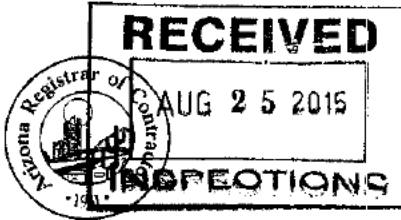


# Complaint Form

Mail To:  
 Registrar of Contractors  
 P.O. Box 18243  
 Phoenix, AZ 85005-8243



2015-3678  
**Departmental Use Only**  
 Complaint Number  
*Nowak*

| Person Making Complaint   |   |  |                                |                                       |
|---|---|--|--------------------------------|---------------------------------------|
| Full Name (Last, First, Middle)<br><b>SWART THOMAS JOHN</b>   |   | Business Name (if licensed contractor or supplier) |                                |                                       |
| Street Address<br>[REDACTED]  |   | City<br><b>GLENDALE</b>                            | State<br><b>AZ</b>             | Zip<br><b>85306</b>                   |
| Phone Number<br>[REDACTED]  |   | Email<br>[REDACTED]                                |                                |                                       |
| I consent to receive communications electronically in connection with this complaint. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |                                |                                       |
| Name of Attorney (if any)   |   |  |                                |                                       |
| Street Address of Attorney  |   | City   | State                          | Zip                                   |
| Phone Number of Attorney  |   | Email of Attorney                                  |                                |                                       |
|   |   |  |                                |                                       |
| Contractor Information  |   |  |                                |                                       |
| Name (as shown on contract/invoice)<br><b>DON LIBBY</b>   |   |  | ROC License Number(s) (if any) |                                       |
| Street Address<br>[REDACTED]  |   | City<br><b>SURPRISE</b>                            | State<br><b>AZ</b>             | Zip<br><b>85379</b>                   |
| Phone Number<br>[REDACTED]  |   | Email  |                                |                                       |
| Name of Person Representing License   |   |  |                                |                                       |
| Description of Unlicensed Person  |   |  |                                |                                       |
| Age   | Height                                    | Weight   | Race                           |                                       |
| [REDACTED]  | [REDACTED]                                | [REDACTED]   | [REDACTED]                     |                                       |
| Contract/Project Information  |   |  |                                |                                       |
| Contract Date<br><b>7-4-15</b>  | Date Work Started<br><b>NEVER STARTED</b> | Close of Escrow (New Home)                         | Move-In Date (New Home)        | Date Work Was Ceased or Was Completed |
| Contract Amount<br><b>600.00</b>  | Amount Paid<br><b>350.00</b>              |  |                                |                                       |
| Address Where Contract Was Negotiated<br>[REDACTED]   |   | City<br><b>GLENDALE</b>                            | State<br><b>AZ</b>             | Zip<br><b>85306</b>                   |
| [REDACTED]  |   | City<br><b>GLENDALE</b>                            | State<br><b>AZ</b>             | Zip<br><b>85306</b>                   |
| Name of Construction Site Owner   |   | Construction Site Name (if applicable)             |                                |                                       |
| Phone Number of Construction Site Owner   |   | Email of Construction Site Owner                   |                                |                                       |

**Continued - Contract/Project Information**

|                                     |  |
|-------------------------------------|--|
| This complaint is for               | <input checked="" type="checkbox"/> Abandonment <input type="checkbox"/> Poor Work <input type="checkbox"/> Money Dispute <input type="checkbox"/> Other |
| I have contacted the contractor by  | <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> NA                     |
| Have you filed a complaint in court | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA If yes, provide a copy                                   |
| Has any work been corrected         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| The contract was                    | <input checked="" type="checkbox"/> Written <input type="checkbox"/> Oral  |
| All change orders were              | <input type="checkbox"/> Written <input type="checkbox"/> Oral <input checked="" type="checkbox"/> NA  |
| This project was                    | <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential <input type="checkbox"/> On Tribal Land                              |
| This project involved               | <input type="checkbox"/> New Home <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other             |
| A building permit was obtained by   | <input type="checkbox"/> Contractor <input type="checkbox"/> Property Owner Building permit # <u>N/A</u>   |
| The contractor had                  | # <u>N/A</u> employees (list names if known)   |

