

Suite 906, Hamilton Square, NJ 08690.

JURISDICTION AND VENUE

6. Jurisdiction of this Court arises out of events emanating from this District and this Court has jurisdiction pursuant to 15 U.S.C. § 1692 et seq. and 28 U.S.C § 1331.

7. Venue is proper in this District pursuant to 28 U.S.C. § 1391(b) because the conduct at issue occurred in this District, Plaintiff resides in this District, and Defendant conducts business in this district.

FACTUAL ALLEGATIONS

8. At all times relevant, Defendant regularly attempted to collect debts alleged to be owed to another.

9. At all times relevant, Defendant regularly collected debts owed or alleged to be owed to another.

10. At all times relevant, Defendant regularly attempted to collect debts alleged to be owed to another which were incurred primarily for personal, family or household purposes.

11. At all times relevant, Defendant regularly collected debts owed or alleged to be owed to another which were incurred primarily for personal, family or household purposes.

12. At all times relevant, Defendant used the mail, telephone or other instruments of interstate commerce in its attempts to collect debts owed or alleged to be owed another.

13. At all times relevant, Defendant used the mail, telephone or other instruments of interstate commerce in its attempts to collect debts incurred primarily for personal, family or household purposes owed or alleged to be owed another.

14. At all times relevant, the principal business engaged in by Defendant was the collection of debts which were incurred primarily for personal, family or household purposes.

15. The debt alleged to be owed by the Plaintiffs was allegedly incurred primarily for personal, family or household purposes.

16. Prior to October 2018, Plaintiffs incurred a debt with Ward-Brodt Music Mall (hereinafter "Ward-Brodt").

17. Sometime later, Ward-Brodt hired Defendant to collect that debt from Plaintiffs.

18. On October 17, 2018, Defendant sent a collection letter to Plaintiffs. See Exhibit A.

19. Upon information and belief, Exhibit A is a form letter, generated by computer, and with the information specific to Plaintiffs is inserted by computer.

20. That collection letter stated "This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org."

21. The above language on a collection letter is a representation that the debt collector holds a Wisconsin Collection Agency License, pursuant to Wis. Stat. § 218.04 and Wis. Admin. Code § DFI-Bkg. 74.

22. Defendant does not, in fact, hold a Wisconsin Collection Agency License.

23. Defendant is not licensed by the Division of Banking or any other Wisconsin governmental agency.

24. Defendant was not licensed by the Division of Banking or any other Wisconsin governmental agency at the time Defendant sent Exhibit A to Plaintiffs.

25. Defendant is not listed on the Division of Banking's website that lists all collection agencies that currently hold a Wisconsin collection agency license.

http://www.wdfl.org/fi/lfs/licensee_lists/Default.asp?Browse=CA (visited November 2, 2018).

26. A false statement about a debt collector's licensing status is a material false statement. "It suggests that [the debt collector] has been approved by the state, thereby enhancing in the mind of the unsophisticated consumer [the debt collector's] legitimacy and power to collect the debt." *Radaj v. ARS Nat. Services, Inc.*, No. 05 C 773, 2006 U.S. Dist. LEXIS 68883 at *10; 2006 WL 2620394 at *3 (E.D. Wis. Sep. 12, 2006); *Seeger v. Aid Assocs.*, 2007 U.S. Dist. LEXIS 22824 at *13, 2007 WL 1029528 (E.D. Wis. Mar. 29, 2007) ("this court believes that the false statement used by Plaza that it was licensed by the state of Wisconsin, is precisely the kind of misrepresentation that Congress sought to prohibit when it passed the FDCPA."); *see also, Derosia v. Credit Corp. Sols.*, 2018 U.S. Dist. LEXIS 50016, at *9-10 (E.D. Wis. Mar. 27, 2018) ("upon learning that Tasman is not a collection agency licensed with the DFI, such a consumer would be more likely to assume the letter is a scam and ignore it.").

CAUSES OF ACTION

COUNT I.

