



**SEALED**

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6 *Representing the United States of America*

7 **UNITED STATES DISTRICT COURT**  
8 **DISTRICT OF NEVADA**  
9 **-000-**

10 **SEALED CRIMINAL INDICTMENT**

11 CASE NO: 2:17-cr- *205*

12 **VIOLATIONS:**

12 **UNITED STATES OF AMERICA,**  
13 **Plaintiff,**  
14 **vs.**  
15 **CAMILO Q. PRIMERO, and**  
16 **AURORA S. BELTRAN,**  
17 **Defendants.**

18 U.S.C. § 1349 – Conspiracy to  
Commit Health Care Fraud;

18 U.S.C. § 1347 – Health Care Fraud,

42 U.S.C. § 1320a-7b(a)(3) – Fraudulent  
Concealment Involving a Federal Health  
Care Program

18 U.S.C. § 1035 – False Statements  
Relating to a Health Benefit Program

18 U.S.C. § 1957 – Money Laundering

18 U.S.C. § 2 – Aiding and Abetting

21 **THE GRAND JURY CHARGES THAT:**

22 At times material to this Indictment:  
23

1                    *Background Concerning the Medicare Program*

2            1.        The federal Medicare program (Medicare) provided basic medical  
3 coverage for persons age 65 and over who are entitled to retirement benefits and for  
4 persons under age 65 who suffer from certain disabilities. The United States funded  
5 100% of Medicare, which was administered by the United States Department of  
6 Health and Human Services. The Centers for Medicare & Medicaid Services (CMS)  
7 was a federal agency within the United States Department of Health and Human  
8 Services (HHS) that administered the Medicare program. Medicare was a “health  
9 care benefit program” as defined in 18 U.S.C. § 24(b).

10           2.        A Medicare “provider” was a business or individual who rendered  
11 services to a Medicare beneficiary and then was paid or reimbursed by Medicare after  
12 the provider submitted claims to Medicare. To participate in the Medicare program,  
13 i.e., receive payment from Medicare, the provider had to meet certain enrollment and  
14 participation standards. Further, the provider must submit, and CMS must approve,  
15 a written enrollment application, known as an “855A form,” in which the provider  
16 must provide truthful information about itself to CMS. If an individual or business  
17 receiving payment through the Medicare program failed to meet these standards due  
18 to fraud, waste, abuse or other misconduct, they could be excluded from Medicare and  
19 all federal health care programs.

20           3.        Medicare paid providers for hospice services, like medical supplies and  
21 equipment, prescription drugs, skilled nursing, and physical therapy provided to its  
22 beneficiaries. To qualify for hospice care, a Medicare patient must have been certified  
23 by a medical professional as terminally ill with a life expectancy of six months or less

1 if the terminal condition ran its normal course. At the end of a 90-day enrollment  
2 period, a physician could re-certify a patient for hospice care if the patient remained  
3 terminally ill.

4 4. Medicare also paid providers for home health services provided to its  
5 beneficiaries, such as intermittent skilled nursing care, physical therapy, speech-  
6 language pathology services, and continued occupational services. To qualify, the  
7 patient must have been "homebound." This means that the patient required the help  
8 of another person or special equipment (such as a walker, wheelchair, or crutches) to  
9 leave their home, leaving the home is harmful to the patient's health, and/or is  
10 particularly difficult and not often attempted or undertaken.

11 5. Through CMS and its contracted fiscal intermediaries, the federal  
12 government sometimes audited the claims submitted by hospice and home health  
13 care providers. This audit process examined a hospice or home health care agency's  
14 submitted claims and supporting documentation in order to determine if claims were  
15 paid out erroneously due to fraud, waste, or abuse committed by the provider.

16 *Defendant PRIMERO's Operation of West Coast Hospice,*  
17 *Surrender of His Medical License, and Exclusion from*  
*Medicare and All Federal Health Care Programs*

18 6. Defendant PRIMERO was a medical doctor licensed to practice in  
19 California and Illinois.