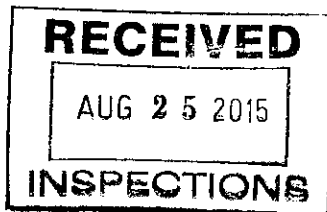
List and **briefly** describe (80 character limit each line) each complaint item (attach additional pages if necessary to further describe issues or list complaint items)

1. I GAVE DON LIBBY A CHECK FOR 350.00 FOR DOWN
2. PAYMENT, WITH BALANCE TO BE PAID UPON COMPLETION.
3. DON LIBBY CASHED THE CHECK, AND NEVER
4. PERFORMED ANY WORK, OR DELIVERED ANY GOODS.
- 5.
- 6.
- 7.
- 8.
- 9.

**Signature**

*I declare under penalty of perjury that the information and documents contained on this Complaint Form, included with this complaint, or hereafter submitted in support of this complaint are true and accurate to the best of my knowledge. I will assist in the investigation or in the prosecution of the contractor or other parties, and will, if necessary, attend hearings and testify to facts*

|  |                                    |                        |
|--|------------------------------------|------------------------|
| Printed Name<br><b>THOMAS JOHN SWART</b> | Signed<br><i>Thomas John Swart</i> | Date<br><b>8-22-15</b> |
|--|------------------------------------|------------------------|





Office of Arizona Attorney General  
**Mark Brnovich**



**Consumer Complaint Form Continued**

Circumstances surrounding your complaint:

I GAVE DON LIBBY A CHECK FOR 350.00 FOR THE DOWN PAYMENT FOR THE MATERIALS (GRANITE), AS THE INVOICE SHOWS 2 VANITY TOPS WITH 4 INCH DARK SPLASH & SINKS. I WAS TO PAY BALANCE UPON COMPLETION. THE WORK HAS NEVER BEEN PERFORMED, ONE EXCUSE AFTER ANOTHER OF WHY HE CAN'T MAKE IT. I HAVE FINALLY GIVEN UP, AND REALIZED I'M A VICTIM OF CONSUMER FRAUD. I HOPE YOU CAN REFUND, I MEAN GET DON LIBBY TO GIVE ME A REFUND, AND MORE IMPORTANTLY, STOP DON LIBBY FROM VICTIMIZING OTHER PEOPLE. THANK YOU SO MUCH FOR YOUR HELP.

SINCERELY,

**RECEIVED**

AUG 25 2015

**INSPECTIONS**

**Invoice**

RECEIVED 350.00  
DOWN PAYMENT

7-4-15

621627

SOLD TO

TOM SWART

SHIP TO

Don LIBB

ADDRESS

ADDR

CITY, STATE, ZIP

6LENNATE A2 85306

CITY, STATE, ZIP

supprko A21 85370

CUSTOMER ORDER NO.

