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STATE OF NH
DEPT OF JUSTICE
2017 FEB 22 AM 9: 17

February 21, 2017

CONFIDENTIAL
VIA OVERNIGHT DELIVERY

Office of the Attorney General
Consumer Protection and Antitrust Bureau
33 Capitol Street
Concord, NH 03301

RE: Notice Pursuant to N.H. Rev. Stat. § 359-C:20

To the Office of the Attorney General:

I am writing on behalf of my client, Onyx Graphics, Inc. ("Onyx"), to inform you of a potential security incident that may have involved the personal information of one New Hampshire resident. Onyx recently learned that it was the victim of a criminal phishing attack.

Based on the company's investigation of the incident to date, the phishing attack occurred on February 13, 2017 and resulted in the fraudster gaining unauthorized access to files containing personal information associated with Onyx employees.

The personal information potentially accessed as a result of this incident included name, marital status, home address, Social Security number, compensation information and information related to employment status. Based on the facts known to the company at this time, the personal information in the transmitted files included one (1) New Hampshire resident's personal information.

Onyx is actively investigating the matter and has notified the FBI and the IRS of the incident.

Onyx has arranged to have Equifax provide identity protection services (including credit monitoring) at no cost to the affected New Hampshire resident for one year.

A copy of the notice being sent to the New Hampshire resident is attached to this letter. The attached notification will be emailed to the New Hampshire resident on 2/22/2017, and a copy of the letter will also be mailed.

If you have any other questions regarding this incident or if you desire further information or assistance, please email me at kimberly.peretti@alston.com or call my direct line at (202) 239-3720.

Sincerely,

Kimberly K. Peretti

ONYX

STATE OF NH
DEPT OF JUSTICE
2017 FEB 22 AM 9: 17

February 22, 2017

NOTICE OF DATA BREACH

Dear [FIRST_NAME],

I am writing to inform you about an incident that resulted in the transmission of your personal information to an unknown party, including your name and Social Security number. We take the security of our team members' personal information very seriously and deeply regret any inconvenience this may cause you. This letter contains information about steps you can take to protect your information, and resources we are making available to help you prevent and detect misuse of your information.

WHAT HAPPENED

On February 13, 2017, we discovered that an employee had been the target of a phishing attack from a falsified email that purported to be from a legitimate source and requested copies of employee W-2 records. The employee replied to the email with the requested documents.

We immediately began investigating the incident and determined that the request did not originate from a legitimate source. We also discovered that your personal information was among the documents sent to the unknown party. We have notified law enforcement (FBI) and the IRS about this incident and will cooperate with any ongoing investigations those organizations conduct.

WHAT INFORMATION WAS INVOLVED

Based on the facts known to the company at this time, the personal information sent to the unauthorized party included your name, marital status, home address, Social Security number, compensation information and information related to your employment status. None of your banking information (such as account or routing numbers), credit card data or other financial account information was impacted in this incident.

WHAT WE ARE DOING

We have arranged for Equifax® to provide its Credit Watch™ Gold with 3-in-1 Monitoring identity theft protection product for one year at no charge to you. A description of this product is provided in the attached material, which also contains instructions about how to enroll (including your personal activation code).

Equifax is a global leader in risk mitigation and response, and their team has extensive experience helping people who have sustained an unintentional exposure of confidential data. If you choose to take advantage of this product, it will provide you with a notification of any changes to your credit information, $1 million Identity Fraud Expense Coverage and access to your credit report. You must complete the enrollment process by May 21, 2017. We urge you to consider enrolling in this product, at our expense, and reviewing the Additional Resources enclosed with this letter.

Your Personal Activation Code is [INSERT_CODE_NUMBER]. You may use this code to sign up for services online or by phone. To enroll online visit www.myservices.equifax.com/tri and follow the instructions in the attached insert. To receive credit services by phone, please call 866-937-8432.

Should you have any questions about Equifax services please contact Equifax at 866-429-2824.

WHAT YOU CAN DO

We encourage you to be diligent in watching for any unauthorized activity associated with your credit and financial accounts. Additionally, we strongly recommend that you proactively file a Form 14039 "Identity Theft Affidavit" with the IRS (appended to this letter) and consider filing your tax return as soon as possible. Once you submit your tax return, the IRS will inform you if a fraudulent return was previously filed using your information.

Be on alert for phishing attack emails, which are fraudulent communications designed to encourage you to turn over personal or sensitive information. Should you have any questions regarding the legitimacy of a communication you receive at Onyx Graphics, do not hesitate to email Dwight Solomon with your concerns.