VIOLATIONS OF THE FAIR DEBT COLLECTION PRACTICES ACT

27. Plaintiffs incorporate by reference as if fully set forth herein the allegations contained in the preceding paragraphs of this Complaint.

28. Exhibit A falsely states that: "This collection agency is licensed by the Division of Banking" for the State of Wisconsin.

29. Defendant did not hold a Wisconsin Collection Agency License when it sent Exhibit A to Plaintiffs.

30. Defendant did not hold a Wisconsin Collection Agency License when it sent Exhibit A to any class member.

31. The template collection letters used by Defendant were objectively confusing, false, and misleading to an unsophisticated consumer.

32. Defendant's letter to Plaintiffs illegally attempts to collect a debt from Plaintiffs in violation of 15 USC §§ 1692d, 1692e, 1692e(1), 1692e(9), and 1692f.

33. 15 U.S.C. § 1692e generally prohibits "any false, deceptive, or misleading representation or means in connection with the collection of any debt."

34. 15 U.S.C. § 1692e(1) specifically prohibits the false representation that "the debt collector is vouched for, bonded by, or affiliated with the United States or any State, including the use of any badge, uniform, or facsimile thereof."

35. 15 U.S.C. § 1692e(9) specifically prohibits "the use or distribution of any written communication which simulates or is falsely represented to be a document authorized, issued, or approved by any court, official, or agency of the United States or any State, or which creates a false impression as to its source, authorization, or approval."

CLASS ALLEGATIONS

36. Plaintiffs bring this action on behalf of a Class, consisting of (a) all natural persons in the State of Wisconsin (b) who were sent a collection letter by Defendant, (c) stating that Defendant is licensed by the Division of Banking in Wisconsin, (d) seeking to collect a debt for personal, family or household purposes, (e) in the one calendar year preceding the filing date of this case, (f) that was not returned by the postal service.

37. The Class is so numerous that joinder is impracticable. Upon information and belief, there are more than 40 members of the Class.

38. There are questions of law and fact common to the members of the class, which common questions predominate over any questions that affect only individual class members. The predominant

common question is whether Exhibit A violates the FDCPA.

39. Plaintiffs' claims are typical of the claims of the Class members. All are based on the same factual and legal theories.

40. Plaintiffs will fairly and adequately represent the interests of the Class members. Plaintiffs have retained counsel experienced in consumer credit and debt collection abuse cases.

41. A class action is superior to other alternative methods of adjudicating this dispute as individual cases are not economically feasible.

JURY DEMAND

42. Plaintiffs hereby demand a trial by jury.

WHEREFORE, Plaintiffs respectfully pray that relief be granted as follows:

- a. That judgment be entered against Defendant for actual and statutory damages pursuant to 15 U.S.C. § 1692k(a)(2)(A) and (B);
- b. That the Court award costs and reasonable attorneys' fees, pursuant to 15 U.S.C. § 1692k(a)(3);
- c. That an order be entered certifying the proposed Class under Rule 23 of the Federal Rules of Civil Procedure and appointing Plaintiff and her counsel to represent the Class;
- d. That the Court grant declaratory and injunctive relief, in the form of finding Defendant's conduction to violate the law and prohibiting them from continuing their collection practices; and
- e. That the Court grants such other and further relief as may be just and proper.

Dated this 12th day of December, 2018.

Respectfully submitted,

By: s/ Nathan E. DeLadurantey
Nathan E. DeLadurantey, (WI #1063937)
DELADURANTEY LAW OFFICE, LLC
330 S. Executive Drive, Suite 109
Brookfield, WI 53005
Telephone: (414) 377-0515
Facsimile: (414) 755-0860
Nathan@de-la-law.com

Thomas J. Lyons, Jr., Esq. (MN #249646)
CONSUMER JUSTICE CENTER, P.A.
367 Commerce Court
Vadnais Heights, MN 55127
Telephone: (651) 770-9707
Facsimile: (651) 704-0907
tommycj@comcast.net

Zeshan Usman, WI Bar #1069404
USMAN LAW FIRM, LLC
525 Junction Rd., Ste. 8520N
Madison, WI 53717
(608) 829-1112; (888) 876-2636 – Fax
Z@UsmanLaw.com

ATTORNEYS FOR PLAINTIFF

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Tanya Bonson and Benjamin Bonson

(b) County of Residence of First Listed Plaintiff Iowa (EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number) DeLadurantey Law Office, LLC 330 S. Executive Drive, Suite 109, Brookfield, WI 53005

DEFENDANTS

A-1 Collection Service, Inc.

