (C), and (D) below, including evidence that EHSAN received and laundered over \$1 million cash, that EHSAN is operating an illegal pharmacy at **Target Location #1**, and that EHSAN unlawfully dispensed controlled drugs (Suboxone, Adderall, and diazepam) to an undercover agent during visits in December 2018 and January 2019 in exchange for cash.

13. ARCOS Records of EHSAN's controlled drug orders show that in the years 2015 and 2016, respectively, EHSAN ordered 355,200 and 309,000 pills of hydrocodone (total 664,200 pills). All of the hydrocodone that EHSAN ordered was at maximum 10-mg strength. I recognize consistent orders at that strength to be a red flag of diversion because it reflects a lack of individualized care, that is, that EHSAN knew before he saw patients (i.e., from the time of his wholesale drug orders) that the only hydrocodone he would need for his customer base would be the maximum available strength—and the strength that I know to be most sought-after on the black market. From my training

the distribution of all controlled drugs in Schedules II through IV. Any physician who dispenses such drugs to patients, or any pharmacy that fills prescriptions for such drugs, is mandated to accurately report such transactions.

and experience, I also recognize that the volume of hydrocodone ordered by EHSAN to be inconsistent with what is normally ordered by a physician working in an urgent care facility of this size or otherwise. Notably, EHSAN's orders of hydrocodone dropped to zero in the years 2017 and 2018, reflecting a sudden, massive drop in his orders of the commonly diverted Schedule II narcotic. The ARCOS data also reflects that, since 2013, EHSAN has ordered more than 54,000 dosage units of Schedule II amphetamines and 1,122,470 dosage units of Suboxone, including as recently as August 2018 as to both drugs – the same drugs that EHSAN sold to a UC agent in December 2018 and January 2019 in exchange for cash, as described in more detail below. As also discussed in Section IV(D) below, EHSAN made statements during both meetings with the UC agent that I submit reflect that EHSAN is cognizant that hydrocodone is a drug that commonly draws law enforcement attention, and that he was thus dispensing Suboxone in lieu of hydrocodone. I thus believe that the sudden drop of hydrocodone orders to zero stemmed from his efforts to deflect the attention of law enforcement and regulatory authorities, while continuing to profit from his sale of the narcotic Suboxone and other controlled drugs that he has continued to acquire from wholesalers.

14. I also have reviewed CURES data for controlled drugs prescribed or dispensed by EHSAN for the time period of approximately January 2015 to January 15, 2019. As noted, the CURES data should capture both EHSAN's prescriptions (reported by pharmacies) and EHSAN's direct dispensing of drugs to patients (which he is obligated to report). From my review of

the CURES data, however, I have observed that EHSAN failed to report dispensing any of the more than 650,000 pills of hydrocodone that he ordered in 2015 and 2016 — CURES data from 2015 to the present shows no instances of his having ever dispensed hydrocodone to any patient. I know from my training and experience that the failure to account for the hydrocodone that was ordered reflects the very likely diversion of these pills into the black market, particularly given EHSAN's massive cash proceeds in approximately the same time period as discussed below. Moreover, EHSAN has been ordering Suboxone and Adderall since 2013, yet he only began reporting any drug sales to CURES in 2018, thus further reflecting what I submit are massive shortfalls of both of those categories of drugs as well.⁴ Likewise, EHSAN has not reported to CURES any of the drugs that he sold to a UC agent in December 2018 and January 2019, namely, Suboxone, Adderall, and the benzodiazepine diazepam. I thus believe that EHSAN was, and is, failing to report to CURES to conceal his illicit drug business.

⁴ CURES data shows that EHSAN submitted approximately 279 total reports since January 2018, almost entirely for January 2018 through July 2018, but none of the reports include the name of the drug dispensed, other than approximately 24 entries for amphetamines. Instead, they show a series of numbers where the drug name is supposed to be reported. I have observed that at least some of those numbers correspond with national drug code ("NDC") numbers for controlled drugs. For example, I have observed entries reporting the drug dispensed as "1070202503," which is the NDC number for the Schedule IV stimulant phentermine. However, I have not observed any such reports with NDC numbers that I know to correspond to hydrocodone products. Given the scope of drugs that EHSAN has ordered, as corroborated by his failure to report any of the drugs sold to the UC agent in December 2018 and January 2019, I believe that even that CURES data reflects substantial underreporting of EHSAN's drug sales during that time in an effort to minimize the scale of his black market business.