We are also providing additional information in the attached Reference Guide about steps you can take to monitor and protect against unauthorized use of your personal information, including how to set up a security freeze. We have included IRS recommendations for victims of tax-related identity theft in the Reference Guide. This IRS advice will assist in preventing and responding to the filing of fraudulent tax returns with your stolen personal information.

FOR MORE INFORMATION

If you have any other questions regarding this incident please do not hesitate to reach out to me directly. For any questions regarding identity protection services (including credit monitoring) please call Equifax at 866-429-2824 for assistance.

While incidents of this kind have unfortunately become more common, we want you to know that we are working to minimize any inconvenience this incident may cause you. Onyx Graphics takes the privacy of our employees very seriously. We are providing additional training to our staff on security threats, and reviewing (and updating as appropriate) our practices, policies and procedures and security controls. We greatly appreciate your understanding.

Sincerely,

Kevin Murphy
President and Chief Executive Officer
Onyx Graphics, Inc.

EQUIFAX®

Activation Code: [INSERT_CODE_NUMBER]

About the Equifax Credit Watch™ Gold with 3-in-1 Monitoring identity theft protection product Equifax Credit Watch will provide you with an "early warning system" to changes to your credit file and help you to understand the content of your credit file at the three major credit-reporting agencies. Note: You must be over age 18 with a credit file in order to take advantage of the product.	Equifax Credit Watch provides you with the following key features and benefits: o Comprehensive credit file monitoring and automated alerts of key changes to your **Equifax, Experian**, and **TransUnion** credit reports o Wireless alerts and customizable alerts available (available online only) o One 3-in-1 Credit Report and access to your Equifax Credit Report™ o Up to $1 million in identity theft insurance [1] with $0 deductible, at no additional cost to you o 24 by 7 live agent Customer Service to assist you in understanding the content of your Equifax credit information, to provide personalized identity theft victim assistance and in initiating an investigation of inaccurate information. o 90 day Fraud Alert [2] placement with automatic renewal functionality* (available online only)

How to Enroll: You can sign up online or over the phone

To sign up online for **online delivery** go to www.myservices.equifax.com/tri 1. Welcome Page: Enter the Activation Code provided at the top of this page in the "Activation Code" box and click the "Submit" button. 2. Register: Complete the form with your contact information (name, gender, home address, date of birth, Social Security Number and telephone number) and click the "Continue" button. 3. Create Account: Complete the form with your email address, create a User Name and Password, check the box to accept the Terms of Use and click the "Continue" button. 4. Verify ID: The system will then ask you up to four security questions to verify your identity. Please answer the questions and click the "Submit Order" button. 5. Order Confirmation: This page shows you your completed enrollment. Please click the "View My Product" button to access the product features.	To sign up for **US Mail delivery**, dial 1-866-937-8432 for access to the Equifax Credit Watch automated enrollment process. Note that all credit reports and alerts will be sent to you via US Mail only. 1. Activation Code: You will be asked to enter your enrollment code as provided at the top of this letter. 2. Customer Information: You will be asked to enter your home telephone number, home address, name, date of birth and Social Security Number. 3. Permissible Purpose: You will be asked to provide Equifax with your permission to access your credit file and to monitor your file. Without your agreement, Equifax cannot process your enrollment. 4. Order Confirmation: Equifax will provide a confirmation number with an explanation that you will receive your Fulfillment Kit via the US Mail (when Equifax is able to verify your identity) or a Customer Care letter with further instructions (if your identity can not be verified using the information provided). Please allow up to 10 business days to receive this information.

Directions for placing a Fraud Alert

A fraud alert is a consumer statement added to your credit report. This statement alerts creditors of possible fraudulent activity within your report as well as requests that they contact you prior to establishing any accounts in your name. Once the fraud alert is added to your credit report, all creditors should contact you prior to establishing any account in your name. To place a fraud alert on your credit file, visit: www.fraudalerts.equifax.com or you may contact the Equifax auto fraud line at 1-877-478-7625, and follow the simple prompts. Once the fraud alert has been placed with Equifax, a notification will be sent to the other two credit reporting agencies, Experian and Trans Union, on your behalf.

1 - Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.. This product is not intended for minors (under 18 years of age)

Reference Guide

For residents of *California, Illinois, and Washington*:

It is recommended by state law that you remain vigilant for incidents of fraud and identity theft by reviewing credit card account statements and monitoring your credit report for unauthorized activity. You may obtain a copy of your credit report, free of charge, whether or not you suspect any unauthorized activity on your account by contacting any one or more of the national consumer reporting agencies listed below. They can also provide you with additional information about fraud alerts and security freezes.