County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- 1 U.S. Government Plaintiff, 2 U.S. Government Defendant, 3 Federal Question (U.S. Government Not a Party), 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State, Citizen of Another State, Citizen or Subject of a Foreign Country, PTF DEF, Incorporated or Principal Place of Business In This State, Incorporated and Principal Place of Business In Another State, Foreign Nation

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Table with 5 columns: CONTRACT, REAL PROPERTY, TORTS, CIVIL RIGHTS, PRISONER PETITIONS, FORFEITURE/PENALTY, LABOR, IMMIGRATION, BANKRUPTCY, SOCIAL SECURITY, FEDERAL TAX SUITS, OTHER STATUTES. Includes various legal categories like Insurance, Personal Injury, Real Property, etc.

V. ORIGIN

- 1 Original Proceeding, 2 Removed from State Court, 3 Remanded from Appellate Court, 4 Reinstated or Reopened, 5 Transferred from another district (specify), 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): 15 U.S.C. § 1692

Brief description of cause: Violation of the Fair Debt Collection Practices Act

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23, DEMAND \$, CHECK YES only if demanded in complaint: JURY DEMAND: X Yes [] No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE DOCKET NUMBER

DATE 12/12/2018 SIGNATURE OF ATTORNEY OF RECORD s/ Nathan E. DeLadurantey

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

Print

Save As...

Reset

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

I. (a) Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) County of Residence. For each civil case filed, (except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

II. Jurisdiction. The basis of jurisdiction is set forth under Rule 8(a), F.R.C.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.

United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; federal question actions take precedence over diversity cases.)

III. Residence (citizenship) of Principal Parties. This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

IV. Nature of Suit. Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerks in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.

V. Origin. Place an "X" in one of the seven boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

Appeal to District Judge from Magistrate Judgment. (7) Check this box for an appeal from a magistrate judge's decision.

VI. Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.**

Example: U.S. Civil Statute: 47 USC 553
Brief Description: Unauthorized reception of cable service

VII. Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the dollar amount (in thousands of dollars) being demanded or indicate other demand such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

VIII. Related Cases. This section of the JS 44 is used to reference related pending cases if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Wisconsin

Tanya Bonson and Benjamin Bonson,

Plaintiff

v.

A-1 Collection Service, Inc.,

Defendant

)
)
)
)
)
)
)
)
)
)

Civil Action No. 18-cv-1033

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* A-1 Collection Service, Inc.
2297 Highway 33, Suite 906
Hamilton Square, NJ 08690

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Nathan E. DeLadurantey
DeLadurantey Law Office, LLC
330 S. Executive Drive, Suite 109
Brookfield, WI 53005

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 18-cv-1033

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

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Exhibit A



A-1 COLLECTION SERVICE

A DIVISION OF TRAF GROUP

2297 Highway 33, Suite 906
Hamilton Square, NJ 08690-1717

Tel: 1-862-260-2005
Outside of Area: 1-877-745-2700

For: TANYA BONSON
Client Acct #: 228885-2
Re: WARD-BRODT MUSIC MALL
Amt Due: \$172.34 + INT \$.00 + COL FEE \$51.70 = \$224.04
A-1 Account #: 10495664

10/17/18

Dear Tanya Bonson,

Your inability to resolve this matter leaves us no alternative but to continue collection activity.

Please contact our office.

FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTERCARD, DISCOVER AND AUTOPAY (CHECK BY PHONE).