15. There are two additional controlled substance prescribers who are registered with DEA at **Target Location #1**. They are Allen OZERAN, D.O., and Talatu OYEFESO, MLP-Physician assistant. I have reviewed CURES and ARCOS data for both practitioners and observed no records that either have ordered or dispensed controlled substances at this location, and I thus submit that the shortfalls in reporting by EHSAN is not due to distributions by other practitioners at **Target Location #1**.

16. I also have observed what I recognize to be red flags of diversion in CURES data for EHSAN's prescribing patterns. The CURES data shows that pharmacies were filling EHSAN's prescriptions for hydrocodone and other controlled drugs. For example, EHSAN has written 111 prescriptions for hydrocodone since 2015, all of which were at maximum or near-maximum strengths of 10 mg or 7.5 mg. Similarly, I observed a large number of patients traveling long distances to his West Los Angeles facility, such as patients residing in Rancho Cucamonga, Monterey Park, Glendale, Costa Mesa, and Woodland Hills. I also observed that a large number of patients have used private pay to cover the cost of filling EHSAN prescriptions at pharmacies (i.e., cash or credit card rather than insurance). Likewise, the CURES data for the 279 instances in which EHSAN reported dispensing drugs to patients (in 2018), show that 85% (239) of the entries were labeled as private pay; the remaining 15% (40) of the entries are marked "other," and thus it is at least not clear whether they were paid for using any insurance.

17. As part of this investigation, Dr. Timothy Munzing reviewed CURES and ARCOS data for the time period of January

2015 to October 2018. Dr. Munzing produced a written report dated November 6, 2018, documenting his findings.⁵ The CURES data reviewed by Dr. Munzing reflects 1,486 total entries of controlled drugs prescribed or dispensed to approximately 320 unique patients, totaling 56,714 dosage units.

a. Regarding EHSAN's history of prescribing controlled substances as reflected in the CURES data, Dr. Munzing identified 15 patients in his written report "for whom the prescribing patterns are suspicious for each one, although the 15 patients selected "represent only a fraction of the total patients with potentially suspicious prescribing patterns." Dr. Munzing provided a non-exhaustive list of "areas of concern" in EHSAN's prescribing patterns including the frequency of "multiple dangerous prescriptions prescribed concurrently" including "[c]ombinations of opioid and benzodiazepine

⁵ Dr. Munzing received his medical degree from UCLA School of Medicine in 1982. He has served as a medical expert consultant for the Medical Board of California since 2004 and as a medical expert consultant for the DEA since 2014. During that time, Dr. Munzing has formally reviewed and provided opinions in more than 100 cases, of which more than 70% have dealt in some capacity with prescriptions of opioid and other controlled medications. Dr. Munzing has taught and/or lectured staff physicians, students, and medical residents on guidelines and appropriate practice in opioid prescribing. Dr. Munzing has nearly 30 years of clinical experience as a family physician with the Southern California Permanente Medical Group (Kaiser Permanente) in Santa Ana, California, during which time he served as a physician leader responsible for reviewing the quality of care given to patients and as a family medicine residency program Director teaching medicine to thousands of residents and medical students. Dr. Munzing also holds an appointment as a clinical professor at University of California Irvine School of medicine. Dr. Munzing is board certified in family medicine and is a member of the American Pain Society and the American Academy of Integrative Pain Medicine. In its summer 2017 issue, the peer-reviewed Permanente Journal published an article authored by Dr. Munzing titled, "Physician Guide to Appropriate Opioid Prescribing in Noncancer Pain."

medications;" that "32% of the controlled prescriptions [to all patients] were prescribed to patients under the age of 40," which he cited as "a red flag for abuse/diversion;" and that the 15 patients highlighted by Dr. Munzing utilized multiple different pharmacies to fill the prescriptions, which he likewise identified as a "potential red flag for abuse/diversion."

b. Regarding the ARCOS data cited above, Dr. Munzing also found that, between 2015 and 2018, "over 700,000 Schedule II medications (Hydrocodone[] and Amphetamine stimulants) were obtained by EHSAN per ARCOS data," which "are not accounted for in CURES or any other manner" from the records that Dr. Munzing reviewed. Dr. Munzing observed that "[p]hysicians in California are required to report dispensed controlled substances" to CURES under California Health and Safety Code Section 11190(c)(2), and Dr. Munzing concluded that "[f]ailure to follow [those] laws pertaining to controlled substance medications is NOT in the usual course of professional practice" within the meaning of that term in Title 21. Moreover, Dr. Munzing continued, "such failures certainly raise the possibility or likelihood of diversion, fraud, money laundering, or other illegal activity."

c. Ultimately, Dr. Munzing stated that "it is not possible to give a final conclusive opinion" regarding the legality of the prescriptions in the CURES data, absent review of further evidence. Accordingly, investigators will likely obtain an updated opinion from Dr. Munzing based on the evidence developed from the execution of the requested search warrants, such as patient files. However, Dr. Munzing concluded "based on

the findings, and my extensive experience reviewing such cases, I find to a very high level of certainty that after review of the medical records, once obtained if they exist, that EHSAN failed to meet the requirements in prescribing these dangerous medications."

