

EXHIBIT H



June 5, 2019

Sent via U.S. Certified Mail/Return Receipt

IRS
Disclosure Scanning Operation - Stop 93A
PO Box 621506
Atlanta, GA 30362

IRS
Attn: Leon Wells, FOIA Public Liaison
Disclosure Office 12
1973 N Rulon White Blvd MS 7000
Ogden, UT 84404

IRS
Attn: P. Sharisse Tomkins, FOIA Public
Liaison
Disclosure Office 09
P.O. Box 2986 – MS 7000 AUSC
Austin, TX 78768

Re: Freedom of Information Act (FOIA) Request No. F19128-0052 & No. F19133-0068

Dear FOIA Officer:

This letter concerns FOIA request Nos. F19128-0052 and F19133-0068. On May 7, 2019, pursuant to the FOIA, the Southern Poverty Law Center (“SPLC”) and the National Immigration Law Center (“NILC”) requested records related to the execution of a search warrant, search, and worksite enforcement operation conducted on April 5, 2018 by the Internal Revenue Service (IRS) and other federal and state law enforcement agencies at Southeastern Provision LLC located at 1617 Helton Road, Bean Station, Tennessee. A copy of the May 7, 2019 FOIA request is attached hereto as **Exhibit A**.

On May 22, 2018, the SPLC received a letter, dated May 17, 2019, from the IRS which indicates that the letter is the final response to our May 7, 2019 FOIA request and that the request has been deemed incomplete and closed. *See Exhibit B*. This letter also indicates that the IRS received our request on May 8, 2019. However, on May 28, 2019 we received a second letter, dated May 21, 2019 which indicates that it is the IRS’s final response to our May 7, 2019 request. *See Exhibit C*. This letter, in contrast to the first letter, indicates that our May 7, 2019 request was received on May 13, 2019. The May 21, 2019 letter requests additional items to process the FOIA request.

We look forward to a prompt response to this letter. Please provide a written response by **June 15, 2019**. We reserve the right to seek judicial relief if our May 7, 2019 FOIA request is not processed in full or in part within the specified time frame. If you have any questions, please contact me directly at (404) 521-6700 or at norma.ventura@splcenter.org. Thank you in advance for your time and consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Norma Ventura', written over a horizontal line.

Norma Ventura,
Law Fellow

SPLC



Southern Poverty Law Center
P.O. Box 1287
Decatur, GA 30031-1287

CERTIFIED MAIL

7019 0140 0000 7232 2301

IRS
Attn: P. Sharisse Tomkins, FOIA Public Liaison
Disclosure Office 09
P.O. Box 2986 – MS 7000 AUSC
Austin, TX 78768

SPLC



Southern Poverty Law Center
P.O. Box 1287
Decatur, GA 30031-1287

CERTIFIED MAIL

7019 0140 0000 7232 2316

IRS
Attn: Leon Wells, FOIA Public Liaison
Disclosure Office 12
1973 N Rulon White Blvd MS 7000
Ogden, UT 84404

CERTIFIED MAIL

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: IRS ATTN: LEON WELLS, FOIA PUBLIC LIAISON DISCLOSURE OFFICE 12 1973 N. RULON WHITE BLVD MS 7000 OGDEN, UT 84404 | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from service label) 7019 0140 0000 7232 2316 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: IRS ATTN: P. CHARISSE TOMKINS FOIA PUBLIC LIAISON DISCLOSURE OFFICE 09 P.O. BOX 2986 - MS 7000 AUSC AUSTIN, TX 78768 | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from service label) 7019 0140 0000 7232 2301 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

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| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage and Fees \$ 6.80 | |
| Sent To IRS, Attn: Sharisse Tomkins Disclosure Office 09 Street and Apt. No., or PO Box No. P.O. Box 2986 – MS 7000 AUCS City, State, ZIP+4® Austin, TX 78768 | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage and Fees \$ 6.80 | |
| Sent To IRS, Attn: Leon Wells FOIA Public Liaison Disclosure Office 12 Street and Apt. No., or PO Box No. 1973 N Rulon White Blvd MS 7000 City, State, ZIP+4® Ogden, UT 84404 | |

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| Certified Mail Fee \$ | dropped off 6/5/19 @ 5AM Postmark Here likely picked up at 6/6/19 |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage and Fees \$ 6.80 | |
| Sent To IRS DISCLOSURE SCANNING OPERATION - STOP 93A Street and Apt. No., or PO Box No. P.O. BOX 621 506 City, State, ZIP+4® ATLANTA GA 30362 | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions