

# Exhibit E

12-5473  
WA

IN THE DISTRICT COURT OF FAULKNER COUNTY, ARKANSAS  
CONWAY DIVISION

DISTRICT COURT

2013 AUG 9 PM 3 44

PORTFOLIO RECOVERY ASSOC.

PLANTIFF

V.

LORETTA BURKS

DEFENDANT

CASE NO. CWCV-13-423

**RESPONSE:**

1. I AM RESIDENT OF FAULKNER COUNTY
2. I HAVE NEVER RESIDED ANYWHERE OTHER THAN 51 BATESVILLE ROAD IN DAMASCUS ARKANSAS
3. I DENY ANY CHARGES OR PAYMENTS MADE ON THE GE CAPITAL RETAIL BANK ACCOUNT AND NEVER OPENED THIS ACCOUNT.
4. I HAVE PREVIOUSLY PROVEN ALL THE ABOVE.
5. ATTACHED IS A SIGNED AFFIDAVIT OF IDENTITY THEFT.

6. This acct. was proven fraud before portfolio assoc. assumed it.

LORETA BURKS  
51 BATESVILLE ROAD  
DAMASCUS, ARKANSAS 72039

*Loretta Burks, defendant*

Average time to complete: 10 minutes

## Identity Theft Victims' Complaint and Affidavit

A voluntary form for filing a report with law enforcement and disputes with credit reporting agencies and creditors about identity theft -related problems. Visit [ftc.gov/idtheft](http://ftc.gov/idtheft) to use a secure online version of this form that you can print for your records.

### Before completing this form:

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

### About You (the victim)

#### Now

- (1) My full legal name: Loretta Burks  
First Middle Last Suffix
- (2) My date of birth:            1945  
mm/dd/yyyy
- (3) My Social Security Number:            1475
- (4) My driver's license: AR             
State Number
- (5) My current street address:  
51 Batesville Rd  
Number & Street Name Apartment, Suite, etc.  
Damascus AR 72039 USA  
City State Zip Code Country
- (6) I have lived at this address since:            3/01/1966  
mm/dd/yyyy
- (7) My daytime telephone number: ( )  
 My evening telephone number:            501 335-7348  
 My email address:            msburks881988@yahoo.com

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

#### At the Time of the Fraud

- (8) My full legal name was: Loretta T Burks  
First Middle Last Suffix
- (9) My address was: 51 Batesville Rd  
Number & Street Name Apartment, Suite, etc.  
Damascus AR 72039 FamKner  
City State Zip Code Country
- (10) My daytime phone: 501,335-7348 My evening phone: 601,503-7348  
 My email: na

Skip (8)-(10) if your information has not changed since the fraud.

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

Victim's Name: Loretta Burks Phone Number(s): 501 335 7348 Page 2

**About You (the victim) (Continued)**

**Declarations**

- (11) I  did OR  did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services - or for any other purpose - as described in this report.
- (12) I  did OR  did not receive any money, goods, services, or other benefit as a result of the events describes in this report.
- (13) I  am OR  am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

**About the Fraud**

**Who**

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

(14):  
Enter what you know about anyone you believe was involved (even if you don't have complete information).

Victim's Name: Loretta Burks Phone Number(s): 501 335-7348 Page 3

(A)

Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.

\_\_\_\_\_ City State Zip Code Country

Phone Numbers: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Additional information about this person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Documentation**

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

A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).  
*If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*

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

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

Victim's Name: Loretta Burks Phone Number(s): 501 335-7348 Page 4

**About the Information or Accounts**

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

- (18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:
- Company Name: Elan Financial
- Company Name: Portfolio Recovery
- Company Name: Walmart

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

<b>GE Capital Walmart</b>		(877) 2947880	
Name of Institution	Contact Person	Phone	Extension
			8191
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input checked="" type="checkbox"/> Credit	<input type="checkbox"/> Bank	<input type="checkbox"/> Phone/Utilities	<input type="checkbox"/> Loan
<input type="checkbox"/> Government Benefits	<input type="checkbox"/> Other		
Select ONE:			
<input checked="" type="checkbox"/> This account was opened fraudulently.			
<input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/dd/yyyy)	Date Discovered (mm/dd/yyyy)	\$8066.00	
3/1/2002			

Victim's Name: Loretta Burks Phone Number(s): 501 3357348 Page 5

Portfolio Recovery/GE Capital Retail Walmart Name of Institution <span style="float: right;">(800) 7721413</span>			(19): If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.  Enter any applicable information that you have, even if it is incomplete or an estimate.  If the thief committed two types of fraud at one company, list the company twice, giving information about the two frauds separately.  Contact Person: Someone an investigator or officer can call about this fraud.  Account Number: This could be the number on your credit card or debt card, bank account, loan, mortgage, insurance policy, or other number.  Amount Obtained: For instance, the amount purchased with your card or withdrawn from your account.
[Redacted] <span style="float: right;">8791</span> Contact Person <span style="float: right;">Phone</span> <span style="float: right;">Extension</span>			
Account Number <span style="float: right;">Routing Number</span> <span style="float: right;">Affected Check Number(s)</span>			
Account Type: <input checked="" type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Other			
Select ONE: <input checked="" type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/dd/yyyy) <span style="float: right;">Date Discovered (mm/dd/yyyy)</span> <span style="float: right;">Amount Obtained (\$)</span>			
12/1/2011 <span style="float: right;">\$6149.00</span>			
Elan Financial Name of Institution <span style="float: right;">(866) 2344750</span>			
[Redacted] <span style="float: right;">1234</span> Contact Person <span style="float: right;">Phone</span> <span style="float: right;">Extension</span>			
Account Number <span style="float: right;">Routing Number</span> <span style="float: right;">Affected Check Number(s)</span>			
Account Type: <input checked="" type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Other			
Select ONE: <input checked="" type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/dd/yyyy) <span style="float: right;">Date Discovered (mm/dd/yyyy)</span> <span style="float: right;">Amount Obtained (\$)</span>			
8/1/2009			

Victim's Name: Loretta Burks Phone Number(s): 501 3357348 Page 7

**Signature**

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

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

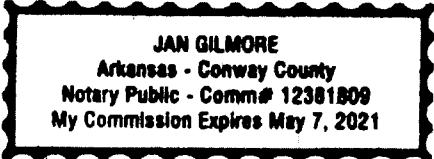
Loretta Burks  
Signature

8-21-12  
Date Signed (mm/dd/yyyy)

**Your Affidavit**

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

JAN M. GILMORE  
(Notary)



**Witness:**  
Cynthia Thompson  
(signature)

Cynthia Thompson  
(printed name)

8-21-12  
(date)

(501) 733-3114  
(telephone number)