20 7. West Coast Hospice (WCH) was a California hospice care agency  
21 incorporated in June 2005. WCH was accepted as a Medicare program participant on  
22 or about June 22, 2007. On October 11, 2007, PRIMERO purchased WCH for  
23 \$650,000. Records for WCH's hospice claims during the period 2007-2009 showed a

1 66% discharge rate for WCH's hospice patients who supposedly had a terminal  
2 diagnosis. On September 8, 2010, CMS suspended WCH from the Medicare program,  
3 ceasing all payments. Due to WCH and PRIMERO receiving Medicare payments for  
4 patients lacking a documented terminal diagnosis, CMS demanded PRIMERO repay  
5 \$2,418,452.70 of the \$3,238,907.21 paid by Medicare during 2007-2010. PRIMERO  
6 later physically abandoned WCH and ceased using it to do business.

7 8. On September 9, 2011, the California Attorney General filed a formal  
8 written accusation against PRIMERO before the Medical Board of California,  
9 Department of Consumer Affairs. The accusation alleged that PRIMERO, an  
10 anesthesiologist, was grossly negligent in the treatment of two different patients, one  
11 of whom died. Among other remedies, the accusation sought revocation of  
12 PRIMERO's license to practice medicine. On or about November 11, 2011, rather than  
13 contest the disciplinary proceeding, PRIMERO surrendered his medical license.

14 9. Due to PRIMERO's surrender of his medical license, on May 31, 2012,  
15 the Department of Health and Human Services, Office of Inspector General issued a  
16 letter to PRIMERO notifying him that he was "being excluded from participation in  
17 any capacity in the Medicare, Medicaid, and all Federal health care programs..." as  
18 defined under U.S. law. PRIMERO's exclusion from Medicare and all federal health  
19 care programs became effective June 20, 2012.

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23 ///

1 **Defendant PRIMERO's Ownership**  
2 **and Operation of Angel Eye Hospice**

3 10. On August 10, 2009, PRIMERO purchased Angel Eye Hospice (AEH), a  
4 hospice care agency organized and operating in Las Vegas, Nevada. AEH furnished  
5 hospice care services paid for almost exclusively by the Medicare program.

6 11. Defendant BELTRAN is PRIMERO's business partner and participated  
7 in operating AEH with PRIMERO. PRIMERO and BELTRAN also owned other  
8 healthcare-related businesses together.

9 12. During just a sample period of October 1, 2014, through September 30,  
10 2016, AEH billed Medicare approximately \$4,098,934.75, and Medicare paid AEH  
11 approximately \$2,749,783.51 on those claims.

12 13. Despite PRIMERO's exclusion from Medicare and all federal health care  
13 programs, during the period June 20, 2012, through October 16, 2015, AEH received  
14 approximately \$7,083,130.43 in payments from Medicare.

15 14. On October 16, 2015, CMS notified AEH by letter that it was being  
16 suspended from receiving Medicare payments. Out of the \$2,749,783.51 paid to AEH  
17 during October 1, 2014 through September 30, 2016, CMS found that \$1,947,341.02  
18 should not have been paid to AEH primarily because the patients for whom the claims  
19 had been paid did not have a terminal diagnosis qualifying them for hospice care.  
20 CMS demanded that AEH repay \$1,461,889.49 it had received from Medicare.

21 **Defendants PRIMERO and BELTRAN's Purchase and Operation of Vision**  
22 **Home Health Care and Establishment of Advent Hospice**

23 15. In or about late 2014, PRIMERO and BELTRAN negotiated for the  
purchase of Vision Home Health Care (Vision). Vision was a home health care agency

1 that exclusively takes Medicare reimbursement. Vision's office was located in the  
2 same building as AEH. On or about August 1, 2015, PRIMERO and BELTRAN  
3 executed a written stock purchase agreement in which they purchased Vision. On  
4 October 26, 2015, PRIMERO and BELTRAN executed a lease agreement for Vision's  
5 offices in the same building as AEH.

