



<Mark.Evans@dobson.net>
03/03/2008 02:35 PM

To <breach.security@oag.state.ny.us>,
<info@cscic.state.ny.us>,
<security_breach_notification@consumer.state.ny.us>
cc

bcc

Subject Security breach form

Attached is a completed Security Breach form. If there are any questions you can contact me...thanks

Mark Evans
Internal Auditor, Internal Audit
AT&T Mobility
(w) 405/529-8340 (m) 405/320-1155



ME_NY State Sec Breach Rpt Form_080303.doc

NEW YORK STATE SECURITY BREACH REPORTING FORM
Pursuant to the Information Security Breach and Notification Act
(General Business Law §899-aa; State Technology Law §208)

Name of Entity: ___Dobson Communications Corporation___
Street Address: ___14201 Wireless Way___
City: ___Oklahoma City___ State: ___OK___ Zip Code: ___73134___

Sector (please select one): Local Government State Government Federal Government
 Not-for-profit Commercial Educational

Type of Business (please select one): Biotech/Pharm Education Financial Services
 Health Care Insurance Retail/Internet Telecom. Transportation
 Other _____

Persons Affected: Total: ___2___ Dates: Breach Occurred: ___3/19/07 & 11/16/07___
NY residents: ___2___ Breach Discovered: ___12/26/07___
Consumer Notification: ___2/15/08

Reason for delay, if any, in sending notice: ___Researching account transactions & our company was recently purchased by AT&T- we had to determine what their processes were.___

Description of Breach (please select all that apply): Hacking incident; Inadvertent disclosure;
 Stolen computer, CD, tape, etc; Lost computer, CD, tape, etc; Insider wrongdoing;
 other (specify): _____ [Attach additional description if necessary]

Information Acquired (please select all that apply): Name; SSN; Driver's license no.;
 Account number; Credit or Debit card number; Other (specify): _____

Manner of Notification to Affected Persons (Attach Copy): Written; Electronic (email);
 Telephone; Substitute notice (provide justification). List dates of any previous (within 12 months) breach notifications: _____

Credit Monitoring or Other Service Offered: Yes; No; Duration: ___1 year___
Service: ___Equifax Credit Watch Gold___ Provider: ___Equifax___

Submitted by: ___Mark Evans___ Title: ___Internal Auditor___
Firm Name (if other than entity): _____
Telephone: ___405/529-8340___ Email: ___mark.evans@dobson.net___

Dated: ___3/3/08___

**PLEASE COMPLETE AND SUBMIT THIS FORM TO
EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

Fax or E-mail this form to:

New York State Attorney General's Office:

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway - 3rd Floor

New York, NY 10271

Fax: 212-416-6003

E-mail: breach.security@oag.state.ny.us

**New York State Office of Cyber Security
& Critical Infrastructure Coordination (CSCIC)**

SECURITY BREACH NOTIFICATION

30 South pearl Street, Floor P2

Albany, NY 12207

fax: 518-474-9090

E-mail: info@cscic.state.ny.us

New York State Consumer Protection Board (CPB):

SECURITY BREACH NOTIFICATION

1740 Broadway, 15th floor

New York, NY 10019

fax: 212-459-8855

E-mail: security_breach_notification@consumer.state.ny.us