This communication is from a debt collector.

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

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org.

To make payment online: trafpay.org
Office Hours: 8:30-5:00 PM EST MONDAY THROUGH FRIDAY

a1cs/296/393018591726

Retain the upper portion for your records. Detach and return form below with payment.

1020/0000840/00000

PO Box 1667
Southgate, MI 48195-0667
Return Service Requested

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER
CARD NUMBER	CCV# (Last 3 digits on back of card)	
SIGNATURE		EXP. DATE
STATEMENT DATE 10/17/18	AMOUNT DUE \$224.04	ACCOUNT # 10495664
SHOW AMOUNT PAID HERE \$		

Tanya Bonson
403 W North St
Dodgeville, WI 53533-1003

A-1 Collection Service
2297 Highway 33
Suite 906
Hamilton Square, NJ 08690-1717



Ad Astra Recovery Services, Inc.
7330 W. 33rd Street N. Suite 118
Wichita, Kansas 67205

Get in touch
Mon-Thurs: 8AM-8PM CST,
Fri: 8AM-6PM CST,
Sat: 9AM-2PM, CST
and Closed Sunday
Phone
1-866-398-2089 (Toll Free)
Fax
316-771-8880



03/07/2018

Creditor: Speedy Cash
Account number: 0090-P-005187977

Payment reminder for total balance due \$851.26

Dear Tanya Bonson,

To make a payment please use one of our self-service payment methods

- ▶ Using your smart phone – scan this code ▶
- ▶ Online at <http://adastra.statementmanagement.com>
- ▶ By phone 1-866-398-2089



Or detach and return the payment slip below.

This letter is to inform you that our client, Speedy Cash has agreed to reduce your debt to it by 25%.

Speedy Cash has agreed to settle your remaining balance of \$851.26 for \$638.45, provided it reaches our office no later than 04/11/2018. If you need additional time to respond to this offer, please contact us. We are not obligated to renew this offer.

Once your payment has been received and has cleared your account, Speedy Cash will consider this issue settled and will not pursue it any further.

If you have any questions or require further assistance, please feel free to call our office at (866) 398-2089.

Once this offer has expired, we are not obligated to renew it.

Send payment today or call us at 866-398-2089 to make payment by card or you may pay online at <http://adastra.statementmanagement.com> at no additional cost to you. Refer to account# 0090-P-005187977.

This communication is from a debt collector, this is an attempt to collect a debt and any information obtained will be used for that purpose.



We understand and want to help you

▶ Give us the chance to work with you during this difficult time – we will listen.

▶ We can help create a customized payment plan that works with your current budget.

▶ We have lots of experience assisting people with getting back on financial track. If you allow us we can offer the same help to you.

Phone us 866-398-2089
Your willingness to communicate and work with us is the key to avoiding further collection efforts.

PLEASE SEE BACK OF LETTER FOR IMPORTANT CONSUMER INFORMATION

Please detach and return below portion with your payment.

PO Box 101928 Dept. 1911
Birmingham, AL 35210



32971



Account
0090-P-005187977

Total balance due
\$851.26

Card number

Signature

Expiration date

Amount enclosed

Please call 1-866-398-2089



Ad Astra Recovery Services, Inc
8918 W. 21st Street N. Suite 200 PMB 303
Wichita, Kansas 67205-1880



71114-7A 154
Tanya Bonson
403 W North St
Dodgeville, WI 53533-1003

00052067

8918 W. 21st Street N. Suite 200 PMB 303 Wichita, KS 67205. To speak with a recovery Specialist please call our toll free number – 866-398-2089



CREDIT COLLECTION SERVICES

725 Canton Street, Norwood, MA 02062 • 617.581.1076
Fax Number: (617) 658-5710 (use this notice as cover sheet)
Self-service: www.ccspayment.com
Mon-Fri: 8:00AM-8:00PM, Sat: 9AM-5:30PM, ET

