

2-17-23, Via U.S. mail, Extremely Urgent to: Chief Justice Roberts, Jr. in his capacity as Administrator & for he's forward a copy of this matter to: Associates Justices: Alson to: Scott S. Harris, Clerk: From: R.J. Kulick in Pro Per, 38122 Village 38, Camarillo, CA 93012: Your Honor Roberts, Jr., Administrator: 1) I, R.J. Kulick, declare under penalty of perjury that everything in this matter below is true & correct to the best of my knowledge & belief & abilities (suffer under ADA of 1990 with side-effects from medication(s) & lifelong Dyslexia condition-excuse typo error(s) & elderly-senior person & to do anything or go anywhere for anything an extreme medical hardship(s) due to severe & chronic pain level 8 on pain scale 1-10; take Tramadol for relief when possible from Kaiser & COVID-19 situation-taken (3) booster shots & currently confined to home & a lot of bedrest needed & have NO computer nor know how to use), Signed: R.J. Kulick *M* Dated: 2-17-23: 2) Request extension of (90) day deadline to file Motion For Leave To Proceed In Forma Pauperis in petition for writ of certiorari in USCA-9, Case#22-56092, Kulick v. Stubba, et al, request this extension either another 30 or 60 days beyond current dealine 3-14-23, please note: submitted Motion to USCA-9 on 1-9-23 in Opposition to Mandate filed 1-5-23 & as of this date have NOT rec'd USCA-9 reply: 3) On another matter, mailed you a letter dated 2-5-23 & request status on thos matter(s), ASAP: Await your & Mr. Harris written confirm of receipt of this--these matter(s), which will be greatly appreciated: Respectively/ sincerely, R.J. Kulick *M* c: party(s) of concern

MERLIN TECH PHARMACY
699 MOBL AVENUE
CAMARILLO, CA 93010-6315
(805) 388-7869
(800) 639-9322
Fax - (805) 389-8142
1:47:28PM
2/03/2023

Bill to:
MMSKULR00
KULICK, ROBERT
38122 VILLAGE 38
CAMARILLO, CA 93012-0000

Ship to:
MMSKULR00
KULICK, ROBERT
38122 VILLAGE 38
CAMARILLO, CA 93012-0000

Ship Date: 2/03/2023 Method: W/CALL
Action: ONACCOUNTS/Advice # MMS286649

| Line Item Code | Type | Quantity | Price | ID | Total |
|----------------|-----------------------|----------|--------|----|----------|
| 001 | RENTALWEEK | | | | |
| | RENTALWEEK (7DAYS) | | | | |
| | SALE | 0 | 150.00 | | 0.00 |
| | Allow/Discount | | 0.00 | | 150.00 |
| 002 | SERVICE | | | | |
| | SERVICE CALL (1 HOUR) | | | | |
| | SALE | 0 | 150.00 | | 0.00 |
| | Allow/Discount | | 0.00 | | 150.00 |
| | Thank you! | | | | \$300.00 |
| | Gift: | 0.00 | | | |
| | Cash: | 0.00 | | | |
| | Check: | 0.00 | | | |
| | Credit: | 300.00 | | | |
| | Check #: | | | | |
| | Auth #: | | | | |
| | Card #: | | | | |
| | Tax: | | | | \$0.00 |
| | Total: | | | | \$300.00 |
| | Balance: | | | | \$0.00 |
| | Change: | | | | \$0.00 |

ABSOLUTELY NO RETURNS ON ALL MEDICAL ITEMS

Signature
Register # 1
Operator ISAAC DEANE