SOLD BY

TERMS

FO.B

DATE

ORDERED

SHIPPED

DESCRIPTION

PRICE

UNIT

AMOUNT

2 VAULTY TIPS

COACED

with 4 inch spurs

2 white Undershorts

flannel vest

TATH COO O2

Ad sub 201 pumber

Down \$350

PAID  
upon completion

RECEIVED

AUG 25 2015

INSPECTIONS

13-13

THOMAS J. SWART 1524

DATE JULY-4-15

PAY TO THE ORDER OF DON LIBBY \$ 350.00

*three hundred fifty* DOLLARS

**CHASE**  
JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO DOWN PAYMENT *The [Signature]*

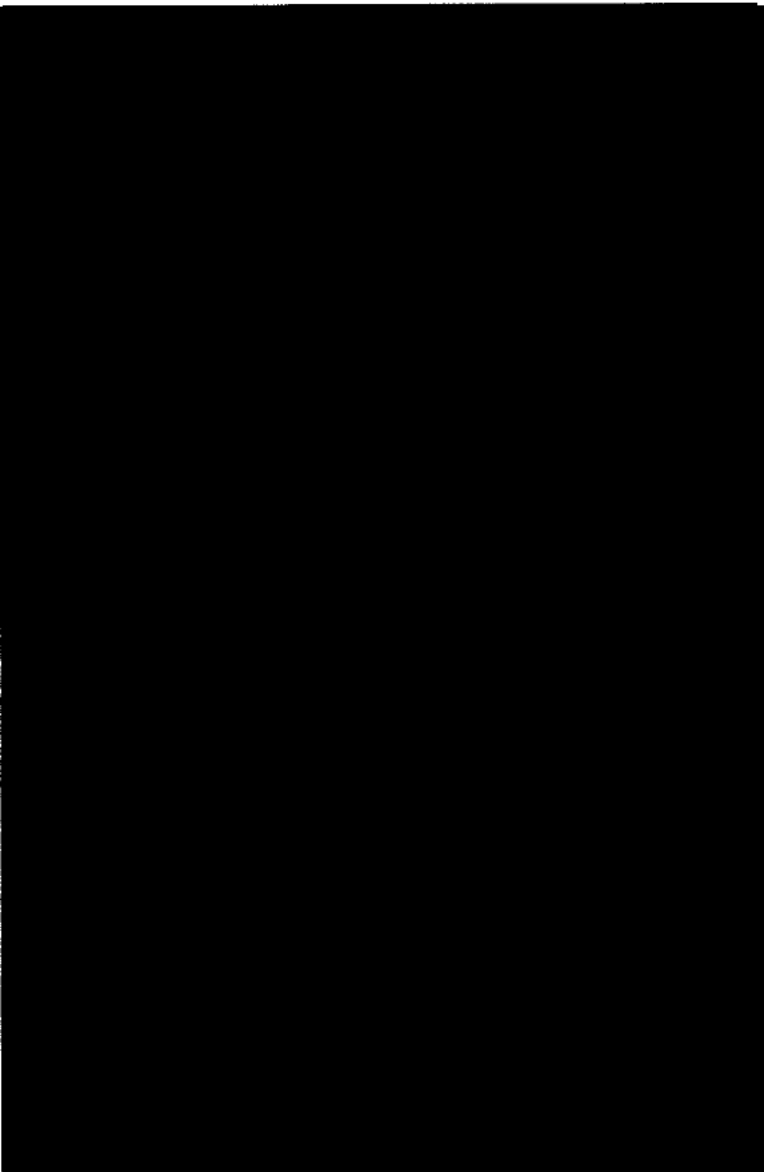
#1  
 Posting Date: 20150709  
 Sequence Number: [REDACTED]  
 Amount: \$350.00  
 Account: [REDACTED]  
 Routing Transit Number: [REDACTED]  
 Check/Serial Number: 000000001524  
 Bank Number: 601  
 IRD Indicator: 0  
 BOFD: 111900057  
 Capture Source: BY  
 Entry Number: 0000006501  
 UDK: [REDACTED]  
 Cost Center: 640318  
 Teller Number: 5  
 Teller Sequence Number: 122  
 Missing Image: 5  
 PE Indicator: P  
 Application Code: 1  
 Trancode: 001524  
 DB/CR: DB  
 Item Type: P  
 Processing Date:

The security features listed below are not intended to be used as a substitute for proper security procedures.  
 Security features listed below are not intended to be used as a substitute for proper security procedures.  
 Security features listed below are not intended to be used as a substitute for proper security procedures.