CALL CENTER: 1 (617) 581-1076



Date: 08/01/18
File Number: 05 0701 69347
Pin Number: 06973
P165371757
CANCEL DATE: 06/01/2018



TANYA L BONSON
403 W NORTH ST
DDGVILLE WI 53533-1003

3148-B2

CREDITOR: FARMERS INSURANCE GROUP	AMOUNT OF THE DEBT: \$522.06
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00210914

COLLECTION NOTICE - COLLECTION NOTICE

The above referenced amount is due for coverage provided under your insurance contract. Please remit payment to this office by mail (together with the payment stub portion of this notice) or visit our self-service website @ www.ccspayment.com.

If you have any questions, concerns, or would simply like personal assistance, our Customer Service Agents are available during the hours listed above. Thank you.

We are required to make the following statement: This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.

FEDERAL LAW: 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 that you dispute the validity of this debt, or any portion thereof, 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 of 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.

SELF-SERVICE WEBSITE: Our self-service website offers the ability to pay by check, MasterCard, Visa, establish a payment plan, print a scheduled payment voucher(s) to mail with payment to this office, review payment history, print a payment-in-full receipt for your records, submit a request to stop telephone calls, and more.

SUBMIT / SEND CORRESPONDENCE: You can visit our self-service website to upload documents, enter information online, print a cover-sheet to send with your correspondence, submit a request to stop telephone calls, and more. If you prefer, you can mail correspondence to: CCS P.O. Box 607, Norwood, MA 02062-0607, or fax to: (617) 658-5710 (please use this notice as your cover sheet).

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org

File Number: 05 0701 69347
Pin Number: 06973
TANYA L BONSON

AMOUNT OF THE DEBT:
\$522.06

- Please write your File Number on check (shaded box above). Do not mail post-date checks (call for assistance).
- CCS may process payment as a one-time electronic funds withdrawal using information from your check.

GO GREEN-GO PAPERLESS

We offer secure email messaging as well as the ability to pay or send correspondence online. To activate email messaging or simply self-service online, you can visit our website at the top of this notice. Customer Service Agents are available at (617) 581-1076. Thank you.

HELP PROTECT THE ENVIRONMENT

**CCS
PAYMENT PROCESSING CENTER
P.O. BOX 55126
BOSTON, MA 02205-5126**



598880021070169347000522063



725 Canton Street, Norwood, MA 02062
Self-service: www.ccspayment.com
Mon-Fri: 8:00AM-8:00PM, Sat: 9AM-5:30PM, ET

CALL CENTER: (617) 581-1076

32397 1 AB 0.405 T 67
TANYA L BONSON
403 W NORTH ST
DODGEVILLE WI 53533-1003



Date: 09/23/18
File Number: 05 0701 69347
Pin Number: 06973
P165371757
CANCEL DATE: 06/01/2018



CREDITOR:
FARMERS INSURANCE GROUP

AMOUNT OF THE DEBT:
\$522.06

Thank you for your attention at this time. As of 09/23/18, our records indicate that your past-due account remains unpaid. Please respond to this notice.

Please remit payment by mail (together with the payment stub portion of this notice), by telephone, or by visiting our self-service website @ www.ccspayment.com. If you would like to make suitable payment arrangements, our Customer Service Agents are available at (617) 581-1076. Let's work together to resolve this matter. Thank you.

Once full payment has been posted by this office, your account will be closed and returned to your creditor as paid-in-full. We are required to make the following statement: This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.



SELF-SERVICE WEBSITE: You can activate email messaging, upload correspondence, request telephone calls to stop, pay by check, Visa, MasterCard, arrange a payment plan, and more at our secure website: www.ccspayment.com.



CALL CENTER: You can receive personal attention from a Customer Service Agent during the hours referenced at the top of this notice: (617) 581-1076.



MAIL PAYMENT: You can mail your check together with the payment stub portion of this notice to: CCS Payment Processing Center, P.O. Box 55126, Boston, MA 02205-5126.