B. Financial Investigation

18. Consistent with the red flags in EHSAN's handling and prescribing of controlled substances, a financial investigation has revealed what I believe to be large-scale money laundering by EHSAN, namely, EHSAN's involvement in structuring hundreds of thousands of dollars in cash. Specifically, investigators believe that EHSAN is depositing the cash proceeds of his illicit sale of controlled drugs in structured amounts under \$10,000, for the purpose of preventing the respective bank from submitting mandatory reports to the federal government for currency transactions exceeding \$10,000.⁶ Subpoenaed bank records show that, between January 15, 2014 and February 13, 2018, approximately \$1 million in cash was deposited into accounts held in the names of EHSAN, his business, or his close relatives, all of which were under \$10,000, and most of which were between \$9,000 and \$9,960 (i.e., just under the \$10,000 reporting threshold). The deposits to each account are as

⁶ Under federal law, financial institutions are generally required to report to the federal government currency transactions of more than \$10,000. Relevant to this case, a cash deposit constitutes such a currency transaction, and accordingly banks are mandated to report cash deposits exceeding \$10,000. Under 31 U.S.C. § 5324(a), it is unlawful to structure a currency transaction for the purpose of evading that reporting requirement.

follows, based on subpoenaed bank records for the approximate dates of January 1, 2014 to April 30, 2018:

a. Between January 15, 2014 and February 13, 2018, 33 cash deposits totaling \$271,883 were made into a Wells Fargo Bank ("WFB") account ending in numbers 1455, held in the name of EHSAN and Lucia Lorenzo. (EHSAN was married to Lorenzo before her death on 2002.) The address listed for this account is **Target Location #2** (10957 Chalon Road, Los Angeles, CA).

b. Between December 6, 2014 and December 9, 2014, three cash deposits totaling \$27,600 were made into a WFB account ending in 4034, held in the names of Leila Ehsan and EHSAN. (I believe that EHSAN is the father of Leila Ehsan.) The address listed for this account is **Target Location #2**.

c. Between January 15, 2014 and May 23, 2014, five cash deposits totaling \$48,800 were made into a WFB account ending in 6032, held in the names of Azarmidokht Farhang, Farzaneh Ehsan and EHSAN. (I believe that EHSAN is the son of Azarmidokht Farhang and the brother of Farzaneh Ehsan.)

d. Between February 7, 2014 and September 12, 2014, six cash deposits totaling \$53,200 were made into a WFB account ending in 6382, held in the names of Leila Ehsan and Farzaneh Ehsan. Although EHSAN is not a named signatory of this account, one of the deposit tickets has what appears to be his signature and two deposit tickets have the initials R.E. written on them (i.e., Reza Ehsan).

e. On February 16, 2017 and February 23, 2017 two cash deposits of \$9,800 and 9,700 respectively were made to a WFB account ending in 7168 in the name of Superior Multi-

Specialty Medical Clinic (the name of EHSAN's medical practice at **Target Location #1**), an account on which EHSAN and Farzaneh Ehsan are the authorized signers.

f. Between January 23, 2015 and February 22, 2017, 62 cash deposits totaling \$577,958 were made into a WFB account ending in 8299, held in the names of Nadia Ehsan and EHSAN. (I believe that EHSAN is the father of Nadia Ehsan.) The address listed for this account is **Target Location #2**.

19. Attached hereto as Table A is a spreadsheet showing the under-\$10,000 cash deposits made into the above accounts, totaling \$1,003,941. The table also reflects a pattern of under-\$10,000 cash deposits made into multiple accounts on the same day, on consecutive days, and on near-consecutive days, i.e., corroborating the systematic and intentional effort to evade banks' mandated reporting requirements.

