

CERTIFICATE OF SERVICE

This is to inform the court the three copies of the petition were sent via postal service to the defendant's attorney on record with the US Courts of appeal 9th circuit. Attorney for Metro Health Medical Center: Tucker Ellis LLP-515 South Flower Street, Forty-Second Floor Los Angeles, CA 90071-2223, Telephone 213-430-3301 and Attorney for Case Western Reserve University: Ogletree, Deakins, Nash, Smoak and Stewart, P.C. Park Tower, Fifteenth Floor 695 Town Center Drive Costa Mesa, CA 92626. Telephone 714-800-7900.

Executed On July 6, 2021.

Peter C Benedith



Petitioner-appellant-plaintiff

819 Santee Street Apt 905

Los Angeles Ca 90014

3104830879

petenwe@yahoo.com

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

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 7/6/2021 before me, Keith Mc Gruder Notary
Public,

Date

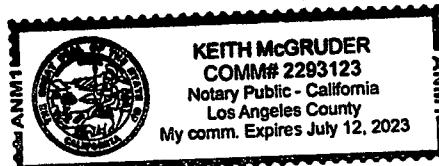
(here insert name and title of the officer)

personally appeared Peter C. Benedict

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: Keith M. Gruder (Seal)

OPTIONAL _____

Description of Attached Document

Title or Type of Document: _____ Number of Pages: _____

Document Date: _____ Other: _____