

## Common Information

Order Type	Signed Authorization
Case Number	ABD987654
Plaintiff	Smith
Defendant	Johnson
Records Subject	Smith Wesson
DOB	
SSN	
AKA	

## Party 1 of 4

Firm	CJ Law
Roles	Ordering Client, Send Records
Address	126333 South Street
City	Bakersfield
State	CA
Zip	98765
Phone	(123) 123-1234
Fax	
Email	
Contact Person	Greg Smith

## Party 2 of 4

Firm	State Farm Insurance Company
Roles	Primary Billing
Address	PO BOX 106171
City	Atlanta, GA 30348
State	
Zip	
Phone	(408) 842-4548
Fax	
Email	
Contact Person	Patrick Griffith

**Party 3 of 4**

<b>Firm</b>	Aaron, Riechert, Carpol & Riffle, APC
<b>Roles</b>	Represent Consumer
<b>Address</b>	333 Twin Dolphin Drive, Suite 350
<b>City</b>	Redwood City, CA 94065
<b>State</b>	
<b>Zip</b>	
<b>Phone</b>	(650) 368-4662
<b>Fax</b>	(650) 367-8531
<b>Email</b>	
<b>Contact Person</b>	Juliette D. Nguyen, Esq.

**Party 4 of 4**

<b>Firm</b>	State Farm Insurance Company
<b>Roles</b>	
<b>Address</b>	PO Box 106171
<b>City</b>	Atlanta, GA 30348-6171
<b>State</b>	
<b>Zip</b>	
<b>Phone</b>	(949) 553-4670
<b>Fax</b>	
<b>Email</b>	
<b>Contact Person</b>	Kathy Hernandez

**Location 1 of 2****Client Reference**

<b>Client Reference #</b>	AfsdaFa
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**Location Details**

<b>Name</b>	Kaiser Permanente
<b>Address</b>	3558 Round Barn Blvd., Ste 112
<b>City</b>	Santa Rosa, CA 95403
<b>State</b>	
<b>Zip</b>	
<b>Phone</b>	(707) 571-3770
<b>Fax</b>	

Email	
Date Ranges	
Due Date	
Record Types	
Types Specifics	Car Payment
Attached Documents	
Names	

Location 2 of 2	
Client Reference	
Client Reference #	
Location Details	
Name	Kaiser Permanente
Address	401 Bicentennial Way
City	Santa Rosa, CA 95407
State	
Zip	
Phone	(707) 566-5560
Fax	
Email	

Date Ranges	
Due Date	5/30/2024
Record Types	
Types Specifics	Payroll, Rads
Attached Documents	
Names	