6 16. On or about January 13, 2016, PRIMERO and BELTRAN caused  
7 articles of incorporation to be filed for a corporation, Advent, Inc., which was to do  
8 business as Advent Hospice and receive reimbursement through the Medicare  
9 program. PRIMERO leased space for Advent Hospice in the same building as AEH  
10 and Vision.

11 17. Despite PRIMERO's exclusion from Medicare and all federal health care  
12 programs, during the period August 1, 2015, through the present, Vision received  
13 approximately \$1,798,281.12 in payments from Medicare.

14 **COUNT 1**

15 Conspiracy to Commit Health Care Fraud  
16 (18 U.S.C. § 1349)

17 **Objects and Purpose of the Conspiracy**

18 18. The Grand Jury realleges and incorporates Paragraphs One through  
19 Seventeen as if fully set forth here.

20 19. From on or about January 1, 2012, to on or about July 5, 2017, in the  
21 District of Nevada and elsewhere,

22 **CAMILO Q. PRIMERO and AURORA S. BELTRAN,**

23 the defendants, and others known and unknown, did unlawfully, willfully and  
knowingly combine, conspire, confederate and agree together and with each other to

1 commit an offense against the United States, to wit, health care fraud in violation of  
2 Title 18, United States Code, Section 1347.

3 20. It was a part and an object of the conspiracy that PRIMERO and  
4 BELTRAN, the defendants, and others known and unknown, unlawfully, willfully,  
5 and knowingly would and did execute, and attempt to execute, a scheme and artifice  
6 to defraud a health care benefit program, to wit: Medicare, and to obtain, by means  
7 of false and fraudulent pretenses, representations, and promises, money and property  
8 owned by, and under the custody and control of, a health care benefit program, to wit:  
9 Medicare, in connection with the delivery of and payment for health care benefits,  
10 items, and services, in violation of Title 18, United States Code, Section 1347.

11 21. It was a further part of the conspiracy that the defendants, knowing that  
12 PRIMERO owned and operated all and part of AEH, Vision, and Advent, and was  
13 barred from participating in Medicare and all federal health care programs in any  
14 capacity, concealed PRIMERO's ownership and operation of AEH, Vision, and Advent  
15 from CMS in order to impede, impair, obstruct, and defeat the lawful functions of  
16 CMS in administering the Medicare program. Among other roles and powers,  
17 PRIMERO did exercise in whole and part executive, managerial, directorial,  
18 administrative, financial, and strategic control over the operation of AEH, Vision, and  
19 Advent.

20 22. It was a further part of the conspiracy that enrollment applications and  
21 other documents were submitted to Medicare falsely listing other persons, including  
22 BELTRAN, as owners, officers, and managing employees of AEH and Vision in order  
23 to conceal PRIMERO's true ownership and control interest in AEH and Vision.



1 PRIMERO and BELTRAN also submitted materially false business contracts in  
2 connection with these enrollment applications.

3 23. It was a further part of the conspiracy that Medicare claims were  
4 submitted on behalf of AEH and Vision under provider numbers that were obtained  
5 and retained through false representations concerning the ownership and control of  
6 AEH and Vision so that AEH and Vision would receive Medicare payments to which  
7 they were not entitled due to PRIMERO's exclusion from Medicare and all federal  
8 health care programs, as well as the defendants fraudulent nondisclosures of  
9 PRIMERO's ownership and control interest. Since the time of PRIMERO's exclusion  
10 on June 20, 2012, the defendants wrongfully obtained approximately \$7,083,130.43  
11 in Medicare payments to AEH and approximately \$1,798,281.12 in Medicare  
12 payments to Vision.

13 24. It was a further part of the conspiracy that the defendants did cause  
14 claims to be submitted for Medicare payment for hospice care services provided to  
15 individuals who had not been diagnosed with a terminal illness.