20. I submit that the pattern of currency structuring further corroborates my belief that the above CURES and ARCOS records evidence that EHSAN is profiting from the illicit sale of controlled drugs and controlled drug prescriptions, both by reflecting that EHSAN has run a large-scale cash business (consistent with what I know to be a common modus operandi of drug diversion by medical professionals) and by demonstrating consciousness of guilt (i.e., a methodical effort to conceal the \$1 million in cash proceeds).

21. Moreover, while the most recent cash deposit into the above accounts was in February 2018, I believe that EHSAN continues to receive cash and is placing them into as-yet unidentified accounts and/or locations. As noted above, CURES

data reflects that that, per CURES data from 2018, EHSAN received private pay for drugs that he directly dispensed to patients, and as discussed below, agents conducted an undercover visits with EHSAN in December 2018 and January 2019 in EHSAN received cash compensation for controlled drug sales. I thus believe that EHSAN likely shifted to alternative means of handling his cash proceeds, such as via a new set of nominal bank accounts, maintaining a cash hoard at his home or other secure location, and/or off-shore handling of such funds. As to the latter, from an open internet search, I found news articles from Costa Rican media reporting that EHSAN was arrested in November 2015 on criminal charges unrelated to his medical practice while he was attempting to leave the country; the reporting also stated that EHSAN had purchased a \$2 million residence in Santa Ana, Costa Rica with plans to eventually retire there. Regardless, based on the evidence that EHSAN is continuing to receive cash proceeds for his drug sales, which are not accounted for in records of all known bank accounts controlled by EHSAN, and based on evidence of EHSAN's systematic effort to conceal the cash proceeds of his medical business through multiple bank accounts, I submit that there is probable cause that the evidence acquired from the **Target Locations** will include not only corroboration of the above currency structuring, but also evidence of his continued handling of illicit proceeds and operation of a cash business.

C. EHSAN's Operation of an Illicit Pharmacy

22. Based on the investigation, I also believe that EHSAN operates an illicit pharmacy at **Target Location #1**. A review of

the websites for **Target Location #1** (www.superiormedclinic.com and www.westlaurgentcare.com) both identify that the "services" offered by the business includes an "in house pharmacy for your convenience," which is also referred to as an "Onsite Pharmacy" and "medication dispensary." After conducting licensing queries with both the California State Board of Pharmacy and the DEA, investigators have determined there are no current pharmacy licenses at this location, nor is any pharmacy at the site federally registered to handle controlled drugs at the site. On June 5, 2018, a DEA special agent, acting in an undercover ("UC") capacity, visited **Target Location #1** in an effort to make an appointment to see EHSAN. The agent spoke to a receptionist who said that a pharmacy was located on the premises and that the doctor could fill prescriptions at the pharmacy depending on the drug. On September 4, 2018, the same undercover agent again visited **Target Location #1** requesting to fill an out-of-state Schedule II amphetamine filled; a receptionist told the agent that he would need to have a medical appointment with a doctor on site before a prescription would be generated by the doctor (i.e., to be filled at the on-site pharmacy). Subsequent undercover operations (described in the next section) further support that EHSAN is running such a pharmacy at the location.

D. Surveillance and Undercover Visits to EHSAN

23. On December 14, 2018, another DEA agent, also acting in an UC capacity, visited **Target Location #1** for a scheduled appointment with EHSAN. During the visit, the UC agent complained of "soreness" from playing softball, running, and from sitting at work; when asked about his pain by EHSAN and by

another office worker who took his weight and blood pressure, the UC agent responded that it was "not so much pain," but rather "soreness." The agent also stated to EHSAN that he had problems sleeping. After EHSAN spoke with the agent, EHSAN conducted an approximately four-minute physical examination. EHSAN examined the UC agent's right ankle (even though the agent had not complained of any pain or problems in that area), used a stethoscope on the UC agent's chest and back, and examined whether the agent was shaking. Afterward, EHSAN agreed to give the UC agent diazepam (a Schedule IV benzodiazepine commonly known by the brand name Valium) and Suboxone (a Schedule III narcotic). The UC asked for hydrocodone, saying that he had taken some from a friend and it worked before. In response, EHSAN stated that he could not give hydrocodone because the government was cracking down on such prescriptions, such that it could only be given for cancer patients or for patients who recently had surgery. The agent then paid approximately \$415 cash to a receptionist, who handed the UC agent 60 pills of diazepam and ten packets of Suboxone. Notably, the drugs were in manufacturer bottles/packaging, which I submit corroborates that EHSAN was dispensing the drugs that he acquired from wholesalers as shown in ARCOS data. The most recent CURES data that I have reviewed includes no entry for this sale of drugs; as noted, EHSAN has not reported dispensing any drug since July 2018.

