

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

" *IN RE [FRANK DEVILLE]*" - PETITIONER

VS.

JAMES R. BLOCH ET. AL. - RESPONDENT(S)

CERTIFICATE OF SERVICE

Frank Deville
Po Box 535
Rancho Cucamonga Ca 91729
909-921-7053

Petitioner, pro se

CERTIFICATE OF SERVICE

I, hereby certify that on the 18th of February a copy of the foregoing petition for Writ of Mandamus, Proof of Service, Motion for leave to proceed in Forma Pauperis was filed with the clerk of the court of the United States Supreme Court this would be accomplished by using United States Post Office Mail by certified mail. Notarized document Attached:

Respectfully Submitted,



Dee Deville
Po Box 535
Rancho Cucamonga , Ca. 91729
(909) 921-7053

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 San Bernardino

On Feb. 17, 2020

before me,

Jason G. Thomas, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared

Dee Deville

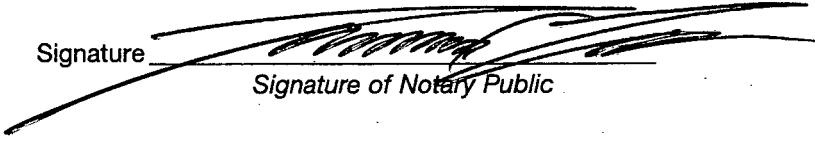
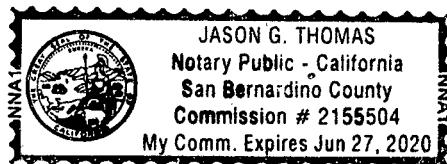
Name(s) of Signer(s)

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 DocumentTitle or Type of Document: Certificate of Service Document Date: 2-17-2020Number of Pages: 2 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: _____