

REFUSE TO PAY LETTER

A M A
Collection Agency's Name

145 E. 14th Street Ste 200
Collection Agency's Address

San Leandro 94577

03/30/07
Today's Date

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

7085311000047881908
Tracking Number

Re: Account No. 5484

Dear Sir or Madam:

I have enclosed a copy of the last collection letter that you sent to me.

In this regard, please be advised that I dispute this debt and refuse to pay.

PLEASE MARK YOUR FILES ACCORDINGLY.

Trusting in your good offices, I remain . . .

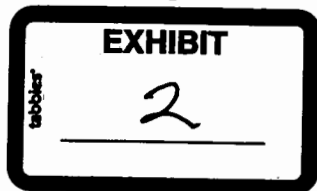
Very Truly Yours,

[Signature]
Sign your name here

Sam Dadjo
Print your name here

28809 Rochelle Ave.
Print your address here

Hayward Ca 94544



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.
SAN LEANDRO CA 94577

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

0012 Sd09
09 2007
Postmark Here
APR 09
SAN LEANDRO CA ST. JAMES
04/02/2007

Sent To A M A
Street, Apt. No., or PO Box No. 145 E. 14th Street Ste 200
City, State, ZIP+4 San Leandro Ca 94577

L600



145 East 14th Street, Suite 200 • P.O. Box 579 • San Leandro, California 94577 • Telephone (510) 638-7157

**NOTIFICATION BY A COLLECTION AGENCY
MAR 21, 2007**

SAM DADJO (595436-5491
28369 ROCHELLE AVE
HAYWARD, CA 94544

Re: PC-RANDHAWA DENTAL CORP 5484 Principal: \$296.00

ATTENTION: Your account with our client listed above has been referred to AMA as a POTENTIAL COLLECTION PROBLEM. Please contact them direct at 4711255 to settle the matter, or you may contact AMA as provided below.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov.

The Rosenthal Act, California Civil Code Section 1788.21, also requires that you notify your creditor of your change of name, address, or employment for any existing debt.

(Detach and mail with check for proper credit)

From: SAM DADJO (595436-5491
28369 ROCHELLE AVE
HAYWARD , CA 94544

Balance Due: \$296.00
Amount Enclosed: _____

To: PC-RANDHAWA DENTAL CORP 5484
4138 DYER ST #1
UNION CITY , CA 94587

This is an attempt to collect a debt and information obtained will be used for that purpose.