a. From my training and experience, I observed multiple indicators of illicit practice in the above undercover operation. EHSAN dispensed Suboxone to treat the UC agent's

condition that was never described as pain, but "soreness," a condition that could have been treated (at least in the first instance) with non-narcotic pain relievers such as ibuprofen. Similarly, I submit that EHSAN ignored a red flag of addiction when the UC agent asked for hydrocodone, saying that he had taken some from a friend (and thus without a prescription), yet EHSAN did not inquire on whether the UC agent was a narcotic addict and agreed to provide the narcotic Suboxone.

Furthermore, while diazepam is used to treat conditions including anxiety and trouble sleeping, Suboxone is used to treat narcotic addiction, and I know that it is unusual to use Suboxone to treat pain (even putting aside, that, as noted, the narcotic was not used for pain but rather for mere "soreness"). I also recognize that the physical examination was extremely short and did not appear to be directed at complaints provided by the agent.

24. On January 25, 2019, the UC agent visited EHSAN again at **Target Location #1** for a second appointment. An office worker took the agents weight and blood pressure, and ushered the agent to an exam room where he almost immediately met with EHSAN. EHSAN asked the agent whether the agent was mixing Suboxone with any other drugs such as hydrocodone, which the agent denied. EHSAN also asked about the agent's pain. The agent corrected EHSAN and said he was experiencing "soreness" not pain. The agent again asked for "Norco" (a brand name for hydrocodone). EHSAN replied that he does not prescribe Norco anymore because of government scrutiny. The agent explained that he does not experience pain or withdrawal symptoms, and

continued to ask for Norco. EHSAN continued to refuse. Next, the agent asked, "What about Adderall?" and "Can I get some Adderall?" EHSAN responded, "Yeah, Adderall is allowed. One bottle or two?" The agent asked for two. The agent said that he would take Suboxone. The agent also said during the visit that he did not take the diazepam that EHSAN had provided the prior visit, as the agent was sleeping fine. EHSAN briefly inquired about where the agent resides, what the agent had been eating, the health of the agent's parents and the agent's exercise habits. The agent's interaction with EHSAN lasted less than 10 minutes, during which there was no physical examination. EHSAN did not touch the agent during the entire interaction, other than a handshake. The agent paid approximately \$522 cash to a receptionist, who provided 60 pills of Adderall and five packets of Suboxone, which were again in manufacturer bottles/packaging. Agents checked EHSAN's CURES data on January 28, 2019, and observed no reported record of the drugs dispensed to the agent during the UC visit.

a. Here again, from my training and experience, I observed multiple indicators of illicit practice in the above undercover operation. EHSAN again dispensed Suboxone to treat the agent's condition that was never described as pain, but "soreness." Moreover, EHSAN dispensed Adderall to the agent, which is a Schedule II controlled substance used to treat attention deficit disorder and narcolepsy. EHSAN, however, never asked about any symptoms the agent was experiencing that warranted the use of Adderall. Indeed, EHSAN allowed the agent to choose whether he wanted one bottle or two of the Schedule II

drug, rather than EHSAN attempting to make an independent assessment of how much of the drug the agent may need (or, as noted, whether the agent needed the drug at all). Finally, EHSAN provided no physical exam nor did he attempt to confirm any of the UC's alleged symptoms.

VI. ADDITIONAL PROBABLE CAUSE FOR ITEMS TO BE SEIZED

25. Based on my training, education, experience, and discussions with other law enforcement officers, I know the following regarding the common modus operandi of the offenses under investigation in this case, namely, controlled drug diversion and health care fraud committed by medical practitioners (including clinic operators and doctors):

a. Such practitioners often keep controlled substances and drugs, records of drug transactions, criminal proceeds, ledgers of compromised patients and beneficiaries (i.e., those to whom invalid prescriptions are issued), and other records within their businesses and other secure locations (i.e., residences, safe deposit boxes, and storage areas), and vehicles, and conceal such items from law enforcement authorities. The drugs/prescriptions may be distributed or sold, but documentary records and ledgers remain. Such records often include books, account ledgers, payments, and/or notes and other evidence of financial transactions relating to obtaining, transferring, and spending substantial sums of money which result from engaging in drug trafficking activities.

b. Such practitioners also often retain personal and business notes, letters, and correspondence relating to their narcotics/prescription orders at their residences, businesses,

safe deposit boxes, in storage areas, and electronically via digital devices such as cellular telephones and computers.

