

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

Robert R. Snyder, Petitioner in Pro Se

ON PETITION FOR WRIT OF CERTIORARI

CERTIFICATE OF SERVICE

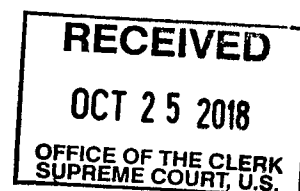
I, **Mary E. Guerrero Snyder**, certify that on **October 22, 2018**, 3 copies of a petition for Writ of Certiorari, ~~plus Exhibits and a copy of this Certificate,~~^{megs} were deposited with **USPS**, in Arcadia, California postage prepaid, to: **Supreme Court of California, 350 McAllister St., San Francisco, CA 94102**; and to the **Dept. of Justice—State of CA., Office of the Attorney General, 300 S. Spring St., Suite 1702, Los Angeles, CA 90013**,

I further certify all parties required to be served, have been served.

Dated: October 22, 2018



Mary E. Guerrero Snyder,
Mother of Petitioner in Pro Se



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of Los Angeles)
 On 10/22/18 before me, Diana Cortez, notary public,
 Date Here Insert Name and Title of the Officer
 personally appeared Mary E. Guerrero Snyder
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature _____
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Certificate of Service Document Date: 10/22/18
 Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____