

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA

FILED

JUN 20 2018

UNITED STATES OF AMERICA,)

Plaintiff,)

-vs-)

DR. JAMES M. FERRIS, M.D.,)
KATHERINE DOSSEY, and)
SHERRY ISBELL,)

Defendants.)

CARMELITA REEDER SHINN, CLERK
U.S. DIST. COURT, WESTERN DIST. OKLA.
BY Karen McCombs, DEPUTY

CR 18-159

Case No. _____

Violations: 21 U.S.C. § 841(a)(1)
18 U.S.C. § 2
18 U.S.C. § 1347
18 U.S.C. § 982(a)(7)
21 U.S.C. § 853
28 U.S.C. § 2461(c)

INDICTMENT

The Federal Grand Jury charges:

INTRODUCTION

At all times relevant to this Indictment:

Controlled Substances

1. The Controlled Substances Act, 21 U.S.C. § 801 *et seq.*, governs the manufacture, distribution, and dispensing of various medications in the United States. Included in this statute are certain drugs, other substances, and their immediate precursors, which are defined as “controlled substances” under 21 U.S.C. § 802(6). These controlled substances are listed within one of five established Schedules, Schedules I-V. 21 U.S.C. § 802(6). Placement of a controlled substance within a Schedule depends on the drug’s medical use, potential for abuse, and risk of dependence. 21 U.S.C. § 812(b).

2. Schedule II controlled substances are drugs and other substances that have a high potential for abuse, which may lead to severe psychological or physical dependence. Schedule II controlled substances include opioids, which are narcotic pain relievers such as hydrocodone, morphine, fentanyl, oxycodone, oxymorphone, and oxycontin.

3. A licensed health care professional, such as a physician, may prescribe controlled substances. To prescribe controlled substances, a licensed health care provider must have a registration number issued by the Drug Enforcement Administration (“DEA”) and must comply with all DEA regulations and all applicable Federal laws.

4. Under federal regulations,

(a) All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner.

...

(f) A prescription may be prepared by the secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations. A corresponding liability rests upon the pharmacist, including a pharmacist employed by a central fill pharmacy, who fills a prescription not prepared in the form prescribed by DEA regulations.

21 C.F.R. § 1306.05(a), (f).

5. Furthermore, under federal regulations,

[a] prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who

fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

21 C.F.R. § 1306.04(a).

6. In the State of Oklahoma, only a physician (medical doctor or doctor of osteopathy) can prescribe Schedule II controlled substances.

7. Under federal regulations, “[t]he refilling of a prescription for a controlled substance listed in Schedule II is prohibited.” 21 U.S.C. § 1306.12(a). Instead, every time a patient needs additional Schedule II drugs, the prescriber must issue a new prescription.

8. Oklahoma law requires that:

[a] practitioner must state on a written prescription for any controlled dangerous substance the name, address and Federal Drug Enforcement Administration registration number of the practitioner; the date of delivery of the prescription; the name, dosage and strength per dosage unit of the controlled dangerous substance; the name and address of the patient, . . . ; the directions for use and any cautionary statements required; and if allowable, the number of times to be refilled.

Okla. Admin. Code 475:30-1-4(c).

9. Oklahoma law also states that:

The face of a prescription must not be materially altered; if an error is made in filling out the prescription, a new prescription must be written by the prescribing practitioner.

(A) A pharmacist may add to the prescription the patient’s address or age, the prescribing practitioner’s federal DEA number, or the generic drug name if used.

(B) After confirming with the prescribing practitioner, the

pharmacist may add information indicating the strength, whether tablet or capsule form, and whether it is compounded if such additions would not materially alter the prescription.

- (C) If omitted, the directions (Sig) or the quantity, may be added by the pharmacist after confirming with the prescribing practitioner.
- (D) Documentation of contacting the prescribing practitioner will be noted on the back of the prescription regarding (B) and (C) above.

Okla. Admin. Code 475:30-1-4(c)(1).

The Medicare Program

10. The Medicare Program (“Medicare”) was a federal health care benefit program, affecting commerce, that provided federal funds to pay for health care benefits for certain individuals, primarily those who were over the age of 65, the blind, and the disabled. Medicare was administered by the Centers for Medicare and Medicaid Services (“CMS”), a federal agency under the United States Department of Health and Human Services (“HHS”). Medicare was a “health care benefit program” as defined by 18 U.S.C. § 24(b).

