

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO:		FOR COURT USE ONLY
NAME: Jeffrey G. Thomas FIRM NAME: dba Thomas Law Company STREET ADDRESS: 201 Wilshire Blvd. Second Floor CITY: Santa Monica TELEPHONE NO.: 310-650-8326 E-MAIL ADDRESS: jgthomas128@gmail.com ATTORNEY FOR (name): In Propria Persona		
STATE: CA ZIP CODE: 90401 FAX NO.:		
Supreme Court of U.S.A.		
STREET ADDRESS: One First Street N.E. MAILING ADDRESS: CITY AND ZIP CODE: Washington, D.C. 20543 BRANCH NAME:		CASE NUMBER: 19 - _____
PLAINTIFF/PETITIONER: Jeffrey G. Thomas DEFENDANT/RESPONDENT: Norman Solomon		JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE		DEPARTMENT:

1. I am at least 18 years old.
  - a. My residence or business address is (specify):  
201 Wilshire Blvd. Atrium Level, Santa Monica, California 90401
  - b. My electronic service address is (specify):  
jgthomas128@gmail.com
2. I electronically served the following documents (exact titles):  
Petition for Writ of Certiorari and Appendix to the Petition

The documents served are listed in an attachment. (Form POS-050(D)/EFS-050(D) may be used for this purpose.)

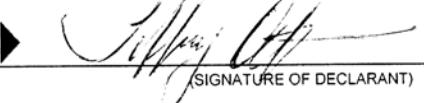
3. I electronically served the documents listed in 2 as follows:
  - a. Name of person served:  
On behalf of (name or names of parties represented, if person served is an attorney):
  - b. Electronic service address of person served :
  - c. On (date): October 21, 2019

The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. (Form POS-050(P)/EFS-050(P) may be used for this purpose.)

Date: October 21, 2019

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

JEFFREY G. THOMAS  
(TYPE OR PRINT NAME OF DECLARANT)

  
SIGNATURE OF DECLARANT

Page 1 of 1

SHORT TITLE: True Harmony v. Perry

CASE NUMBER:  
**BC546574**

**ATTACHMENT TO PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL (PERSONS SERVED)**

*(This Attachment is for use with form POS-030)*

**NAME AND ADDRESS OF EACH PERSON SERVED BY MAIL:**

Name of Person Served

Address (number, street, city, and zip code)