16 Overt Acts

17 25. In furtherance of the conspiracy and to accomplish its objects, the  
18 defendants, and others known and unknown, together committed and caused others  
19 to commit the following overt acts, among others, within the District of Nevada and  
20 elsewhere:

- 21 a. defendants PRIMERO and BELTRAN did, in addition to other acts,  
22 attempt to and commit the conduct alleged below in Counts 2-19;

- 1 b. defendants PRIMERO and BELTRAN did cause hospice and home  
2 health care agencies to submit claims for payment from the Medicare  
3 program and other federal health care programs, including Medicaid;
- 4 c. defendants PRIMERO and BELTRAN did submit and cause to be  
5 submitted materially false and fraudulent enrollment applications  
6 and other documents with the Medicare program, such as 855A  
7 forms and purported business contracts;
- 8 d. defendants PRIMERO and BELTRAN did file and cause to be filed  
9 in relation to AEH, Vision, and Advent materially false and  
10 fraudulent business entity filings with the Nevada Secretary of  
11 State;
- 12 e. defendants PRIMERO and BELTRAN did submit and cause to be  
13 submitted materially false and fraudulent claims for reimbursement  
14 from Medicare for hospice care services provided to people who had  
15 not been diagnosed with a terminal illness;
- 16 f. defendants PRIMERO and BELTRAN did take Medicare money  
17 wrongfully paid to AEH and use it to repay PRIMERO's  
18 \$2,418,452.70 repayment obligation to Medicare, which was owed for  
19 causing WCH to wrongfully bill Medicare for hospice care services  
20 provided to individuals who were not diagnosed with a terminal  
21 illness;
- 22  
23

1 g. defendants PRIMERO and BELTRAN did cause to be incorporated,  
2 organized, and established to receive Medicare payments a business  
3 entity known as Advent, Inc. a/k/a Advent Hospice;

4 h. defendants PRIMERO and BELTRAN did attempt to and did  
5 obstruct a federal criminal investigation into their scheme to defraud  
6 the Medicare program by, among other things: removing PRIMERO's  
7 name from filings with the Nevada Secretary of State and  
8 substituting BELTRAN's family member's name; and instructing  
9 Vision home health agency's employees to deny that PRIMERO has  
10 any connection with Vision; and

11 i. defendants PRIMERO and BELTRAN withdrew the proceeds of  
12 Medicare payments to AEH and Vision, purchased cashier's checks  
13 at U.S.-based banks, physically transported those checks to the  
14 Philippines and deposited them into PRIMERO and BELTRAN's  
15 personal accounts in banks located in the Philippines.

16 All in violation of Title 18, United States Code, Section 1349.

17 **COUNT TWO**

18 Health Care Fraud  
19 (Title 18, United States Code, Section 1347)

20 26. The Grand Jury realleges and incorporates Paragraphs One through  
21 Twenty-Five as if fully set forth here.

22 27. From on or about January 1, 2012, through on or about July 5 2017, in  
23 the District of Nevada and elsewhere, defendants PRIMERO and BELTRAN, as

1 principals and aiders and abettors, and others known and unknown, did knowingly  
2 and willfully execute a scheme and artifice to defraud a health care benefit program,  
3 to wit: the Medicare program, and to obtain by means of materially false and  
4 fraudulent pretenses, representations, promises, and omissions, money and property  
5 owned by and under the custody and control of Medicare, in connection with the  
6 delivery of and payment for health care benefits, items and services, in violation of  
7 Title 18, United States Code, Sections 1347 and 2.

8 **COUNT THREE**

9 **Fraudulent Concealment Involving a Federal Health Care Program**  
10 **(42 U.S.C. § 1320a-7b(a)(3))**

11 On or about June 20, 2012, through on or about July 5, 2017, in the District of  
12 Nevada and elsewhere, defendants PRIMERO and BELTRAN, as principals and  
13 aiders and abettors, having knowledge of the occurrence of an event affecting  
14 PRIMERO, AEH, and Vision's initial and continued right to Medicare benefits, to wit:  
15 PRIMERO's ownership, control, management, operation, and direction of AEH and  
16 Vision following his exclusion from the Medicare program, knowingly and  
17 intentionally concealed and failed to disclose such event with the intent fraudulently  
18 to secure such benefits when no payment was authorized, in connection with the  
19 furnishing of services for which payment is or may be paid under the Medicare  
20 program, in violation of Title 42, United States Code, Sections 1320a-7b(a)(3), and  
21 Title 18, United States Code, Section 2.

