

EXHIBIT B

June 3rd, 2024

James LoVerde
943 Willowleaf Way,
Rockville MD 20854-2933

Aldous and Associates
P.O. Box 171374
Holladay, UT 84117-1374

Re: Collection Reference #3638339

To Whom It May Concern,

I am sending this letter to you in response to a collection notice I received from you on May 29th, 2024. Be advised, this is not a refusal to pay, but validation is requested. I respectfully request that your office provide me with competent evidence that I have any legal obligation to pay you.

Please provide me with the following:

- Provide a statement that matches the balance being claimed
- Provide a list of charges that total the amount claimed in your original letter
- Identify the original creditor (name and address)
- A copy of all paperwork signed by me when opening the account
- A copy of every monthly statement
- An accounting of every payment I made and every fee I was charged

If your offices have reported inaccurate information to any of the three major Credit Bureau's (Equifax, Experian, or TransUnion), said action might constitute fraud. Due to this fact, if any negative mark is found on any of my credit reports by your company or the company that you represent I will not hesitate in bringing legal action against you.

I would also like to request, in writing, that no telephone contact be made by your offices to my home or to my place of employment. If your offices attempt telephone communication with me, including but not limited to computer-generated calls or correspondence sent to any third parties, it will be considered harassment and I will have no choice but to file suit. All future communications with me MUST be done in writing and sent to the address noted in this letter.

Regards,

James LoVerde

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Salt Lake City, UT 84117 **U S E**

Certified Mail Fee \$4.40
\$ 3.65 0907 30
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 0.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postmark
Here

06/05/2024

Postage \$0.68

Total Postage and Fees

\$8.73

Sent To

JAMES LOVERDE

Street and Apt. No., or PO Box No.

943 Willowleaf Way

City, State, ZIP+4®

Rockville, MD 20854

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0720 0720 0720 0720 0720 0720 0720 0720 0720