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UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

Dr. ORLY TAITZ, ESQ, PRO SE  
Plaintiff,

v.

Michael Astrue, Commissioner of the  
Social Security Administration,

Respondent

§ Freedom of information violation  
§ 5USC §552

§ Certified mail proof of service  
§ returned  
§ 11-cv-00402

§ Honorable Royce Lamberth  
§ Chief Justice presiding

To the clerk of the court:

Please find attached Exhibit 1 returned proof of service via Certified mail

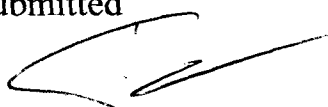
Returned Receipt:

Commissioner of Social Security Michael Astrue received first Amended  
Complaint on March 28, 2011

US Attorney General received first amended complaint and summons on  
March 30, 2011

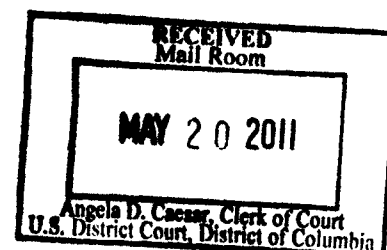
US Attorney for the District of Columbia received first amended complaint and  
summons on April 3, 2011

Respectfully submitted



Orly Taitz ESQ

05.19,2011



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:  
*Blair Beards*  
*Asst. Atty. Gen. United States*  
*Attorney for the District*  
*of Columbia*  
*555 14th St., N.W.*  
*Washington, DC 20530*

2. Article Number  
 (Transfer from ser) **7010 1060 0000 4155 4864**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Address

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

*US Atty. General*  
*District of Columbia*  
*441 14th St. - NW*  
*Wash, DC 20001*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:  
*US Attorney's office*  
*Civil Division*  
*555 14th Street NW*  
*Washington, DC 20530*

2. Article Number  
 (Transfer from service lab) **7010 1670 0001 8822 1033**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Address

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

B. Received by (Printed Name)

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

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:  
*Michael Astruc*  
*Commissioner of Social*  
*Security Administration*  
*Minister Park Buildings*  
*6701 Security Blvd*  
*Baltimore, MD 21235*

2. Article Number  
 (Transfer from service lab) **7010 1060 0000 4155 3782**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Address

B. Received by (Printed Name) C. Date of Delivery  
*SOCIAL SECURITY ADMINISTRATION*  
*BALTIMORE, MARYLAND 21235*  
**MAR 26 2011**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

7010 0290 0000 9004 9795

7010 0290 0000 9004 9795