Equifax	**Experian**	**TransUnion**
P.O. Box 740241	P.O. Box 2104	P.O. Box 6790
Atlanta, GA 30348	Allen, TX 75013	Fullerton, CA 92834
1-800-685-1111	1-888-397-3742	1-877-322-8228
www.equifax.com	www.experian.com	www.transunion.com

For residents of *Illinois*:

Information Regarding Placement of a Security Freeze on your Credit File

A security freeze is intended to prevent credit, loans and services from being approved in your name without your consent; however, using a security freeze may delay your ability to obtain credit.

To place a security freeze on your credit report, you need to send a request to a consumer reporting agency by certified mail, overnight mail, or regular stamped mail. The following information must be included when requesting a security freeze (note that if you are requesting a credit report for your spouse, this information must be provided for him/her as well): (1) full name, with middle initial and any suffixes; (2) Social Security number; (3) date of birth; (4) current address and any previous addresses for the past five years; and (5) any applicable incident report or complaint with a law enforcement agency or the Registry of Motor Vehicles. The request must also include a copy of a government-issued identification card and a copy of a recent utility bill or bank or insurance statement. It is essential that each copy be legible, display your name and current mailing address, and the date of issue.

Equifax Security Freeze	**Experian Security Freeze**	**TransUnion (FVAD)**
P.O. Box 105788	P.O. Box 9554	P.O. Box 6790
Atlanta, GA 30348	Allen, TX 75013	Fullerton, CA 92834-6790
www.equifax.com	www.experian.com	www.transunion.com

For residents of *California and Illinois*:

State laws require us to tell you that you can obtain information from the Federal Trade Commission about steps you can take to avoid identity theft (including how to place a fraud alert or security freeze). Your state also may offer guidance about how you can prevent or respond to identity theft. In particular, you may report instances of identity theft to your state's Attorney General or to your local police or sheriff's department. Contact information for some states appears below.

Federal Trade Commission
Consumer Response Center

600 Pennsylvania Avenue, NW
Washington, DC 20580
1-877-IDTHEFT (438-4338)
www.ftc.gov/bcp/edu/microsites/idtheft

California Attorney General's Office
California Department of Justice
Attn: Office of Privacy Protection
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 322-3360
Toll-free in California: (800) 952-5225

For residents of *California*: This letter has not been delayed by a law enforcement investigation.

IRS Recommendations for Victims of Tax-Related Identity Theft

If you have either (1) received a report that someone has used your information to file a fraudulent tax return and claim a refund, or (2) your e-filed return was rejected because of a duplicate filing using your Social Security Number, the IRS recommends that you take the following steps:

- Respond to any IRS Notice: The IRS should have provided you with a number to call regarding the tax-related identity theft. If instructed by the IRS, go to www.IDVerify.irs.gov to verify your identity. **Note that the IRS will never contact taxpayers by email to request personal or financial information.** This includes any type of electronic communication such as text messages and contact of any kind through social media channels.
    - Call the IRS for Assistance: If you previously contacted the IRS but your issue has not been resolved, you may call the IRS at 1-800-908-4490 for specialized assistance.
- Paper-File Your Tax Return (With an ID Theft Affidavit): Complete the IRS Form 14039 "Identity Theft Affidavit" available here: https://www.irs.gov/pub/irs-pdf/f14039.pdf. Attach that form to a hard-copy paper version of your tax return and send it to the IRS pursuant to the instructions in Form 14039.
- Set Up a Fraud Alert: Contact one of the three major credit reporting agencies to place a "fraud alert" on your credit records. Once a fraud alert is placed with one of the agencies, they will inform the other agencies to place a similar alert on your credit file.
    - *Equifax*: 1-877-478-7625
    - *Experian*: 1-888-397-3742
    - *TransUnion*: 1-800-680-7289
- Contact Your Financial Institutions: Based on your fraud alerts or a review of your credit report, close any financial or credit accounts opened without your permission or otherwise tampered with by identity thieves.
- Contact the FTC: Go to the following web address: www.identitytheft.gov to receive more information about identity theft. You may also file a complaint through that site.
- For more information, please visit the following IRS website: https://www.irs.gov/uac/Taxpayer-Guide-to-Identity-Theft

Form **14039** (April 2016)	Department of the Treasury - Internal Revenue Service **Identity Theft Affidavit**	OMB Number 1545-2139

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting *(Required for all filers)*

☐ 1. I am submitting this Form 14039 for myself

☐ 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in **Section C** received IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
- Please provide 'Notice' or 'Letter' number(s) on the **line to the right** _____

☐ 3. I am submitting this Form 14039 on behalf of my dependent.
Please complete **Section F** on reverse side of this form.
Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will **not** prevent the dependent in **Section C** below from being claimed as a dependent by another person.

☐ 4. I am submitting this Form 14039 on behalf of another person *(other than my dependent)*.
- Please complete **Section F** on reverse side of this form.