11. Individuals who qualified for Medicare benefits were referred to as Medicare “beneficiaries.” Each beneficiary was assigned a unique health insurance claim number.

12. Only individuals and entities that were officially approved to participate in Medicare were permitted to submit claims to Medicare for reimbursement of the health care benefits, items, and services they furnished to beneficiaries. In order to participate in Medicare, health care providers were required to submit applications in which they agreed to comply with all Medicare-related laws and regulations. If Medicare approved a

provider's application, Medicare assigned the provider a unique National Provider Identifier ("NPI"), which was used for the processing and payment of claims. Physicians and other health care providers approved to participate in Medicare were referred to as Medicare "providers."

13. Medicare Part D subsidized the costs of prescription drugs for Medicare beneficiaries. Part D benefits were administered by private insurance plans that were reimbursed by Medicare through CMS.

14. Beneficiaries could obtain Part D benefits in two different ways: they could join a Prescription Drug Plan that covered only prescription drugs, or they could join a Medicare Advantage Plan that covered both prescription drugs and medical services (collectively referred to as "Medicare Part D plans").

15. Typically, Medicare beneficiaries enrolled in a Medicare Part D plan would fill their prescriptions at a pharmacy, utilizing their Medicare Part D plan coverage to pay for the prescription. At the point of sale, the pharmacy would electronically submit or cause the submission of the prescription claim for reimbursement to the Medicare Part D plan for payment under the beneficiary's identification number.

The Relationship between FERRIS, ISBELL, and DOSSEY

16. **DR. JAMES M. FERRIS, M.D.**, was a physician licensed to practice medicine in the State of Oklahoma.

17. **FERRIS** possessed a valid registration number issued by the DEA. This registration number allowed him to sign and issue prescriptions for Schedule II controlled substances within the course of his professional practice.

18. **FERRIS** practiced medicine as a salaried employee of Physicians At Home (also known as Best Physicians at Home), a business that sends health care providers to provide services in patient homes.

19. Physicians At Home was owned and operated by **SHERRY ISBELL**. The home office of Physicians At Home was located in Wellston, Oklahoma.

20. **FERRIS** was the only physician employed by Physicians At Home. Physicians At Home also employed several physician assistants and nurse practitioners (collectively referred to as “mid-level practitioners”). Physicians At Home had approximately 2,000 patients.

21. **FERRIS** also practiced medicine at Mid-Oklahoma Medical Access Clinic (“MOMAC”). MOMAC was also owned and operated by **ISBELL** and located in Wellston, Oklahoma.

22. **FERRIS** was the only physician seeing patients at MOMAC. MOMAC also employed several mid-level practitioners. MOMAC had approximately 300 patients.

23. **KATHERINE DOSSEY** was a pharmacist licensed in the state of Oklahoma. She owned and operated the Wellston Clinic Pharmacy, which was located in Wellston, Oklahoma, in the same building as MOMAC. **DOSSEY** owned the building housing the Wellston Clinic Pharmacy and MOMAC.

24. In early 2015, **ISBELL** and **DOSSEY** agreed upon a business model in which Wellston Clinic Pharmacy would fill prescriptions for Schedule II controlled substances and deliver these controlled substances to the homes of Physicians At Home patients.

25. By approximately September 1, 2015, and continuing until approximately December 9, 2015, **ISBELL**, **DOSSEY**, and **FERRIS** agreed to operate this business model as follows:

a. **ISBELL** gave **DOSSEY** access to the electronic medical records of Physicians At Home patients. **DOSSEY** then used those medical records to determine what Schedule II drugs **FERRIS** had previously prescribed to the patients, and in what dosages and amounts.

b. **FERRIS** signed stacks of blank Physicians At Home prescription pads and gave them to **DOSSEY**.

c. **DOSSEY** calculated from the date of the last prescription and the dosage instructions when she believed the patients were due to run out of the 30-day supply of their Schedule II drugs. When it was within a few days of that date, **DOSSEY** completed a blank prescription that had been pre-signed by **FERRIS** with the date, patient information, drug type, and drug dosage.

d. **DOSSEY** then filled the prescription at Wellston Clinic Pharmacy, and sent a delivery driver with the drugs to the patient's home.

e. **DOSSEY** continued to write and "refill" Schedule II prescriptions every 30 days as a "standing order" without a specific prior request or direction by **FERRIS** and without a request by the patient, until a change was made in the medical record or she received specific notification from Physicians At Home.

f. On or about November 1, 2015, **ISBELL** sent a letter to all Physicians At Home patients advising that all Schedule II prescriptions would be filled at the

Wellston Clinic Pharmacy “unless otherwise requested by the patient and approved by [Physicians At Home].”