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

*[Handwritten signature]*

**RECEIVED**  
 AUG 25 2015  
**INSPECTIONS**



**RECEIVED**  
AUG 25 2016  
**INSPECTIONS**



# ARIZONA REGISTRAR OF CONTRACTORS



*Douglas A. Ducey, Governor*

*Jeff Fleetham, Director*

August 17, 2015

Thomas John Swart  
[REDACTED]

Re: AG Consumer Complaint CIC 15-10001

Dear Mr. Swart:

I am the Legal Assistant for the Registrar of Contractors Unlicensed Investigations department. The Registrar of Contractors is in receipt of the above-referenced consumer complaint, which was forwarded to us on August 12, 2015, by the Office of the Arizona Attorney General Consumer Protection & Advocacy Section. I have reviewed your complaint in regard to Don Libby.

Since it appears that you are a victim of unlicensed contracting activities, we ask that you complete a formal Complaint Form so that we can process your complaint and assign it to an Investigator. Please read the enclosed Instructions & Checklist, complete the Complaint Form, attach your supporting documentation, and then return it to the Registrar of Contractors at the address indicated on the form.

Thank you.

Sincerely,

DEBRA SKOW  
Legal Assistant – Unlicensed Investigations  
Telephone: 602-771-6822



MARK BRNOVICH  
ATTORNEY GENERAL

OFFICE OF THE ARIZONA ATTORNEY GENERAL  
CIVIL LITIGATION DIVISION  
CONSUMER PROTECTION & ADVOCACY SECTION

CONSUMER INFORMATION &  
COMPLAINTS  
(602) 542-5763  
(IN-STATE ONLY) (800) 352-8431

August 12, 2015

REGISTRAR OF CONTRACTORS  
1700 W WASHINGTON, #105  
PHOENIX, AZ 85007

**RE: CIC 15-10001**

Dear Sir or Madam:

The Consumer Protection & Advocacy Section has received a copy of the enclosed complaint that appears to fall within the jurisdiction and authority of your agency. We are currently in the process of attempting to obtain a resolution with the company. However, if we are unsuccessful in our resolution attempts, we will notify you.

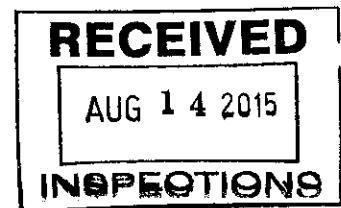
However, we are providing you with a copy so that your agency may take whatever additional action it finds appropriate.

Thank you.

Sincerely,

Consumer Information &  
Complaints

CPA:O3





15-10001



# Office of Arizona Attorney General Mark Brnovich



## Consumer Complaint Form

YOUR NAME AND ADDRESS

THOMAS JOHN SWART

GLENDALE AZ. 85306

**\*\* For AG Use Only \*\***

File No.:  
 Category: PS  
 V  
 Letter: RECEIVED  
 Closing: AUG 10 2015  
 RT:  
 CC:  
 Copy To: CPA/CIC  
 Send To:

HOME PHONE NUMBER BEST NUMBER TO CALL DURING DAY

DON LIBBY

NAME OF FIRM YOU ARE COMPLAINING AGAINST

ADDRESS OF FIRM

SURPRISE AZ. 85379

CITY ZIP CODE

PHONE NUMBER OF FIRM

For statistical purposes, please indicate:

Your Age:

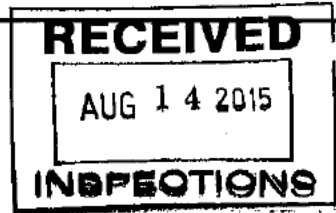
- Under the age of 60
- Over the age of 60

Military/veteran:

- Currently in military service
- A veteran

How did you hear about our complaint form (please choose only one):

- Called Phoenix AG Office
- Called Tucson AG Office
- Went onto AG Website
- Visited an AG Satellite Office
- An out of State Agency
- Media: Newspaper/Radio/TV
- Another Arizona State Agency/State Legislator
- Attended AG Presentation/Event
- Other



May we send a copy of this to the person or firm you are complaining against? YES  NO   
(If your response is no, we may be prevented from taking any action on your complaint.)

