

Under **West Virginia Freedom of Information Act, §29-B-1-1 et seq.** demand is hereby made for the Wood County Circuit Clerk to immediately and unconditionally produce, copy and send any and all documents, papers, attachments, affidavits and/or digital data in the possession thereof, which relate to the search and arrest of Thomas David Deegan of Mineralwells.

Declaration of Service

I, Phillip Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 5<sup>th</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS certified mail numbered 7015 0640 0007 1418 3986 with return receipt, a Freedom of Information Act demand to wit:

Carole Jones

Wood County Judicial Building  
2 Government Square, Room 131  
Parkersburg, WV 26101-5353

I, Phillip Hudok, under full liability and complete transparency, do declare and attest that the foregoing is true, accurate and complete, the truth, whole truth and nothing but the truth, to the best of my knowledge and ability, so help me God.

In propria persona, sui juris, without recourse, without prejudice, beneficiary, Heir to the Creator, Administrator.

7015 0640 0007 1418 3993

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**SOUTH CHARLESTON, WV 25309**

Certified Mail Fee **\$3.45**  
Extra Services & Fees (check box, add fee to Certified Mail Fee)  
☐ Return Receipt (hardcopy) \$ **\$0.00**  
☐ Return Receipt (electronic) \$ **\$0.00**  
☐ Certified Mail Restricted Delivery \$ **\$0.00**  
☐ Adult Signature Required \$ **\$0.00**  
☐ Adult Signature Restricted Delivery \$ **\$0.00**

Postage \$ **\$0.49**  
Total Postage and Fees \$ **\$6.74**

0625  
01

Postmark  
Here

11/05/2015

Sent To *State Police Dept*  
Street and Apt. No., or PO Box No. *725 Jefferson Road*  
City, State, ZIP+4<sup>®</sup> *Charleston, WV 25309*

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

**1. Article Addressed to:**

*State Police Dept.*  
*725 Jefferson Road*  
*Charleston, WV 25309*



9590 9402 1247 5246 3453 46

**2. Article Number (Transfer from service label)**

7015 0640 0007 1418 3993

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *M. Coddick* ☒ Agent  
☐ Addressee  
B. Received by (Printed Name) *M. Coddick*  
C. Date of Delivery *11-6-15*  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>TM</sup>  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>TM</sup>  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt



Under **West Virginia Freedom of Information Act, §29-B-1-1 et seq.** demand is hereby made for the Wood County Magistrate Clerk to immediately and unconditionally produce, copy and send any and all documents, papers, attachments, affidavits and/or digital data in the possession thereof, which relate to the search and arrest of Thomas David Deegan of Mineralwells.

Declaration of Service

I, Phillip Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 5<sup>th</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS certified mail numbered 7015 0640 0007 1418 3979 with return receipt, a Freedom of Information Act demand to wit:

Paulina Yearego

Wood County Justice Center  
401 Second Street, Suite 12  
Parkersburg, WV 26101

I, Phillip Hudok, under full liability and complete transparency, do declare and attest that the foregoing is true, accurate and complete, the truth, whole truth and nothing but the truth, to the best of my knowledge and ability, so help me God.

In propria persona, sui juris, without recourse, without prejudice, beneficiary, Heir to the Creator, Administrator.

7015 0640 0007 1418 3979

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

**PARKERSBURG, WV 26101**

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$0.49
Total Postage and Fees	\$6.74

0625  
01

Postmark  
Here

11/05/2015

Sent To Paulina Yearego  
 Street and Apt. No., or PO Box No. 401 Second St. Suite 12  
 City, State, ZIP+4<sup>®</sup> Parkersburg, WV 26101

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Paulina Yearego  
Wood Co. Justice Center  
401 2nd St. Suite 12  
Parkersburg, WV 26101



9590 9402 1247 5246 3453 39

2. Article Number (Transfer from service label)

7015 0640 0007 1418 3979

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Heather Goff ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Heather Goff

C. Date of Delivery

11/9

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express <sup>®</sup>         |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail <sup>TM</sup>              |
| <input checked="" type="checkbox"/> Certified Mail <sup>®</sup>  | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation <sup>TM</sup>       |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



Under **West Virginia Freedom of Information Act, §29-B-1-1 et seq.** demand is hereby made for the West Virginia State Police Department to immediately and unconditionally produce, copy and send any and all documents, papers, attachments, affidavits and/or digital data in the possession thereof, which relate to the search and arrest of Thomas David Deegan of Mineralwells.