26. From on or about September 1, 2015, until on or about December 9, 2015, **FERRIS** also signed stacks of blank MOMAC prescription pads and gave them to **DOSSEY**. **ISBELL** gave **DOSSEY** access to the medical records of MOMAC patients. **DOSSEY** completed these prescriptions with the date, all patient information, drug type, and drug dosage, and filled the prescriptions for MOMAC patients.

27. Under this business model, from on or about September 1, 2015, until on or about December 9, 2015, **DOSSEY** completed and filled approximately 1,711 prescriptions for Schedule II controlled substances, using blank prescription pads that had been pre-signed by **FERRIS**.

28. **DOSSEY** was an approved Medicare provider. For patients who were Medicare beneficiaries, **DOSSEY** submitted claims to Medicare Part D plans for reimbursement of the drugs that had been distributed and dispensed in this manner.

COUNTS 1-62
(Distribution of a Controlled Substance)

29. The Federal Grand Jury incorporates by reference Paragraphs 1 through 9 and 16 through 27, as though fully restated and realleged herein.

30. On or about the dates listed below, in the Western District of Oklahoma,

-----**DR. JAMES M. FERRIS, M.D.,**
KATHERINE DOSSEY, and
SHERRY ISBELL, -----

aided and abetted by each other, knowingly and intentionally distributed and dispensed and

caused the distribution and dispensing of the following Schedule II controlled substances to the following individuals, outside the usual course of professional medical practice:

Count	Date Filled	Date Written	Recipient	Substance	Qty.
1	12/4/15	11/23/15	S.B.	Fentanyl 25 MCG/HR Patch	10
2	12/1/15	11/30/15	A.C.	Hydrocodone-Acetaminophen 10-325	120
3	12/1/15	11/30/15	A.R.	Hydrocodone-Acetaminophen 10-325	120
4	12/1/15	11/30/15	R.Br.	Hydrocodone-Acetaminophen 10-325	60
5	12/1/15	11/30/15	R.Be.	Hydrocodone-Acetaminophen 7.5-325	120
6	12/1/15	11/30/15	L.S.	Morphine Sulfate ER 15 mg tablet	60
7	12/1/15	11/30/15	L.S.	Oxycodone-Acetaminophen 10-325	90
8	11/30/15	11/30/15	J.B.	Hydrocodone-Acetaminophen 10-325	120
9	11/30/15	11/30/15	E.J.	Hydrocodone-Acetaminophen 10-325	150
10	11/30/15	11/30/15	V.A.	Hydrocodone-Acetaminophen 10-325	60
11	11/30/15	11/30/15	K.Cr.	Hydrocodone-Acetaminophen 7.5-325	120
12	11/30/15	11/30/15	L.C.	Hydrocodone-Acetaminophen 10-325	120
13	11/30/15	11/30/15	C.G.	Hydrocodone-Acetaminophen 10-325	90
14	11/30/15	11/30/15	M.J.	Hydrocodone-Acetaminophen 10-325	120
15	11/30/15	11/30/15	T.H.	Hydrocodone-Acetaminophen 10-325	90
16	11/30/15	11/30/15	V.A.	Oxycodone HCL 5 mg tablet	60
17	11/30/15	11/30/15	M.B.	Hydrocodone-Acetaminophen 10-325	120
18	11/30/15	11/30/15	J.N.	Hydrocodone-Acetaminophen 10-325	120
19	11/30/15	11/30/15	J.D.	Hydrocodone-Acetaminophen 10-325	120
20	11/30/15	11/30/15	J.Hu.	Oxycontin 15 mg tablet	60
21	11/30/15	11/30/15	C.M.	Hydrocodone-Acetaminophen 10-325	60
22	11/30/15	11/30/15	N.S.	Hydrocodone-Acetaminophen 5-325	60
23	11/30/15	11/30/15	T.K.	Hydrocodone-Acetaminophen 5-325	60
24	11/30/15	11/30/15	L.A.	Hydrocodone-Acetaminophen 10-325	120
25	11/30/15	11/30/15	J.R.	Oxycodone-Acetaminophen 10-325	120
26	11/30/15	11/30/15	C.M.	Hydrocodone-Acetaminophen 10-325	120
27	11/30/15	11/30/15	G.I.	Oxycodone-Acetaminophen 5-325	120
28	11/30/15	11/30/15	G.St.	Hydrocodone-Acetaminophen 7.5-325	90
29	11/30/15	11/30/15	F.D.	Hydrocodone-Acetaminophen 7.5-325	60
30	11/30/15	11/30/15	T.M.	Hydrocodone-Acetaminophen 10-325	120
31	11/30/15	11/30/15	M.V.	Hydrocodone-Acetaminophen 5-325	60
32	11/30/15	11/30/15	B.P.	Hydrocodone-Acetaminophen 7.5-325	120
33	11/30/15	11/30/15	B.B.	Hydrocodone-Acetaminophen 7.5-325	90
34	11/30/15	11/30/15	J.Sha.	Hydrocodone-Acetaminophen 10-325	120
35	11/30/15	11/30/15	C.P.	Hydrocodone-Acetaminophen 10-325	120
36	11/30/15	11/30/15	G.Sh.	Hydrocodone-Acetaminophen 10-325	120
37	11/30/15	11/30/15	M.M.	Oxycodone-Acetaminophen 7.5-325	150