MAIL OR FAX CORRESPONDENCE: You can mail correspondence to: CCS P.O. Box 607, Norwood, MA 02062-0607 or fax to: (617) 658-5710. You can include a copy of this notice to avoid processing delays.

0006 - WI

File Number: 05 0701 69347
Pin Number: 06973
TANYA L BONSON

PLEASE PAY THIS AMOUNT:
\$522.06

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org

Do not mail post-dated checks. You can call (617) 581-1076 for personal attention. CCS may process payment as a one-time electronic funds withdrawal using information from your check.



We offer secure email messaging, as well as the ability to pay or send correspondence online. It's quick, easy, and helps protect the environment. Please consider visiting our self-service website at: www.ccspayment.com.

CCS
PAYMENT PROCESSING CENTER
P.O. BOX 55126
BOSTON, MA 02205-5126





597000006070169347000522068



725 Canton Street, Norwood, MA 02062
Self-service: www.SettlementNotice.com
Mon-Fri: 8:00AM-8:00PM, Sat: 9AM-5:30PM, ET

CALL CENTER: (603) 363-1021


72202  39023 1 AB 0.405 T 79
TANYA L BONSON
403 W NORTH ST
DODGEVILLE WI 53533-1003
D828852
00-CCS2WN1E-1
0080

Date: 10/14/18
File Number: 05 0701 69347
Pin Number: 06973
P165371757
CANCEL DATE: 06/01/2018



REGARDING:	AMOUNT OF THE DEBT:
FARMERS INSURANCE GROUP	\$522.06

SETTLEMENT OPPORTUNITY

Thank you for your attention at this time. This is an opportunity to settle your past-due account at a discount. Please respond to this notice.

Please visit our self-service website @ www.SettlementNotice.com or contact our call center to discuss suitable settlement terms with a Customer Service Agent. Let's work together to resolve this matter. Thank you.

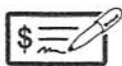
Once the agreed upon settlement amount has been posted by this office, your account will be closed and returned to your creditor as settled-in-full. We are required to make the following statement: This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.



SELF-SERVICE WEBSITE: You can activate email messaging, upload correspondence, request telephone calls to stop, pay by check, Visa, MasterCard, arrange a payment plan, and more at our secure website: www.SettlementNotice.com.



CALL CENTER: You can receive personal attention from a Customer Service Agent during the hours referenced at the top of this notice: (603) 363-1021.



MAIL PAYMENT: You can mail your check together with the payment stub portion of this notice to: CCS Payment Processing Center, P.O. Box 55126, Boston, MA 02205-5126.



MAIL OR FAX CORRESPONDENCE: You can mail correspondence to: CCS P.O. Box 607, Norwood, MA 02062-0607 or fax to: (617) 658-5710. You can include a copy of this notice to avoid processing delays.

0080 - WI

File Number: 05 0701 69347
Pin Number: 06973
TANYA L BONSON

AMOUNT OF THE DEBT:
\$522.06

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org

Do not mail post-dated checks. You can call (603) 363-1021 for personal attention. CCS may process payment as a one-time electronic funds withdrawal using information from your check.



We offer secure email messaging, as well as the ability to pay or send correspondence online. It's quick, easy, and helps protect the environment. Please consider visiting our self-service website at: www.SettlementNotice.com.

CCS
PAYMENT PROCESSING CENTER
P.O. BOX 55126
BOSTON, MA 02205-5126



PO Box 2288
La Crosse WI 54602-2288
RETURN SERVICE REQUESTED



Debt Collection Agency
Telephone Number: (608) 791-2143 Toll Free: (888) 378-2375

CREDIT BUREAU DATA INC
PO Box 2288
La Crosse WI 54602-2288

1 018867603



Tanya Bonson
403 W North St
Dodgeville WI 53533-1003



Date	Account #	Amount
7/6/2018	2112763	\$1997.01

To pay by credit card, see reverse side.

