

A.

PROOF OF SERVICE BY MAIL

I MICHAEL B. WILLIAMS, HEREBY DECLARE THAT I AM A RESIDENT OF COALINGA STATE HOSPITAL, CITY OF COALINGA, COUNTY OF FRESNO, STATE OF CALIFORNIA, THAT I AM OVER THE AGE OF EIGHTEEN YEARS OLD, AND THAT I AM A PARTY TO THE WITHIN ENTITLED MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS. MY RESIDENCE/BUSINESS ADDRESS IS:

MICHAEL B. WILLIAMS, 542-1  
24511 WEST JAYNE AVENUE  
P.O. BOX 5003  
COALINGA, CA 93210-5003

THAT ON THE DATE NOTED BELOW, I SERVED THE ATTACHED DOCUMENTS:

1. MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS.

BY PLACING A TRUE COPY THEREOF IN THE UNITED STATES MAIL AT COALINGA STATE HOSPITAL, INCLOSED IN AN ENVELOPE, WITH POSTAGE FULLY PREPAID, ADDRESSED AS FOLLOWS:

OFFICE OF THE CLERK  
SUPREME COURT OF THE UNITED STATES  
1 FIRST STREET, N.E.  
WASHINGTON, DC 20543

MS. PEGGY S. RUFFRA, ESQ.  
SUPERVISING DEPTY ATTORNEY  
GENERAL  
455 GOLDEN GATE AVENUE,  
SUITE 11000  
SAN FRANCISCO, CA 94102-7004

B.

VERIFICATION

I MICHAEL B. WILLIAMS, HEREBY DECLARE UNDER THE PENALTY OF PERJURY, AND UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING ABOVE IS TRUE AND CORRECT, AND THAT THIS DECLARATION WAS EXECUTED AT COALINGA STATE HOSPITAL, CITY OF COALINGA, COUNTY OF FRESNO, STATE OF CALIFORNIA, ON MAY 30, 2018.

  
MICHAEL B. WILLIAMS, 542-1  
petitioner proceeding pro se,  
28 U.S.C. SECTION 1654