Count	Date Filled	Date Written	Recipient	Substance	Qty.
38	11/30/15	11/30/15	T.K.	Hydrocodone-Acetaminophen 5-325	120
39	11/30/15	11/30/15	J.Sa.	Hydrocodone-Acetaminophen 10-325	90
40	11/30/15	11/30/15	C.P.	Oxycodone HCL 30 mg tablet	120
41	11/30/15	11/30/15	E.M.	Hydrocodone-Acetaminophen 10-325	60
42	11/30/15	11/30/15	L.G.	Morphine Sulfate IR 15 mg tablet	90
43	11/30/15	11/30/15	H.B.	Oxycontin 10 mg tablet	60
44	11/30/15	11/30/15	C.R.	Oxycodone-Acetaminophen 10-325	120
45	11/30/15	11/30/15	J.So.	Hydrocodone-Acetaminophen 10-325	240
46	11/30/15	11/30/15	J.W.G.	Hydrocodone-Acetaminophen 10-325	120
47	11/30/15	11/30/15	B.M.	Hydrocodone-Acetaminophen 10-325	120
48	11/30/15	11/30/15	J.Ha.	Hydrocodone-Acetaminophen 10-325	120
49	11/30/15	11/30/15	B.M.	Hydromorphone 2 mg tablet	60
50	11/26/15	11/23/15	O.H.	Fentanyl 25 MCG/HR Patch	10
51	11/25/15	11/25/15	R.J.	Morphine Sulfate ER 30 mg tablet	90
52	11/24/15	11/24/15	D.D.	Morphine Sulfate IR 15 mg tablet	120
53	11/24/15	11/24/15	M.W.	Morphine Sulfate IR 15 mg tablet	180
54	11/23/15	11/23/15	K.R.	Oxycontin 10 mg tablet	60
55	11/23/15	11/23/15	J.Sho.	Oxycontin 40 mg tablet	90
56	11/23/15	11/23/15	J.Sho.	Oxycodone HCL 20 mg tablet	120
57	11/20/15	11/20/15	K.Co.	Morphine Sulfate ER 90 mg capsule	30
58	11/20/15	11/20/15	K.Co.	Morphine Sulfate IR 15 mg tablet	60
59	11/19/15	11/19/15	P.H.	Hydrocodone-Acetaminophen 7.5-325	120
60	11/19/15	11/19/15	T.G.	Hydrocodone-Acetaminophen 10-325	90
61	11/17/15	11/17/15	K.R.	Fentanyl 100 MCG/HR Patch	10
62	11/16/15	11/16/15	B.C.	Oxycodone-Acetaminophen 7.5-325	240

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

COUNTS 63-103
(Health Care Fraud)

31. The Federal Grand Jury incorporates by reference paragraphs 1 through 28 and 30, as though fully restated and realleged herein.

