

TransUnion Consumer Solutions

P.O. Box 2000

Chester, PA 19016

Tommy S Loudermilk

764 Selah Way

South Burlington, VT, 05403

Account Number: 11111111119

Creditor Name: creditor8

I am writing with regard to the account number listed above from creditor name listed above on my personal credit report. Please advise me as to the name and address of the medical provider, the date and type of service, and to whom the service was provided. I am further requesting the name of the person providing this data, and the manner in which it was provided with proof of signing off and or acknowledging this medical collection, in order that I may pursue additional remedies.

Sincerely,
Tommy S Loudermilk