c. Such practitioners often retain telephone and address books and appointment books identifying additional individuals, including patients and patient recruiters, involved in drug diversion or health care fraud.

d. Such practitioners commonly use personal communication devices and services to coordinate and otherwise further their criminal activities, such as communications with criminal associates or patients via cellular telephone calls or via cellular text messaging. I am aware of multiple recent cases in which, on searching cellular telephones of practitioners, investigators obtained text messages discussing, for example, the issuance of prescriptions to patient recruiters, the per-pill price of narcotics to be sold to drug traffickers, and coordinating meetings for the purpose of transferring fraudulent prescriptions from a corrupt physician to a corrupt pharmacy to conceal illicit black market sales.

e. Such practitioners often maintain large amounts of United States currency in their residences and businesses, safe deposit boxes, and other storage areas, including to conceal their criminal activities, to finance their ongoing illegal activities, and for their personal benefit and expenses.

f. Additionally, such practitioners and their employees, including those involved in healthcare fraud and prescription drug diversion, routinely maintain patient files, which will often include notes and/or copies of prescriptions, notes of communications between pharmacy and doctor to verify

prescriptions, notes about supporting diagnoses, symptoms, and examinations, and other patient records such as copies of identification and insurance cards. Such records also often include the following: medical board or pharmacy board documents, contracts and agreements reflecting business or financial arrangements with other medical providers, bank statements, check registers, financial statements, drafts, billing records, files, journals and ledgers, patient lists, invoices, purchase orders, leases, or other rental documentation.

26. Relatedly, I know that California Business and Professions Code Section 4081(a) mandates that "All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making." I also know that medical offices including clinics often keep these types of records, and of patient records, and other controlled substance records on computers or in other electronic forms, in addition to keeping hardcopy records. Similarly, while I submit the facts set forth above demonstrates probable cause to the present (e.g., the December 2018 **and January 2019** undercover operations, the ARCOS records showing drug acquisition into at least summer 2018, and CURES data as recent as January 2019), I know from Assistant United States Attorney Benjamin R. Barron that caselaw applies a general presumption that long-term illicit drug businesses and related conspiracies will continue to operate over extensive

periods of time. See *United States v. Fernandez*, 388 F.3d 1199 (9th Cir. 2004) (“[T]his Court has concluded that in cases involving ongoing narcotics businesses, lapses of several months—and up to two years in certain circumstances—are not sufficient to render the information in an affidavit too stale to support probable cause.”).

27. In summary, I know that such corrupt practitioners will often keep incriminating evidence not only in the pharmacy or medical practice location itself, but also in other secure locations such as their residence, for which an inspector or auditor is unlikely to seek or gain access. For example, I am aware of multiple recent cases involving search warrants executed at the residences of corrupt practitioners (doctors and pharmacists) that resulted in the seizure of evidence such as bulk currency, pay/owe ledgers, bulk controlled drugs, controlled drugs bearing labels reflecting that they were prescribed to a third party, lists of identity theft victims used to conceal black market diversion, medical records for such identity theft victims, and incriminating communications on personal communication devices such as with patient recruiters or black market patient recruiters. I also know from AUSA Barron that the Ninth Circuit applies a general presumption that individuals engaged in illicit drug trafficking are presumed to keep evidence of their activities in their residence. See, e.g., *United States v. Fannin*, 817 F.2d 1379, 1382 (9th Cir. 1987) (“[E]vidence discovered by [] officers linking the defendants to a drug scheme provide[s] ‘more than a sufficient

showing for obtaining the warrant to search [their]... residence.'").

V. TRAINING AND EXPERIENCE ON DIGITAL DEVICES⁷

28. Based on my training, experience, and information from those involved in the forensic examination of digital devices, I know that the following electronic evidence, inter alia, is often retrievable from digital devices:

a. Forensic methods may uncover electronic files or remnants of such files months or even years after the files have been downloaded, deleted, or viewed via the Internet. Normally, when a person deletes a file on a computer, the data contained in the file does not disappear; rather, the data remain on the hard drive until overwritten by new data, which may only occur after a long period of time. Similarly, files viewed on the Internet are often automatically downloaded into a temporary directory or cache that are only overwritten as they are replaced with more recently downloaded or viewed content and may also be recoverable months or years later.

b. Digital devices often contain electronic evidence related to a crime, the device's user, or the existence of evidence in other locations, such as, how the device has been