The Scheme to Defraud

32. Beginning at least by September 1, 2015, and continuing through approximately December 9, 2015, **DOSSEY, FERRIS, and ISBELL** devised a scheme and artifice to defraud Medicare and to obtain money from Medicare by means of materially false and fraudulent pretenses, representations, and promises, in connection with the delivery of and payment for health care benefits, items, and services.

Manner and Means of the Scheme to Defraud

33. It was part of the scheme and artifice to defraud that **DOSSEY, FERRIS, and ISBELL** submitted and caused to be submitted false and fraudulent claims to Medicare for reimbursement of Schedule II controlled substances that had been distributed and dispensed using invalid prescriptions.

34. From approximately September 1, 2015, through December 9, 2015, **DOSSEY** submitted claims to Medicare Part D plans for approximately 720 invalid Schedule II prescriptions, for approximately 265 beneficiaries.

35. Based on these false and fraudulent claims, Medicare Part D plans paid **DOSSEY** for filling invalid Schedule II prescriptions in the amount of approximately \$53,468.74.

Purpose of the Scheme

36. It was the purpose of the scheme and artifice for **DOSSEY** to unlawfully enrich herself through the submission of false and fraudulent Medicare Part D claims for invalid prescriptions.

Executions of the Scheme

37. On or about the dates specified as to each count below, in the Western District of Oklahoma,

----- **KATHERINE DOSSEY,**
DR. JAMES M. FERRIS, M.D., and
SHERRY ISBELL, -----

aided and abetted by each other, knowingly and willfully executed and attempted to execute the above-described scheme and artifice to defraud Medicare, a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), and to obtain money from Medicare by means of materially false and fraudulent pretenses, representations, and promises, all in connection with the delivery of and payment for health care benefits, items, and services. In particular, **DOSSEY, FERRIS, and ISBELL** submitted and caused to be submitted the following false and fraudulent claims for reimbursement to Medicare Part D plans for invalid prescriptions, for which Medicare reimbursed **DOSSEY** in the following amounts:

Count	Date Filled	Recipient	Substance	Qty.	Amount Paid
63	10/19/15	J.D.C.	Hydrocodone-Acetaminophen	180	\$72.43
64	10/19/15	L.P.S.	Hydrocodone-Acetaminophen	120	\$25.00
65	10/19/15	S.M.B.	Hydrocodone-Acetaminophen	180	\$34.28
66	10/19/15	L.B.	Hydrocodone-Acetaminophen	60	\$12.96
67	10/19/15	P.A.M.	Oxycodone-Acetaminophen	180	\$157.68