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**COUNT FOUR**

**False Statements Relating to a Health Benefit Program  
(Title 18, United States Code, Section 1035)**

On or about October 20, 2012, through on or about November 28, 2012, in the District of Nevada, and elsewhere, defendants PRIMERO and BELTRAN, as principals and aiders and abettors, in a matter involving a health care benefit program, to wit: a Medicare federal health care provider 855A enrollment application and supporting documents for AEH, knowingly and willfully made a materially false, fictitious, and fraudulent statement, to wit: that PRIMERO did not have a greater than 5% ownership or control interest in and was not a director, officer, or manager of AEH, in connection with the delivery of and payment for health care benefits, items and services, in violation of Title 18, United States Code, Sections 1035 and 2.

**COUNT FIVE**

**False Statements Relating to a Health Benefit Program  
(Title 18, United States Code, Section 1035)**

On or about August 1, 2015, through on or about September 8, 2015, in the District of Nevada, and elsewhere, defendants PRIMERO and BELTRAN, as principals and aiders and abettors, in a matter involving a health care benefit program, to wit: a Medicare federal health care provider 855A enrollment application for Vision, knowingly and willfully made a materially false, fictitious and fraudulent statement, to wit: that PRIMERO was not excluded from participation in a federal health care program, had never surrendered a medical license with disciplinary proceedings pending, and was not under any current Medicare payment suspension,

1 in connection with the delivery of and payment for health care benefits, items and  
2 services, in violation of Title 18, United States Code, Sections 1035 and 2.

3 **COUNT SIX**

4 False Statements Relating to a Health Benefit Program  
5 (Title 18, United States Code, Section 1035)

6 On or about September 21, 2015, through October 6, 2015, in the District of  
7 Nevada, and elsewhere, defendants PRIMERO and BELTRAN, as principals and  
8 aiders and abettors, in a matter involving a health care benefit program, to wit: a  
9 Medicare federal health care provider 855A enrollment application and supporting  
10 documents for Vision, knowingly and willfully made a materially false, fictitious and  
11 fraudulent statement, to wit: that PRIMERO did not have a greater than 5%  
12 ownership or control interest in and was not a director, officer, or manager of Vision,  
13 in connection with the delivery of and payment for health care benefits, items and  
14 services, in violation of Title 18, United States Code, Sections 1035 and 2.

15 **COUNTS SEVEN THROUGH NINETEEN**

16 Money Laundering  
17 (Title 18, United States Code, Section 1957)

18 On or about April 12, 2013, through on or about April 10, 2014, in the District  
19 of Nevada and elsewhere, defendants PRIMERO and BELTRAN, as principals and  
20 aiders and abettors, did knowingly and intentionally engage and attempt to engage  
21 in monetary transactions, specifically, cash withdrawals, purchase of cashier's  
22 checks, and deposits of checks and cashier's checks, in and affecting interstate  
23 commerce, in criminally derived property that was of a value greater than \$10,000  
and that was derived from specified unlawful activity, specifically, Health Care

1 Fraud, in violation of Title 18, United States Code, Section 1347, Fraudulent  
 2 Concealment Involving a Federal Health Care Program, in violation of Title 42,  
 3 United States Code Section 1320a-7b(a)(3)), and False Statements Relating to a  
 4 Health Benefit Program, in violation of Title 18, United States Code, Section 1035,  
 5 knowing that the property involved in such monetary transactions represented the  
 6 proceeds of some form of unlawful activity, as follows:

| Count | Date    | Monetary Transaction  | Bank Account Drawn On                               |
|-------|---------|---|---|
| 7     | 4/12/13 | \$50,000 check #: 1142, signed by PRIMERO, made payable to PRIMERO                            | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 8     | 4/15/13 | \$100,000 check #: 2106 signed by BELTRAN, made payable to PRIMERO                            | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 9     | 4/15/13 | \$50,000 check #: 2258, signed by BELTRAN, made payable to PRIMERO                            | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 10    | 6/17/13 | Withdrawal and purchase of \$160,000 cashier's check #: 004221949, made payable to PRIMERO.   | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 11    | 1/6/14  | Withdrawal and purchase of \$20,000 cashier's check #: 001529985, made payable to PRIMERO.    | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 12    | 1/6/14  | Withdrawal and purchase of \$30,000 cashier's check #: 001529986, made payable to PRIMERO.    | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 13    | 1/6/14  | Withdrawal and purchase of \$29,026.78 cashier's check #: 001529987, made payable to PRIMERO. | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
|       |         |   |   |

| Count | Date    | Monetary Transaction  | Bank Account Drawn On                               |
|-------|---------|---|---|
| 14    | 3/5/14  | \$100,000 check #:2606, signed by BELTRAN, made payable to PRIMERO  | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 15    | 8/29/14 | Deposit of a \$510,796 check #: 2821 into PRIMERO's personal Bank of America account XXXXXXXXXXX6050                    | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 16    | 2/5/15  | Withdrawal and purchase of \$100,000 cashier's check #:1014401350, made payable to PRIMERO.                             | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 17    | 3/27/15 | Withdrawal and purchase of \$100,000 cashier's check #:1014401862, made payable to PRIMERO.                             | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 18    | 4/10/15 | Withdrawal and Purchase of \$100,000 cashier's check #: 1014402007, made payable to "Merrill Lynch FBO Camilo Primero." | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |
| 19    | 4/10/15 | Withdrawal and Purchase of \$100,000 cashier's check #: 1014402008, made payable to "Merrill Lynch FBO Camilo Primero." | AEH<br>Bank of America account #:<br>XXXXXXXXXX9753 |

All in violation of in violation of Title 18, United States Code, Sections 1957

and 2.

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**FORFEITURE ALLEGATION ONE**

Conspiracy to Commit Health Care Fraud; Health Care Fraud; Fraudulent Concealment Involving a Federal Health Care Program; False Statements Relating to a Health Benefit Program

1. The allegations contained in Counts One through Six of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 982(a)(7) and Title 18, United States Code, Section 981(a)(1)(C) with Title 28, United States Code, Section 2461(c).

2. Upon conviction of any of the felony offense charged in Count One through Six of this Criminal Indictment,

**CAMILO Q. PRIMERO and AURORA S. BELTRAN,**

defendants herein, shall forfeit to the United States of America, property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of Title 18, United States Code, Sections 1035 and 1347 and Title 42, United States Code, Section 1320a-7b(a)(3), involving a Federal health care offense as defined in Title 18, United States Code, Section 24; and Title 18, United States Code, Section 1349, **PRIMERO and BELTRAN**; defendants herein, shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to violations of Title 18, United States Code, Sections 1035 and 1347 and Title 42, United States Code, Section 1320a-7b(a)(3), specified unlawful activities as defined in Title 18, United States Code, Section 1956(c)(7)(F), involving Federal health care offenses as defined in Title 18,

1 United States Code, Section 24, or Title 18, United States Code, Section 1349,  
2 conspiracy to commit such offenses,

3 an in personam criminal forfeiture money judgment including, but not limited  
4 to, at least \$7,083,130.43, including:

5 1. \$10,000;

6 2. \$10,000;

7 3. \$20,000;

8 4. \$30,000;

9 5. \$29,026.78; and

10 6. \$197,247.15

11 (all of which constitutes property).

12 3. If any property subject to forfeiture pursuant to Title 18, United States  
13 Code, Section 982(a)(7) and Title 18, United States Code, Section 981(a)(1)(C) with  
14 Title 28, United States Code, Section 2461(c), as a result of any act or omission of the  
15 defendants-

16 a. cannot be located upon the exercise of due diligence;

17 b. has been transferred or sold to, or deposited with, a third party;

18 c. has been placed beyond the jurisdiction of the court;

19 d. has been substantially diminished in value; or

20 e. has been commingled with other property which cannot be divided  
21 without difficulty;

22 it is the intent of the United States of America, pursuant to Title 21, United States  
23 Code, Section 853(p), to seek forfeiture of any properties of the defendants for the

1 property listed above and the in personam criminal forfeiture money judgment  
2 including, but not limited to, at least \$7,083,130.43.