May we provide your name and telephone number to the media in the event of an inquiry about this matter? YES  NO

May we send a copy of your complaint to another government agency for their review or investigation? YES  NO

Was an oral or written warranty given? YES  NO

Did you sign any documents? YES  NO

Date of transaction 7-4-15 Place of transaction MY HOME  
 Witness to transaction \_\_\_\_\_ Salesperson's name DON LIBBY  
 Total amount of damages (list actual loss only) 350.00

Have you complained to the firm? YES  NO   
What was their response? EXCUSE, AFTER EXCUSE. I'M IN THE HOSPITAL, I CAN'T FIND WORK.

Was the product or service advertised? YES  NO   
If yes, indicate the date and how it was advertised CRAIGSLIST

Do you have an attorney? YES  NO   
If yes, please provide the attorney's name and address \_\_\_\_\_

Is any legal action pending? YES  NO   
List any other consumer agencies contacted \_\_\_\_\_

PLEASE EXPLAIN THE ENTIRE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT IN THE FOLLOWING PAGE PROVIDED.

I declare, under penalty of perjury, that the facts and statements contained in this declaration, including any attached statements, are true, correct, and based upon my personal knowledge:

Signature [Signature] Date 8-2-15



Office of Arizona Attorney General  
**Mark Brnovich**



Consumer Complaint Form Continued

Circumstances surrounding your complaint:

I GAVE DON LIBBY A CHECK FOR 350.00 FOR THE DOWN PAYMENT FOR THE MATERIALS (GRANITE), AS THE INVOICE SHOWS 2 VANITY TOPS WITH 4 INCH BACK SPLASH & SINKS. I WAS TO PAY BALANCE UPON COMPLETION. THE WORK HAS NEVER BEEN PERFORMED, ONE EXCUSE AFTER ANOTHER OF WHY HE CAN'T MAKE IT. I HAVE FINALLY GIVEN UP, AND REALIZED I'M A VICTIM OF CONSUMER FRAUD. I HOPE YOU CAN REFUND, I MEAN GET DON LIBBY TO GIVE ME A REFUND, AND MORE IMPORTANTLY, STOP DON LIBBY FROM VICTIMIZING OTHER PEOPLE. THANK YOU SO MUCH FOR YOUR HELP.

SINCERELY,

*Thom Swad*

**RECEIVED**

AUG 14 2015

**INSPECTIONS**

**RECEIVED**  
 AUG 14 2015  
**INSPECTIONS**

**Invoice**

RECEIVED 350.00  
 DOWN PAYMENT

7-4-13  
 021627

|                    |                    |            |      |
|--------------------|--------------------|------------|------|
| SOLD TO            |                    | SHIP TO    |      |
| Tom SWAGT          |                    | Don LIBBY  |      |
| ADDRESS            |                    | ADDRESS    |      |
| [REDACTED]         |                    | [REDACTED] |      |
| CITY, STATE, ZIP   | CITY, STATE, ZIP   | F.O.B.     |      |
| GENOA IL 65306     | SUPPER CO AZ 85379 | DATE       |      |
| CUSTOMER ORDER NO. | SOLD BY            | TERMS      | DATE |
|                    |                    |            |      |

| ORDERED | SHIPPED | DESCRIPTION           | PRICE | UNIT | AMOUNT         |
|---------|---------|-----------------------|-------|------|----------------|
|         |         | 2 VADITY TYPES        |       |      | Carce          |
|         |         | with 4 inch SPACER    |       |      |                |
|         |         | 2 white Underments    |       |      |                |
|         |         | Apperthier / Installs |       |      | TOTAL (see ac) |
|         |         | And sub 221 pumber    |       |      |                |
|         |         | Down \$350            |       |      | PAID           |
|         |         |                       |       |      | per computer   |

81 address 8640

13-10

THOMAS J. SWART 1524

DATE JULY-4-15

PAY TO THE ORDER OF DON LIBBY \$ 350.00

three hundred fifty DOLLARS

**CHASE**  
JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO DOWN PAYMENT *The Libby*

#1

Posting Date: 20150709

Sequence Number: [REDACTED]

