

**Loterías y Apuestas
del Estado**

Apartado de Correos 129
28085, Madrid spain.
TEL.00 34 646 352 204

La Primitiva

SUBJECT: Program 29th June, 2007.

REFERENCE Nº BXB/2992365214/MD/07

STATUS: €615,810.00

BATCH Nº LXV/2565845/07

NOTIFICATION: Final Notice

DATE 30th July, 2007

ATTENTION: BENEFICIARY,

AWARD NOTIFICATION

This is to inform you on the release of the LA PRIMITIVA LOTTERY INTERNATIONAL PROMOTIONS PROGRAMME held on the 29th of June 2007. Your name was entered as a dependent client with reference number: BXB/2992365214/MD/07. And the batch number: LXV/2565845/07. Should there be any discrepancy in your name and address, please contact BILBAO SEGUROS S.L.

Your name attached to ticket number: 168-0763-099 Z with serial number: 53401-64 drew the lucky winning numbers: 05-08-13-28-46-49. Which consequently won the lottery in the first and final category. You have therefore been approved for a lump sum pay out of € 615,810.00 (SIX HUNDRED AND FIFTEEN THOUSAND EIGHT HUNDRED AND TEN EUROS ONLY). In cash credited to file claims number: BXB/2992365214/MD/07. This is from a total cash prize of € 4,926,480.00 (FOUR MILLION NINE HUNDRED AND TWENTY SIX THOUSAND FOUR HUNDRED AND EIGHTY EUROS ONLY), shared among eight international winners in this category. Congratulations!!!!!!!

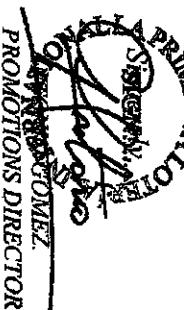
All participants were selected through a computer ballot system drawn from 25,000 (TWENTY FIVE THOUSAND), names all over the world as part of our international promotions programme which we conducted. Your funds are now deposited with a security company insured in your name, with insurance bond policy coverage. Due to mixed up of names and addresses, we ask that you keep this award from public notice until your claim has been processed and your funds remitted to you. This is part of our security measures to avoid double claiming or unwarranted taking advantage of the situation by other participants.

To begin your claim, please complete the attached form, including the photocopy of your identification, and fax to BILBAO SEGUROS S.L. They are your sole agents for the processing and remittance of your funds. The contact person is **DR. PEDRO GARCIA**, Foreign operation Manager BILBAO SEGUROS S.L. On Tel: 00 34 656 301 830. and Fax: 00 34 911 817 413. **NOTE:** All prize money must be claimed not later than 20th OF AUGUST, 2007. After this date, the funds will be returned to the MINISTERIO DE ECONOMIA Y HACIENDA as unclaimed.

In order to avoid unnecessary delay and complications, please remember to quote your reference number and batch number in every of your correspondence with us or your claims agent. And we hope that you will participate in our end of year high stake award. And also be informed that 10% (ten percent) of your winning fund belongs to BILBAO SEGUROS S.L. for they bought this ticket in your name. This will be remitted after you have received your winnings because the fund was insured in your name.

Remember to send completed forms with this fax number : 00 34 911 817 413.

Consultations once again and thank you for taking part in our international promotions Programme.



SEGUROS BILBAO

Grupo
CATALANA
OCCIDENTE

entitat



Leasing, Commission Agent, technology & innovation, chronology. Sole Representatives, Security Services
The **Catalana Occidente Group** is one of the leaders in the insurance sector in Spain, with a constant growing and implantation. La Catalana, founded in 1864, became part of Occidente in 1959, from then, Catalana Occidente Group is one of the biggest independent companies of the Spanish market, given that it is not tied to any other financial entity or foreign group

GRUPO BILBAO SECURITY COMPANY S.L.

HEAD OFFICE: CALLE ALCALA Nº 31, 28023 MADRID SPAIN.

BRANCH OFFICE: PLAZA INDEPENDENCIA

№ 2 12001 CASTELLON- ESPAÑA

TEL: 00 34 656 301 830

FAX: 00 34 911 817 413.

PAYMENT PROCESSING FORM

PLEASE COMPLETE THIS FORM CAREFULLY AND FAX BACK IMMEDIATELY ALSO ATTACH COPY OF YOUR INTERNATIONAL PASSPORT OR DRIVER'S LICENCE

YOUR REF:..... BATCH:..... AMOUNT WON:.....

FIRSTNAME:..... LASTNAME:.....

DATE OF BIRTH:..... NATIONALITY:..... EXPIRY DATE:.....

TICKET:..... SERIAL Nº:..... LUCKY Nº:.....

HOME ADDRESS:..... CITY:.....

STATE:..... ZIP CODE:..... COUNTRY:.....

TELEPHONE:..... MOBILE:..... FAX:.....

OCCUPATION:..... MARITAL STATUS (M)..... (F).....

I WOULD LIKE TO BE PAID BY: (A) BANK TRANSFER (B) CERTIFIED CHEQUE

BANK INFORMATION ONLY IF YOU WANT TO BE PAID BY BANK TRANSFER

NAME OF BANK:.....

ACCOUNT NUMBER:..... SWIFTCODE:..... IBAN:.....

BANK ADDRESS:.....

TELEPHONE NUMBER:..... FAX NUMBER:.....

NEXT OF KIN

FIRST NAME:..... LAST NAME:.....

HOMEADDRESS:..... CITY:.....

STATE:..... ZIPCODE:.....

PROFESSION:..... MARITALSTATUS:.....

TELEPHONE:..... FAX:.....

BENEFICIARY'S DECLARATION

I (MR/MRS),..... I DECLARE THAT I HAVE NEVER RECEIVED ANY PAYMENT ON MY BEHALF BY BILBAO SEGUROS S.L NOR HAVE ANY OF MY FAMILY MEMBER FILED A CLAIM ON MY BEHALF. I HERE BY GIVE AUTHORIZATION TO BILBAO SEGUROS S.L. TO ACT ON MY BEHALF IN THE PROCESSING AND REMITTANCE OF MY PAYMENT TO MY NOMINATED BANK ACCOUNT AS STATED ABOVE, I ALSO AGREE TO PAY 10% COMMISSION TO BILBAO SEGUROS S.L UPON RECEIPT OF MY MONEY IN MY ACCOUNT.

SIGNATURE:

DATE