

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 THOMAS DAVID DEEGAN, 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

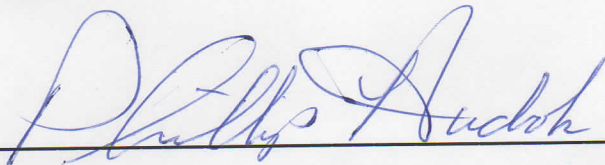
I, Phillip Audoh, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

certified mail numbered 7015 0640 0007 1418 4075  
with return receipt, a Freedom of Information Act demand to wit:

Carole Jones

Wood County Judicial Building  
2 Government Square, Room 421  
Parkersburg, W.Va. 26101-5353

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.



7015 0640 0007 1418 4075

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

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

PARKERSBURG, WV 26101

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 **Carole Jones**  
Street and Apt. No., or PO Box No. **2 Government Sq Room 421**  
City, State, ZIP+4® **Parkersburg, WVa. 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**  
**2 Government Sq Rm 421**  
**Parkersburg, WVa. 26101-5353**



9590 9402 1247 5246 3454 76

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

**7015 0640 0007 1418 4075**

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X** **BS Horshey** ☐ Agent  
☐ Addressee

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

**BS Horshey**

**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™                           |
| <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™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery (00)           |   |

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 THOMAS DAVID DEEGAN, 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, Philip Deegan, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

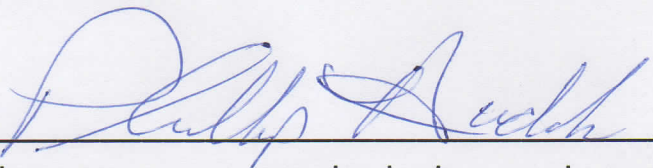


certified mail numbered 7015 0640 0007 1418 4044  
with return receipt, a Freedom of Information Act demand to wit:

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.

7015 0640 0007 1418 4044

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>.

CHARLESTON, WV 25305

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<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

11/03/2015

Sent To *Patrick Morrissey*

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

*Bldg 1 Room E-26 St Capital Complex*

City, State, ZIP+4<sup>®</sup>  
*Charleston, WV 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 Morrissey  
Bldg 1 Rm E-26 St Capital Compl.  
Charleston, WV 25305*



9590 9402 1247 5246 3455 06

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

7015 0640 0007 1418 4044

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

**COMPLETE THIS SECTION ON DELIVERY**

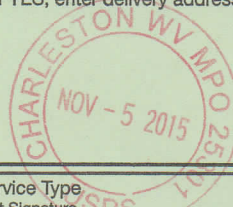
**A. Signature**

*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 <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                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

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 THOMAS DAVID DEEGAN, 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

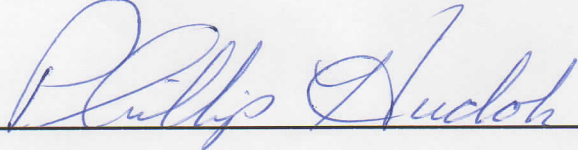
I, Phillip L. Hudok, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

certified mail numbered 7015 0640 0007 1418 4068  
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, , 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 4068

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>.

CHARLESTON, WV 25305

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

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

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<sup>®</sup>  
*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 83

2. Article Number (Transfer from service label)

7015 0640 0007 1418 4068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

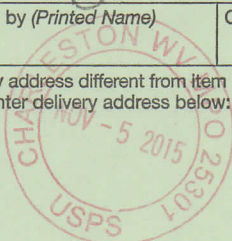
*Ronald J. Kushner*

☐ 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 <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 |

(over \$500)

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 THOMAS DAVID DEEGAN, 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 Nudch, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

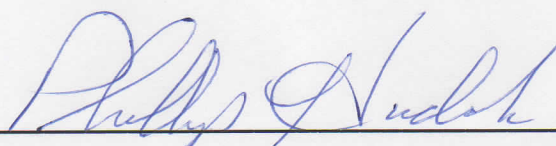


certified mail numbered 7015 0640 0007 1418 4105  
with return receipt, a Freedom of Information Act demand to wit:

Paulina Yearego

Wood County Justice Center  
401 Second Street, Suite 12  
Parkersburg, W.Va. 26101

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 Service<sup>TM</sup>  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**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  
02

Postmark  
Here

11/03/2015

Sent To *Paulina Yearago*

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

*401 Second St. Suite 12*

City, State, ZIP+4®

*Parkersburg, W.Va. 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 Yearago  
401 Second St. Suite 12  
Parkersburg, W.Va. 26101*



9590 9402 1247 5246 3454 38

2. Article Number (Transfer from service label)

7015 0640 0007 1418 4105

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Heather Yearago*

☒ 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™                           |
| <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™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

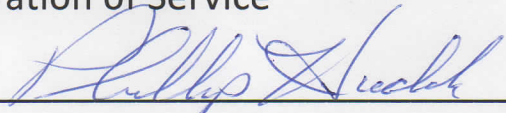
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



Under **West Virginia Freedom of Information Act, §29-B-1-1 et seq.** demand is hereby made for the 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 THOMAS DAVID DEEGAN, 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

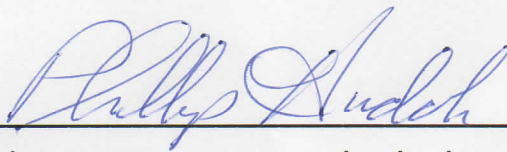
I, , do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

certified mail numbered 7015 0640 0005 7600 3651  
with return receipt, a Freedom of Information Act demand to wit:

John D. Beane

Wood County Judicial Building  
2 Government Square, Room 421  
Parkersburg, W.Va. 26101-5353

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.



7015 0640 0005 7600 3651

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 26101**

Certified Mail Fee \$3.45

Extra Services & Fees (check box, add fee as appropriate)

Postage \$0.49

Total Postage and Fees \$6.74

\$2.80

\$0.00

\$0.00

\$0.00

\$0.00

11/03/2015

0625

02

Postmark Here

Sent To

John Beane

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

2 Government Sq- Rm 421

City, State, ZIP+4<sup>®</sup>

Parkersburg, W.Va. 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:

John D Beane

Wood Co. Judicial Bldg

2 Government Square Rm 421

Parkersburg, W.Va. 26101-5353

2. Article Number (Transfer from service label)

7015 0640 0005 7600 3651

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *BS Forshey*

B. Received by (Printed Name)

*BS Forshey*

C. Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

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

☐ Insured Mail<sup>®</sup>

☐ Insured Mail 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

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 THOMAS DAVID DEEGAN, 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 Hudak, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</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 4099  
with return receipt, a Freedom of Information Act demand to wit:

Jason Wharton

Wood County Prosecutor's Office  
317 Market Street  
Parkersburg, W.Va. 26101

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

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 4099

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**PARKERSBURG, WV 26101**

**Certified Mail Fee** **\$3.45**  
**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**  
**Total Postage and Fees** **\$6.74**

0625  
02

Postmark  
Here

11/03/2015

**Sent To** *Jason Whanton*  
**Street and Apt. No., or PO Box No.** *317 Market St.*  
**City, State, ZIP+4®** *Parkersburg, W.Va. 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:

*Jason Whanton*  
*317 Market St.*  
*Parkersburg, W.Va. 26101*



9590 9402 1247 5246 3454 52

2. Article Number (Transfer from service label)

7015 0640 0007 1418 4099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Rhea Guia*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Rhea Guia*

C. Date of Delivery

*11/5/15*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation  
☐ 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 THOMAS DAVID DEEGAN, 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

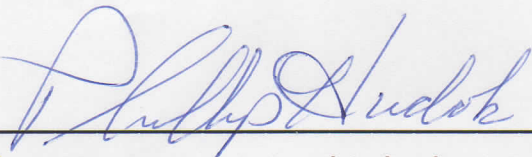
I, Phillip A. Nucleo, do hereby declare, aver, assert, attest and affirm under full liability and complete transparency that on the 3<sup>rd</sup> day of November, in the Year of my Lord two thousand fifteen, did cause to be mailed via USPS

certified mail numbered 7015 0640 0007 14/8 4082  
with return receipt, a Freedom of Information Act demand to wit:

Robin Waters

Wood County Justice Center  
401 Second Street, Suite 12  
Parkersburg, W.Va. 26101

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.



7015 0640 0007 1418 4082

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 26101

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 **Robin Waters**

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

**401 2nd Street Suite 12**

City, State, ZIP+4<sup>®</sup>  
**Parkersburg WVa 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:

**Robin Waters**  
**401 Second St. Suite 12**  
**Parkersburg, WVa 26101**



9590 9402 1247 5246 3454 69

2. Article Number (Transfer from service label)

**7015 0640 0007 1418 4082**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X Heather** ☒ 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 <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 <sup>®</sup> Mail Restricted Delivery |   |

Domestic Return Receipt