Count	Date Filled	Recipient	Substance	Qty.	Amount Paid
68	10/19/15	N.K.B.	Hydrocodone-Acetaminophen	120	\$39.80
69	10/19/15	B.L.B.	Hydrocodone-Acetaminophen	120	\$40.13
70	10/19/15	B.L.B.	Morphine Sulfate	180	\$60.74
71	10/19/15	J.G.M.	Hydrocodone-Acetaminophen	90	\$23.50
72	10/19/15	A.K.D.	Hydromorphone HCL	473	\$142.59
73	10/19/15	A.K.D.	Morphine Sulfate	180	\$93.74
74	10/19/15	B.W.	Fentanyl	10	\$131.44
75	10/19/15	W.L.R.	Oxycontin	60	\$443.01
76	10/19/15	J.Q.H.	Hydrocodone-Acetaminophen	180	\$44.60
77	10/19/15	K.L.C.	Oxycodone HCL	180	\$80.71
78	10/19/15	K.L.C.	Oxymorphone HCL ER	60	\$428.45
79	10/19/15	P.D.S.C.	Hydrocodone-Acetaminophen	120	\$48.53
80	10/19/15	G.A.H.	Hydrocodone-Acetaminophen	240	\$58.46
81	10/19/15	E.J.R.	Oxycontin	60	\$767.62
82	10/19/15	G.G.	Hydrocodone-Acetaminophen	120	\$31.00
83	10/19/15	W.J.M.	Hydrocodone-Acetaminophen	90	\$18.44
84	10/19/15	W.J.M.	Methadone HCL	360	\$39.74
85	10/19/15	D.W.B.	Hydrocodone-Acetaminophen	120	\$38.93
86	10/19/15	K.D.K.	Hydrocodone-Acetaminophen	120	\$35.69
87	10/19/15	A.G.	Hydrocodone-Acetaminophen	120	\$48.53
88	10/20/15	C.J.M.	Oxycontin	60	\$308.39
89	10/20/15	L.C.M.	Hydrocodone-Acetaminophen	120	\$23.52
90	10/20/15	D.R.P.	Oxycodone HCL	180	\$64.43
91	10/20/15	D.R.P.	Oxycontin	60	\$768.19
92	10/20/15	B.W.	Hydrocodone-Acetaminophen	240	\$60.14
93	10/20/15	E.M.G.	Hydrocodone-Acetaminophen	90	\$13.47
94	10/20/15	P.A.S.	Hydrocodone-Acetaminophen	120	\$30.73
95	10/21/15	L.L.S.	Hydrocodone-Acetaminophen	120	\$30.73
96	10/21/15	J.L.P.	Morphine Sulfate ER	60	\$52.27
97	10/21/15	J.L.P.	Oxycodone HCL	150	\$38.47
98	10/21/15	L.R.V.	Hydrocodone-Acetaminophen	120	\$23.52
99	10/21/15	K.D.Z.	Oxycodone HCL	120	\$32.62
100	10/22/15	R.L.M.	Hydrocodone-Acetaminophen	120	\$31.00
101	10/23/15	S.S.H.	Hydrocodone-Acetaminophen	90	\$36.59
102	10/23/15	P.E.B.	Hydrocodone-Acetaminophen	140	\$27.11
103	10/23/15	J.A.H.	Hydrocodone-Acetaminophen	180	\$46.00

All in violation of Title 18, United States Code, Section 1347, and Title 18, United

States Code, Section 2.

FORFEITURE

A. The allegations contained in this Indictment are hereby re-alleged and incorporated for the purpose of alleging forfeiture.

B. Upon conviction of any of the offenses alleged in Counts 1-104 of this Indictment, Defendants **DR. JAMES M. FERRIS, M.D., KATHERINE DOSSEY, and SHERRY ISBELL** shall forfeit to the United States any property real or personal, constituting, or derived from, any proceeds obtained, directly or indirectly, as a result of such offenses, and any property used, or intended to be used, in any manner or part, to commit or to facilitate the commission of such offense, including but not limited to:

1. A money judgment representing the amount of proceeds obtained as a result of the offense.

C. Upon conviction of any of the offenses alleged in Counts 1-103 of this Indictment, defendant **KATHERINE DOSSEY** shall forfeit to the United States any property real or personal, constituting, or derived from, any proceeds obtained, directly or indirectly, as a result of such offenses, and any property used, or intended to be used, in any manner or part, to commit or to facilitate the commission of such offense, including but not limited to:

1. All that lot and parcel of land, together with all buildings, appurtenances, improvements, fixtures, attachments and easements thereon, and all rights appertaining thereto, located at 309 2nd Street, Wellston, Lincoln County, Oklahoma, more particularly described as Block 12 W 40' Lots 1 – 5 Wellston 14-2-105-12-005.

D. Pursuant to Title 21, United States Code, Section 853(p), as adopted by Title 28, United States Code, Section 2461(c), the defendant shall forfeit substitute property, up

to the value of the property described above if, by any act or omission of defendant, the property described above, or any portion thereof, cannot be located upon the exercise of due diligence; has been transferred or sold to, or deposited with, a third person; has been placed beyond the jurisdiction of the Court; has been substantially diminished in value; or has been commingled with other property that cannot be subdivided without difficulty.

All pursuant to Title 18, United States Code, Section 982(a)(7), Title 21, United States Code, Section 853, and Title 28, United States Code, Section 2461(c).

A TRUE BILL:

A large black rectangular redaction box covers the signature of the foreperson of the grand jury.

FOREPERSON OF THE GRAND JURY

ROBERT J. TROESTER
Acting United States Attorney

A handwritten signature in cursive script that reads "Amanda Maxfield Green".

AMANDA MAXFIELD GREEN
Assistant U.S. Attorney