



**BACKGROUND  
SCREENING REPORT**

P.O. Box 458  
New Port Richey, FL 34656  
Local: (727) 807-2179 Fax: (800) 987-7815  
Toll Free: (800) 771-7703  
<http://www.applicantinsight.com>

**SUBJECT NAME: Consumer, Jonathan**  
**SOCIAL SECURITY #: 548-60-3388**  
LOCATION: Client Demonstration Account  
CLIENT ID: C0249-00-0000  
REQUEST DATE: 08/01/2008

**Confidential Information Enclosed**

Information in this Consumer Report must be held in utmost confidence and there must be strict procedures maintained by the recipient to secure information against unauthorized third party access or use.

Information contained in this report is obtained from sources deemed reliable, though the accuracy of the information is not guaranteed. Human error in compiling this information is possible. Reasonable procedures will be followed to ensure the accuracy of information and reinvestigation will be conducted upon request. The Fair Credit Reporting Act requires specific procedures if adverse action is taken, in whole, or in part based upon the information contained in this report.

**CA law requires the following statement: "The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from the public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report."**

<b>HHS/OIG/GSA Search Results</b>
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Caution must be used when utilizing this information for adverse action due to limited identifiers as well as possible inaccuracies in documentation of records.

Name Searched: **Consumer, Jonathan 2**

<b>Record Found</b>
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Identifiers Provided	Exact Match	Identifiers Found
Name: Consumer, Jonathan	<b>Yes</b>	<b>Consumer, Jonathan</b>
DOB: 01/10/1951	<b>Yes</b>	<b>01/10/1951</b>
SSN: 548-60-3388	<b>Yes</b>	<b>548-60-3388</b>

Specialty:	<b>General Practice Physician</b>
Exclusions:	<b>Section 1128 (b) (14)</b>
Description:	<b>Default on Health Education Loan or Scholarship Obligation</b>
Date:	<b>01/15/2006</b>
Reinstatement Date:	<b>01/15/2010</b>

Comments:

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