3 All pursuant to Title 18, United States Code, Section 982(a)(7); Title 18, United  
4 States Code, Section 981(a)(1)(C) with Title 28, United States Code, Section 2461(c);  
5 Title 18, United States Code, Sections 1035, 1347, and 1349; Title 21, United States  
6 Code, Section 853(p); and Title 42, United States Code, Section 1320a-7b(a)(3).

7 **FORFEITURE ALLEGATION TWO**  
8 Money Laundering

9 1. The allegations contained in Counts One and Seven through Nineteen of  
10 this Criminal Indictment are hereby realleged and incorporated herein by reference  
11 for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section  
12 981(a)(1)(A) and 981(a)(1)(C) with Title 28, United States Code, Section 2461(c) and  
13 Title 18, United States Code, Section 982(a)(1).

14 2. Upon conviction of any of the felony offenses charged in Counts One and  
15 Seven through Nineteen of this Criminal Indictment,

16 **CAMILO Q. PRIMERO and AURORA S. BELTRAN,**

17 defendants herein, shall forfeit to the United States of America, any property,  
18 real or personal, involved in transactions or attempted transactions in violation of  
19 Title 18, United States Code, Section 1957, or any property traceable to such  
20 property, **PRIMERO and BELTRAN**, defendants herein, shall forfeit to the United  
21 States of America, any property, real or personal, which constitutes or is derived from  
22 proceeds traceable to violations of Title 18, United States Code, Section 1957, a  
23 specified unlawful activity as defined in Title 18, United States Code, Sections

1 1956(c)(7)(A) and 1961(1)(B), or a conspiracy to commit such offense, **PRIMERO** and  
2 **BELTRAN**, defendants herein, shall forfeit to the United States of America, any  
3 property, real or personal, involved in violations of Title 18, United States Code,  
4 Section 1957, or any property traceable to such property, an in personam criminal  
5 forfeiture money judgment including, but not limited to, at least \$7,083,130.43,  
6 including:

- 7 1. \$10,000;
- 8 2. \$10,000;
- 9 3. \$20,000;
- 10 4. \$30,000;
- 11 5. \$29,026.78; and
- 12 6. \$197,247.15

13 (all of which constitutes property).

14 3. If any property subject to forfeiture pursuant to Title 18, United States  
15 Code, Section 981(a)(1)(A) and 981(a)(1)(C) with Title 28, United States Code, Section  
16 2461(c) and Title 18, United States Code, Section 982(a)(1), as a result of any act or  
17 omission of the defendants-

- 18 a. cannot be located upon the exercise of due diligence;
- 19 b. has been transferred or sold to, or deposited with, a third party;
- 20 c. has been placed beyond the jurisdiction of the court;
- 21 d. has been substantially diminished in value; or
- 22 e. has been commingled with other property which cannot be divided  
23 without difficulty;

1 it is the intent of the United States of America, pursuant to Title 21, United States  
2 Code, Section 853(p), to seek forfeiture of any properties of the defendants for the  
3 property listed above and the in personam criminal forfeiture money judgment  
4 including, but not limited to, at least \$7,083,130.43.

5 All pursuant to Title 18, United States Code, Section 981(a)(1)(A) and  
6 981(a)(1)(C) with Title 28, United States Code, Section 2461(c); Title 18, United  
7 States Code, Sections 982(a)(1) and 1957; and Title 21, United States Code, Section  
8 853(p).

9 **DATED:** this the 5th day of July, 2017.

10 **A TRUE BILL:**

11  
12 */s/*  
13 **FOREPERSON OF THE GRAND JURY**

14 **STEVEN W. MYHRE**  
15 Acting United States Attorney

16   
17 **PATRICK BURNS**  
Assistant United States Attorney