Amount: \$350.00

Account: [REDACTED]

Routing Transit Number: [REDACTED]

Check/Serial Number: 00000001524

Bank Number: 601

IRD Indicator: 0

BOFD: 111900057

Capture Source: BY

Entry Number: 0000006501

UDK: [REDACTED]

Cost Center: 640318

Teller Number: 5

Teller Sequence Number: 122

Missing Image: 5

PE Indicator: P

Application Code: 1

Trancode: 001524

DB/CR: DB

Item Type: P

Processing Date:

DO NOT WRITE IN THESE SPACES

STAMP OR SIGN BELOW THIS LINE

INSTRUCTIONS ON THE REVERSE OF THIS CHECK

The primary features listed below are not available in all states. For more information, please contact your local branch or call 1-800-4MONEY.

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**RECEIVED**

AUG 14 2015

**INSPECTIONS**

File Number:  
12800183

Corporation Name:  
D&Z CUSTOM TILE, INC.

[Collapse](#) | [Expand](#)

**Members and Managers**



File Number: 12800183

Corporation Name: D&Z CUSTOM TILE, INC. (/Details/Corp?corpId= 12800183)

Type of Business: CONTRACTOR

**Officers Information**



**Name** DON LIBBY

**Title** DIRECTOR

**Address** [REDACTED]  
PHOENIX, AZ 85085

**Date of Taking Office** 04/26/2006

**Last Updated** 05/21/2010

**Name** ZSOLT MAKSA

**Title** DIRECTOR

**Address** [REDACTED]  
PHOENIX, AZ 85085

**Date of Taking Office** 04/26/2006

**Last Updated** 05/21/2010

**Name** DON LIBBY  
**Title** PRESIDENT  
**Address** [REDACTED]  
PHOENIX, AZ 85085  
**Date of Taking Office** 04/26/2006  
**Last Updated** 06/26/2007

**Name** DANIEL SAWICKI  
**Title** STATUTORY AGENT  
**Address** UNDELIVERABLE AGENT ADDRESS  
[REDACTED]  
PHOENIX, AZ 85020  
**Date of Taking Office** 04/26/2006  
**Last Updated** 10/17/2011

**Name** ZSOLT MAKSA  
**Title** SECRETARY  
**Address** [REDACTED]  
PHOENIX, AZ 85085  
**Date of Taking Office** 04/26/2006  
**Last Updated** 06/26/2007

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(<http://www.azcc.gov/divisions/corporations/contact-us.asp>)



ARIZONA REGISTRAR of CONTRACTORS



1700 W. Washington St. Suite 105 • Phoenix AZ 85007-2812 • 602-542-1525 • AZ Toll Free 877-692-9762 • Fax 602 542 1599

Douglas A. Ducey, Governor

Jeff Fleetham, Director

October 28, 2015

Thomas John Swart

Glendale, AZ 85306-3844

Re: Complaint No. 2015-3678
Filed against Donald Elliot Libby II

Dear Thomas John Swart:

The above mentioned complaint is being closed/cleared for the following reason(s):

- Three checkboxes with corresponding text explaining reasons for closing the complaint: 1. We are sorry you were a victim of an unlicensed contractor... 2. The defendant was issued a Cease and Desist Order... 3. The case is being closed because the Registrar of Contractors has no jurisdiction... 4. The offender has been issued a Civil Citation...

You may have the right to file a civil complaint through the court system against this contractor. In any future construction work you might consider the use of a licensed contractor, as we have jurisdiction over the workmanship of licensed contractors.

Enclosed is a survey card regarding the service you received from the Agency. Please take a few moments to answer the questions so we may better understand the needs of our customers.

If you have any questions, please feel free to contact the undersigned investigator.

Sincerely,

/s/ Ronald Nowak Jr. # 157

Ronald Nowak Jr. # 157, Investigator
1700 W Washington Street, Ste. 105
Phoenix, AZ 85007
Phone: (602) 689-5654
Fax: (602) 542-1520