⁷ As used herein, the term "digital device" includes any electronic system or device capable of storing or processing data in digital form, including central processing units; desktop, laptop, notebook, and tablet computers; personal digital assistants; wireless communication devices, such as paging devices, mobile telephones, and smart phones; digital cameras; gaming consoles; peripheral input/output devices, such as keyboards, printers, scanners, monitors, and drives; related communications devices, such as modems, routers, cables, and connections; storage media; and security devices.

used, what it has been used for, who has used it, and who has been responsible for creating or maintaining records, documents, programs, applications, and materials on the device. That evidence is often stored in logs and other artifacts that are not kept in places where the user stores files, and in places where the user may be unaware of them. For example, recoverable data can include evidence of deleted or edited files; recently used tasks and processes; online nicknames and passwords in the form of configuration data stored by browser, e-mail, and chat programs; attachment of other devices; times the device was in use; and file creation dates and sequence.

c. The absence of data on a digital device may be evidence of how the device was used, what it was used for, and who used it. For example, showing the absence of certain software on a device may be necessary to rebut a claim that the device was being controlled remotely by such software.

d. Digital device users can also attempt to conceal data by using encryption, steganography, or by using misleading filenames and extensions. Digital devices may also contain "booby traps" that destroy or alter data if certain procedures are not scrupulously followed. Law enforcement continuously develops and acquires new methods of decryption, even for devices or data that cannot currently be decrypted.

29. Based on my training, experience, and information from those involved in the forensic examination of digital devices, I know that it is not always possible to search devices for data

during a search of the premises for a number of reasons, including the following:

a. Digital data are particularly vulnerable to inadvertent or intentional modification or destruction. Thus, often a controlled environment with specially trained personnel may be necessary to maintain the integrity of and to conduct a complete and accurate analysis of data on digital devices, which may take substantial time, particularly as to the categories of electronic evidence referenced above. Also, there are now so many types of digital devices and programs that it is difficult to bring to a search site all of the specialized manuals, equipment, and personnel that may be required.

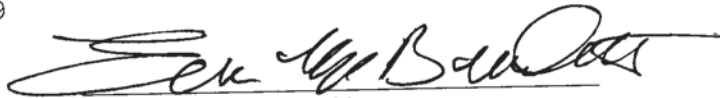
b. Digital devices capable of storing multiple gigabytes are now commonplace. As an example of the amount of data this equates to, one gigabyte can store close to 19,000 average file size (300kb) Word documents, or 614 photos with an average size of 1.5MB.

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VIII. CONCLUSION

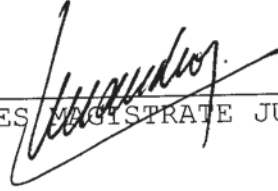
30. Based on the above facts related in this affidavit, statements, I believe that there is probable cause to believe evidence, fruits, and instrumentalities of violations of the Target Offenses will be found at the **Target Locations**.

Dated: January 29, 2019



Erwin M. Benedicto
Special Agent
Drug Enforcement Administration

Subscribed to and sworn before me
on January 29, 2019.



UNITED STATES MAGISTRATE JUDGE

TABLE A

Account	Account Name	Transaction Date	Amount
WF 1455	Reza Ehsan/Lucia Lorenzo	01/15/14	9,600.00
WF 6032	Azarmidokht Farhang/Farzaneh Ehsan/Reza Ehsan	01/15/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	02/03/14	9,600.00
WF 6032	Azarmidokht Farhang/Farzaneh Ehsan/Reza Ehsan	02/03/14	9,800.00
WF 6382	Leila Ehsan/Farzaneh Ehsan	02/07/14	8,000.00
WF 1455	Reza Ehsan/Lucia Lorenzo	02/13/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	03/20/14	9,600.00
WF 6032	Azarmidokht Farhang/Farzaneh Ehsan/Reza Ehsan	03/20/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	03/22/14	9,900.00
WF 1455	Reza Ehsan/Lucia Lorenzo	04/09/14	5,325.00
WF 6382	Leila Ehsan/Farzaneh Ehsan	04/09/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	04/11/14	8,930.00
WF 1455	Reza Ehsan/Lucia Lorenzo	04/21/14	9,046.00
WF 1455	Reza Ehsan/Lucia Lorenzo	04/28/14	2,080.00
WF 1455	Reza Ehsan/Lucia Lorenzo	05/08/14	2,549.00
WF 1455	Reza Ehsan/Lucia Lorenzo	05/12/14	9,113.00
WF 6032	Azarmidokht Farhang/Farzaneh Ehsan/Reza Ehsan	05/22/14	9,800.00
WF 6032	Azarmidokht Farhang/Farzaneh Ehsan/Reza Ehsan	05/23/14	9,600.00
WF 6382	Leila Ehsan/Farzaneh Ehsan	06/12/14	9,900.00
WF 1455	Reza Ehsan/Lucia Lorenzo	06/13/14	9,600.00
WF 6382	Leila Ehsan/Farzaneh Ehsan	06/13/14	9,800.00
WF 2179	Azar Farhang/Farzaneh Ehsan	07/08/14	1,000.00
WF 4469	Azar Farhang/Farzaneh Ehsan	07/08/14	4,000.00
WF 6382	Leila Ehsan/Farzaneh Ehsan	07/30/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	09/05/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	09/08/14	9,910.00
WF 1455	Reza Ehsan/Lucia Lorenzo	09/09/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	09/11/14	9,900.00
WF 6382	Leila Ehsan/Farzaneh Ehsan	09/12/14	5,900.00
WF 1455	Reza Ehsan/Lucia Lorenzo	11/12/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	12/06/14	8,400.00
WF 4034	Leila Ehsan/Reza Ehsan	12/06/14	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	12/08/14	9,800.00
WF 4034	Leila Ehsan/Reza Ehsan	12/08/14	7,900.00
WF 1455	Reza Ehsan/Lucia Lorenzo	12/09/14	7,700.00
WF 4034	Leila Ehsan/Reza Ehsan	12/09/14	9,900.00
WF 1455	Reza Ehsan/Lucia Lorenzo	12/10/14	8,390.00
WF 1455	Reza Ehsan/Lucia Lorenzo	01/23/15	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/23/15	9,900.00

WF 1455	Reza Ehsan/Lucia Lorenzo	01/24/15	9,000.00
WF 1455	Reza Ehsan/Lucia Lorenzo	02/20/15	7,320.00
WF 1455	Reza Ehsan/Lucia Lorenzo	02/24/15	2,200.00
WF 1455	Reza Ehsan/Lucia Lorenzo	03/17/15	6,240.00
WF 1455	Reza Ehsan/Lucia Lorenzo	04/02/15	8,000.00
WF 1455	Reza Ehsan/Lucia Lorenzo	04/22/15	7,000.00
WF 1455	Reza Ehsan/Lucia Lorenzo	06/11/15	9,800.00
WF 1455	Reza Ehsan/Lucia Lorenzo	06/24/15	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/07/15	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/22/15	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/11/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/14/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/19/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/25/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/17/16	8,702.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/24/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	03/07/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	03/16/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	03/23/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	03/28/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	04/14/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	04/25/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	05/06/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	06/02/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	06/18/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	06/28/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	07/21/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/24/16	8,848.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/25/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/26/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/27/16	9,000.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/28/16	9,200.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/29/16	9,088.00
WF 8299	Nadia Ehsan & Reza Ehsan	10/31/16	9,280.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/01/16	9,100.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/03/16	9,200.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/15/16	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/17/16	9,500.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/18/16	8,590.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/19/16	9,600.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/21/16	9,700.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/28/16	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/29/16	9,400.00
WF 8299	Nadia Ehsan & Reza Ehsan	11/30/16	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/01/16	9,600.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/06/16	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/08/16	9,100.00

WF 8299	Nadia Ehsan & Reza Ehsan	12/12/16	9,900.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/17/16	8,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/19/16	9,600.00
WF 8299	Nadia Ehsan & Reza Ehsan	12/20/16	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/23/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/24/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/26/17	9,900.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/27/17	6,120.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/30/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	01/31/17	9,960.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/02/17	9,900.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/06/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/07/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/08/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/09/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/10/17	9,600.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/13/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/14/17	9,900.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/15/17	9,800.00
WF 7168	Superior Mult-Specialty Medical	02/16/17	9,800.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/17/17	9,670.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/18/17	9,900.00
WF 8299	Nadia Ehsan & Reza Ehsan	02/22/17	9,700.00
WF 7168	Superior Mult-Specialty Medical	02/23/17	9,700.00
WF 1455	Reza Ehsan/Lucia Lorenzo	05/31/17	8,960.00
WF 1455	Reza Ehsan/Lucia Lorenzo	06/01/17	9,420.00
WF 1455	Reza Ehsan/Lucia Lorenzo	02/13/18	5,700.00
			1,003,941.00