Detach Upper Portion And Return With Payment

Creditor: KWIK TRIP INC

Account #: 2112763

Balance: \$ 1997.01



This account has been listed with Credit Bureau Data, Inc. for collection in full. In order to prevent further collection efforts it is important that you give this matter your attention.

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call 608-791-2143.

Payments can be made online at <http://www.paycbd.com/>. Please use the following: Account - 2112763 and Entry Code - 1630X298376.

>>>> IMPORTANT NOTICE <<<<<



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 that you dispute the validity of this debt or any portion thereof, 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.

>>>>NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION<<<<<

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

Please return the upper portion of this notice with your payment in the enclosed envelope, or bring your payment to: Credit Bureau Data, Inc. ♦ 518 State St ♦ La Crosse WI 54601-3326.

20NDATA101

FILL OUT BELOW FOR CREDIT CARD PAYMENTS.	
<input type="checkbox"/>  <input type="checkbox"/>  CHECK CARD USING FOR PAYMENT	
CARD NUMBER PLUS 3 DIGIT SECURITY CODE (on back of card)	EXP. DATE /
CARDHOLDER NAME	AMOUNT \$
CARDHOLDER SIGNATURE	

WISCONSIN

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org.



Account Number: 0000008547242068
Seller: CAPITAL ONE N.A.
Merchant: MAURICES
Original Creditor: COMENITY BANK
Original Creditor Address: ONE RIGHTER PKWY SUITE 100 WILMINGTON DE 19803
Creditor to Whom Debt is Owed: PORTFOLIO RECOVERY ASSOCIATES, LLC
Balance: \$775.60

10/02/2018

Dear TANYA BONSON,

Your account was sold to Portfolio Recovery Associates, LLC. Your bank or creditor made a business decision to sell your debt.

Please reach out to us. Our goal is to work collaboratively to help you resolve your debt.

Portfolio Recovery Associates, LLC purchased your account on 09/18/2018. All future payments for this account, including credit counseling service payments, should be directed to us.

We know life happens. Please visit our website. It will help you understand the process, your options, and—most importantly—how we're committed to working together to design a payment plan to resolve your outstanding obligation.

Sincerely,
PORTFOLIO RECOVERY ASSOCIATES, LLC

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 that you dispute the validity of this debt or any portion thereof, 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.

Contact Us

Paying your bill is easy with any of these options:

www.PRApay.com

1-800-772-1413
Mon. to Fri. 8am - 11pm.
Sat. 8am - 8pm
Sun. 11am - 10pm (EST)

Pay by mail –
checks and payments to:
PORTFOLIO RECOVERY ASSOCIATES, LLC
P.O. Box 12914
Norfolk VA 23541



**This communication is from a debt collector and is an attempt to collect a debt.
Any information obtained will be used for that purpose.**

Notice: See Reverse Side for Important Information

001

DEPT 922
PO BOX 4115
CONCORD CA 94524

Account Number: 0000008547242068
Payment Amount: _____

CHANGE SERVICE REQUESTED



TANYA BONSON
403 W NORTH ST
DODGEVILLE WI 53533-1003

Pay Online at www.PRApay.com
or mail to:

PORTFOLIO RECOVERY ASSOCIATES, LLC
P.O. Box 12914
Norfolk VA 23541

MAKE ALL CHECKS PAYABLE TO: PORTFOLIO RECOVERY ASSOCIATES, LLC

SEND ALL PAYMENTS TO: PORTFOLIO RECOVERY ASSOCIATES, LLC, P.O. Box 12914, Norfolk, VA 23541

HOURS OF OPERATION: Mon. to Fri. 8am - 11pm, Sat. 8am - 8pm, Sun. 11am - 10pm (EST)

COMPANY ADDRESS: Portfolio Recovery Associates, LLC, 120 Corporate Boulevard, Norfolk, VA 23502

DISPUTES: Call 1-800-772-1413 or write to: Portfolio Recovery Associates, LLC, Disputes Department, 140 Corporate Blvd., Norfolk, VA 23502

DISPUTES E-MAIL ADDRESS: PRA_Disputes@portfoliorecovery.com

QUALITY SERVICE AVAILABLE Mon. - Fri. 8 AM to 6 PM (EST)

Not happy with the way you were treated? Our company strives to provide professional and courteous service to all our customers. Contact one of our staff to discuss issues related to our quality of service to you by phone at 1-800-772-1413 or by e-mail at PRACustomerCare@portfoliorecovery.com.

