

Under **West Virginia Freedom of Information Act, §29-B-1-1 et seq.** demand is hereby made for the STATE OF WEST VIRGINIA, a.k.a. State of West Virginia, a.k.a. WEST VIRGINIA, a.k.a. West Virginia foreign agent, foreign person and foreign entity, d.b.a. STATE OF WEST VIRGINIA, also d.b.a. State of West Virginia, also d.b.a. West Virginia, also d.b.a. WEST VIRGINIA, any and all letter variations of the same, and any and all variations of capacities, jurisdictions, law forms, venues and standings, any and all creations by, of, through and from, private for profit subcontractors, and persons, providing quasi-governmental services and purporting to be lawful government, and all other known and unknown corporate, military, ecclesiastical and commercial entities and all principals, agents, assigns and successors thereof, to immediately and unconditionally produce, copy and send any and all documents, papers and/or digital data in the possession thereof, which would demonstrate and prove PHILLIP HUDOK, and all derivatives thereof, is a party to any social compact, contract, agreement, et cetera which can be demonstrated to operate to confer any actual controlling, insurable, lawful, legal, equitable, spiritual, pecuniary, regulatory, or any other interest of any nature, cause, form, shape and kind, in my physical and spiritual being and/or property to the benefit of the aforementioned entities.

Declaration of Service

I, Phillip Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3rd 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 2569
with return receipt, a Freedom of Information Act demand to wit:

Governor Earl Ray Tomblin

Office of Governor
1900 Kanawha Blvd.
Charleston, W.Va. 25305

and all agents, assigns, principals and successors thereto, thereof, and
therefrom.

I, Phillips Hudak, 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.

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com[®].

CHARLESTON, WV 25305

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
02

Postmark
Here

11/03/2015

Sent To *Earl Ray Tomblin*
Street and Apt. No., or PO Box No.
1900 Kanawha Blvd
City, State, ZIP+4[®]
Charleston, W.Va. 25305

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:

Earl Ray Tomblin
1900 Kanawha Blvd
Charleston, W.Va. 25305



9590 9402 1247 5246 3454 45

2. Article Number (Transfer from service label)

7015 0640 0007 1418 2569

COMPLETE THIS SECTION ON DELIVERY

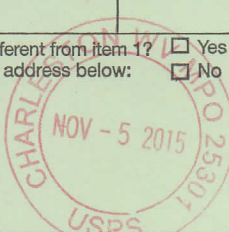
A. Signature

X *Ronald J. Kushna* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 [®] |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail TM |
| <input checked="" type="checkbox"/> Certified Mail [®] | <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 TM |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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 STATE OF WEST VIRGINIA, a.k.a. State of West Virginia, a.k.a. WEST VIRGINIA, a.k.a. West Virginia foreign agent, foreign person and foreign entity, d.b.a. STATE OF WEST VIRGINIA, also d.b.a. State of West Virginia, also d.b.a. West Virginia, also d.b.a. WEST VIRGINIA, any and all letter variations of the same, and any and all variations of capacities, jurisdictions, law forms, venues and standings, any and all creations by, of, through and from, private for profit subcontractors, and persons, providing quasi-governmental services and purporting to be lawful government, and all other known and unknown corporate, military, ecclesiastical and commercial entities and all principals, agents, assigns and successors thereof, to immediately and unconditionally produce, copy and send any and all documents, papers and/or digital data in the possession thereof, which would demonstrate and prove PHILLIP HUDOK, and all derivatives thereof, is a party to any social compact, contract, agreement, et cetera which can be demonstrated to operate to confer any actual controlling, insurable, lawful, legal, equitable, spiritual, pecuniary, regulatory, or any other interest of any nature, cause, form, shape and kind, in my physical and spiritual being and/or property to the benefit of the aforementioned entities.

Declaration of Service

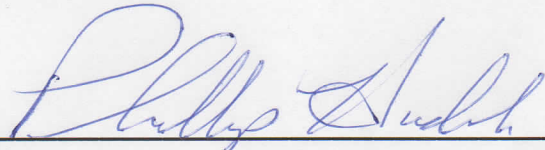
I, Phillip Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3rd day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

certified mail numbered 7015 0640 0007 1418 2576
with return receipt, a Freedom of Information Act demand to wit:

Patrick Morrisey

State Capitol Complex
Bldg. 1, Room E-26
Charleston, W.Va. 25305

and all agents, assigns, principals and successors thereto, thereof, and
therefrom.

I, , 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.

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com[®].

CHARLESTON, WV 25305

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

Postage \$0.49
Total Postage and Fees \$6.74

0625
02

Postmark
Here

11/03/2015

Sent To Patrick Monnisey

Street and Apt. No., or PO Box No.

Bldg 1 Room E-26

City, State, ZIP+4[®]
Charleston, W.V. 25305

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:

Patrick Monnisey
Bldg 1 Room E-26
Charleston, WV 25305



9590 9402 1247 5246 3454 21

2. Article Number (Transfer from service label)

7015 0640 0007 1418 2576

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ronald J. Kushner ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 [®] |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail TM |
| <input checked="" type="checkbox"/> Certified Mail [®] | <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 TM |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail [®] | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

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

Domestic Return Receipt