

ORIGINAL

**Dr. Orly Taitz, ESQ**

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FILED IN THE  
UNITED STATES DISTRICT COURT  
DISTRICT OF HAWAII

AUG 23 2011

at 11 o'clock and 15 min. A M  
SUE BEITIA, CLERK

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF HAWAII**

**Dr. ORLY TAITZ, ESQ, PRO SE**

**Plaintiff,**

**v.**

**Michael Astrue, Commissioner of the**

**Social Security Administration,**

**Respondent**

§ Misc. action

§ MC11 00158 SOM RLP

§ Pending in the District of

§ Columbia

§ 11-cv-00402 RCL

§

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§

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Proof of Service

I, Lila Dubert, am not a party to above action, I am over 18 years old and attest under penalty of perjury that parties listed below were served by certified mail with

Notice of September 14, 2011, 10 am hearing before Hon Judge Puglisi US District Court, District of Hawaii, on the following Plaintiffs motion:

**“Motion for order to show cause and compel attendance and provide documents described in the subpoena which was issued and served upon Loretta Fuddy, Director of Health, Department of Health, State of HI and failing that production to show cause, if she can, why the documents in question should not be produced and for attorneys’ fees and costs as incurred by Plaintiff in bringing this action before court, should not be granted.”**

**1. Witness Loretta Fuddy**

**Director of Health**

**Department of Health**

**State of Hawaii**

**1250 Punchbowl Ave, Room 325**

**Honolulu HI 96813**

**I served on August 12, 2011 by certified mail, receipt attached**

**2. Defendant Michael Astrue**

**Commissioner of Social Security Administration**

**Served through his attorney**

**Patrick Nemeroff**

**Assistant U.S. Attorney**

**For the District of Columbia**

**555 4<sup>th</sup> str NW**

**Washington DC, 20530**

**I served on August 15, 2011 by certified mail, receipt attached**

**3. Courtesy notice was given to Jill T. Nagamine**

**Deputy Attorney General**

**State of HI**

**465 South King Str, Room 200**

**Honolulu, HI 96813**

**I served by certified mail on August 15, 2011 by certified mail , receipt attached**

**I declare under penalty of perjury, that this information is true and correct.**

**Certified mail return receipt shows Loretta Fuddy receiving her notification on September 16, 2011(see attached)**

**Signed**

**Dated**

8-19-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery 8/16</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <i>Dr. Alvin Omaka</i>  <i>Registrar, Dep. of Health</i>  <i>State of HI</i>  <i>1250 Punchbowl St</i>  <i>Room 325</i>  <i>Honolulu HI 96813</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                      (Transfer from service label) <b>7010 1870 0003 3995 1008</b></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery 8/16</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <i>Linnette Fuddy</i>  <i>Director of Health</i>  <i>Department</i>  <i>1250 Punchbowl St</i>  <i>Room 325</i>  <i>Honolulu HI 96813</i></p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                      (Transfer from service label) <b>7010 1870 0003 3995 1022</b></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

7010 1870 0003 3995 1022

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

8-12-11

Sent To: *Director Family Director*  
 Street, Apt. No. or PO Box No.: *1250*  
 City, State, ZIP+4: *Panama, Panama*

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0003 3995 1006

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

8-12-11

Sent To: *Honolulu HI 96813*  
 Street, Apt. No. or PO Box No.: *1250*  
 City, State, ZIP+4: *Panama, Panama*

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0003 3995 1046

U.S. Postal Service  
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 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

8-15-11

Sent To: *Honolulu HI 96815*  
 Street, Apt. No. or PO Box No.: *1250*  
 City, State, ZIP+4: *Panama, Panama*

PS Form 3800, August 2006 See Reverse for Instructions