PRIVACY NOTICE: We collect certain personal information about you from the following sources: (a) information we received from you; (b) information about your transactions with our affiliates, others, or us; (c) information we receive from consumer reporting agencies. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We restrict access to nonpublic information about you to those employees and entities that need to know that information in order to collect your account. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

NOTICE: If this account is eligible to be reported to the credit reporting agencies by our company, we are required by law to notify you that a negative credit report reflecting on your credit records may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligation.



Portfolio Recovery Associates, LLC

10/20/2018

Dear TANYA BONSON,

Your account was sold to Portfolio Recovery Associates, LLC. Your bank or creditor made a business decision to sell your debt.

Please reach out to us. Our goal is to work collaboratively to help you resolve your debt.

Portfolio Recovery Associates, LLC purchased your account on 07/19/2018. All future payments for this account, including credit counseling service payments, should be directed to us.

We know life happens. Please visit our website. It will help you understand the process, your options, and—most importantly—how we're committed to working together to design a payment plan to resolve your outstanding obligation.

Sincerely,
PORTFOLIO RECOVERY ASSOCIATES, LLC

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Account Details

Account Number: 6032203673136809
Seller: SYNCHRONY BANK
Merchant: WAL-MART
Original Creditor: SYNCHRONY BANK
Original Creditor Address: P.O. BOX 965033 ORLANDO FL 328965033
Creditor to Whom Debt is Owed: PORTFOLIO RECOVERY ASSOCIATES, LLC
Balance: \$1,160.63

Contact Us

Paying your bill is easy with any of these options:

www.PRApay.com

1-800-772-1413
Mon. to Fri. 8am - 11pm.
Sat. 8am - 8pm
Sun. 11am - 10pm (EST)

Pay by mail –
checks and payments to:
PORTFOLIO RECOVERY ASSOCIATES, LLC
P.O. Box 12914
Norfolk VA 23541



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Notice: See Reverse Side for Important Information

001

DEPT 922
PO BOX 4115
CONCORD CA 94524

Account Number: 6032203673136809
Payment Amount: _____

CHANGE SERVICE REQUESTED



TANYA BONSON
403 W NORTH ST
DODGEVILLE WI 53533-1003

Pay Online at www.PRApay.com
or mail to:

PORTFOLIO RECOVERY ASSOCIATES, LLC
P.O. Box 12914
Norfolk VA 23541

MAKE ALL CHECKS PAYABLE TO: PORTFOLIO RECOVERY ASSOCIATES, LLC

SEND ALL PAYMENTS TO: PORTFOLIO RECOVERY ASSOCIATES, LLC, P.O. Box 12914, Norfolk, VA 23541

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COMPANY ADDRESS: Portfolio Recovery Associates, LLC, 120 Corporate Boulevard, Norfolk, VA 23502

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DISPUTES E-MAIL ADDRESS: PRA_Disputes@portfoliorecovery.com

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PRIVACY NOTICE: We collect certain personal information about you from the following sources: (a) information we received from you; (b) information about your transactions with our affiliates, others, or us; (c) information we receive from consumer reporting agencies. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We restrict access to nonpublic information about you to those employees and entities that need to know that information in order to collect your account. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

NOTICE: If this account is eligible to be reported to the credit reporting agencies by our company, we are required by law to notify you that a negative credit report reflecting on your credit records may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligation.

ClassAction.org

This complaint is part of ClassAction.org's searchable class action lawsuit database and can be found in this post: [A-1 Collection Service Falsely Claimed to be Licensed in Wisconsin, Class Action Alleges](#)