Section B – Reason For Filing This Form *(Required)*

Check only **ONE** of the following boxes that apply to the person listed in **Section C** below.

☐ 1. **Federal tax records affected** and I am a victim of identity theft

☐ 2. **Federal tax records not affected** and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

_____

_____

_____

_____

Section C – Name and Contact Information of Identity Theft Victim or Potential Victim *(Required)*

Taxpayer's last name	First name	Middle initial	**Taxpayer Identification Number** *(Please provide your 9-digit SSN or ITIN)*

Current mailing address *(apartment or suite number and street, or P.O. Box)* If deceased, please provide last known address.

City	State	ZIP code

Tax Year(s) in which you experienced identity theft *(If not known, enter 'Unknown' in one of the boxes below)*

								Last tax year a return was filed

Address used on last filed tax return *(If different than 'Current')*	**Names used on last filed tax return** *(If different than 'Current')*

City (on last tax return filed)	State	ZIP code

Telephone number with area code *(Optional) If deceased, please indicate 'Deceased'*

Home telephone number Cell phone number

Best time(s) to call

Language in which you would like to be contacted ☐ English ☐ Spanish

Section D – State or Federal Issued Identification *(Required)*

Submit this completed form and a **clear and legible** photocopy of **at least one of the following** documents to verify the identity of the person listed in **Section C** above. **If necessary, enlarge photocopies so all information is clearly visible**.

Check the box next to the document(s) you are submitting:

☐ Driver's license ☐ Social Security Card ☐ Passport ☐ Valid U.S. Federal or State government issued identification**

** Federal employees should not copy his or her employee identification cards as 18 U.S.C. prohibits doing so.

Section E – Penalty of Perjury Statement and Signature *(Required)*

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good faith.

Signature of taxpayer, or representative, conservator, parent or guardian	Date signed

Section F – Representative, conservator, parent or guardian information *(Required if completing Form 14039 on someone else's behalf)*

Check only **ONE** of the following five boxes next to the reason you are submitting this form

☐ **1. The taxpayer is deceased and I am the surviving spouse.** *(No attachments are required, including death certificate)*

☐ **2. The taxpayer is deceased and I am the court-appointed or certified personal representative.**
Attach a copy of the court certificate showing your appointment.

☐ **3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.**
- o Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
- o Indicate your relationship to decedent: ☐ Spouse ☐ Child ☐ Parent/Legal Guardian ☐ Other _____

☐ **4. The taxpayer is unable to complete this form and I am the appointed conservator or have Power of Attorney/Declaration of Representative authorization per IRS Form 2848.**
- o Attach a **copy** of documentation showing your appointment as conservator or POA authorization.
- o If you have an IRS issued **Centralized Authorization File (CAF) number, enter the nine-digit number**:

☐☐☐☐☐☐☐☐☐

☐ **5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.**
By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.
- o Indicate your relationship to minor: ☐ Parent/Legal Guardian ☐ Fiduciary Relationship per IRS Form 56 ☐ Power of Attorney ☐ Other _____

Representative's name

Last name	First name	Middle initial
Last four digits of Representative's Taxpayer ID number	Representative's telephone number *(include area code)*	

Representative's current mailing address *(apt., suite no. and street, or P.O. Box)*

City	State	ZIP code

Instructions for Submitting this Form

Submit this to the IRS via **Mail** or **FAX** to specialized IRS processing areas dedicated to assist you. In **Section C** of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.

Help us avoid delays:
Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may not be submitted to either the mailing address or FAX number provided below.

Submitting by Mail	Submitting by FAX
• **If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return** and submit to the IRS location where you normally file your tax return. **If you have already filed your paper return,** submit this Form 14039 and documentation to the IRS location where you normally file. Refer to the 'Where Do You File' section of your return instructions or visit IRS.gov and input the search term 'Where to File'. • **If you checked Box 1 in Section B and are submitting this Form 14039 in response to a notice or letter received from the IRS,** return this form and documentation **with a copy of the notice or letter** to the address contained in the notice or letter. • **If you checked Box 2 in Section B of Form 14039 (no current tax-related issue),** mail this form and documentation to: **Internal Revenue Service** Fresno, CA 93888-0025	• **If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number**, FAX completed Form 14039 and documentation with a copy of the notice or letter to that number. • **Include a cover sheet marked 'Confidential'.** If no FAX number is shown on the notice or letter, follow the mailing instructions on the notice or letter. • **If you checked Box 2 in Section B of Form 14039 (no current tax-related issue)**, FAX this form and documentation toll-free to: **855-807-5720**

Privacy Act and Paperwork Reduction Notice

Our legal authority to request the information is 26 U.S.C. 6001. The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.