Declaration of Service

I, Phillip Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 5<sup>th</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS certified mail numbered 7015 0640 0007 1418 3993 with return receipt, a Freedom of Information Act demand to wit:

State Police Department

725 Jefferson Road

Charleston, WV 25309

I, Phillip Hudok, under full liability and complete transparency, do declare and attest that the foregoing is true, accurate and complete, the truth, whole truth and nothing but the truth, to the best of my knowledge and ability, so help me God.

In propria persona, sui juris, without recourse, without prejudice, beneficiary, Heir to the Creator, Administrator.

7015 0640 0007 1418 3986

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

**PARKERSBURG, WV 26101**

Certified Mail Fee **\$3.45**  
\$ **\$2.80**  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ **\$0.00**  
☐ Return Receipt (electronic) \$ **\$0.00**  
☐ Certified Mail Restricted Delivery \$ **\$0.00**  
☐ Adult Signature Required \$ **\$0.00**  
☐ Adult Signature Restricted Delivery \$ **\$0.00**

Postage **\$0.49**  
\$ **\$6.74**  
Total Postage and Fees

0625  
01

Postmark  
Here

11/05/2015

Sent To *Carole Jones*  
Street and Apt. No., or PO Box No. *2 Government Square 131*  
City, State, ZIP+4<sup>®</sup> *Parkersburg, WV 26101-5353*

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

**1. Article Addressed to:**

*Carole Jones*  
*Wood Co Judicial Bldg*  
*2 Government Sq Am 131*  
*Parkersburg, WV 26101-5353*



9590 9402 1247 5246 3453 22

**2. Article Number (Transfer from service label)**

7015 0640 0007 1418 3986

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

*[Signature]*

☒ Agent

☐ Addressee

**B. Received by (Printed Name)**

*[Signature]*

**C. Date of Delivery**

*11-9-15*

**D. Is delivery address different from item 1? ☐ Yes**  
If YES, enter delivery address below: ☐ No

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express <sup>®</sup>         |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail <sup>TM</sup>              |
| <input checked="" type="checkbox"/> Certified Mail <sup>®</sup>  | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation <sup>TM</sup>       |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



Under **West Virginia Freedom of Information Act, §29-B-1-1 et seq.** demand is hereby made for the Wood County State Police Detachment Records Department to immediately and unconditionally produce, copy and send any and all documents, papers, attachments, affidavits and/or digital data in the possession thereof, which relate to the search and arrest of Thomas David Deegan of Mineralwells.

Declaration of Service

I, Phillip Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 5<sup>th</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS certified mail numbered 7015 0640 0007 1418 3962 with return receipt, a Freedom of Information Act demand to wit:

State Police Department

3828 Staunton Turnpike  
Parkersburg, WV 26104

I, Phillip Hudok, under full liability and complete transparency, do declare and attest that the foregoing is true, accurate and complete, the truth, whole truth and nothing but the truth, to the best of my knowledge and ability, so help me God.

In propria persona, sui juris, without recourse, without prejudice, beneficiary, Heir to the Creator, Administrator.

7015 0640 0007 1418 3962

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

PARKERSBURG, WV 26104

Certified Mail Fee **\$3.45**  
\$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ **\$2.80**  
☐ Return Receipt (electronic) \$ **\$0.00**  
☐ Certified Mail Restricted Delivery \$ **\$0.00**  
☐ Adult Signature Required \$ **\$0.00**  
☐ Adult Signature Restricted Delivery \$ **\$0.00**

0625  
01

Postmark  
Here

Postage **\$0.49**  
\$  
Total Postage and Fees **\$6.74**  
\$

11/05/2015

Sent To *State Police Dept. Wood Co*  
Street and Apt. No., or PO Box No. *3828 Staunton Turnpike*  
City, State, ZIP+4<sup>®</sup> *Parkersburg, WV 26104*

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

*Wood County State Police Dept.*  
*3828 Staunton Turnpike*  
*Parkersburg, WV 26104*



9590 9402 1247 5246 3453 53

2. Article Number (Transfer from service label)

7015 0640 0007 1418 3962

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

*11-7*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express <sup>®</sup>         |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail <sup>TM</sup>              |
| <input checked="" type="checkbox"/> Certified Mail <sup>®</sup>  | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation <sup>TM</sup>       |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery                     |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt