



3-11-23, Via U.S. mail, Extremely Urgent to: Chief Justice Roberts, JR. in his capacity as Administrator & for his forward a copy of this matter to: Associate Justices: Also, 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 the 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 knowledge how to use), Signed: R.J. Kulick  Dated: 3-11-23: 2) Request extension of (90) day deadling to file Motion For Leave To Proceed In Forma Pauperis in petition for writ of certiorari in USCA-9, Case#21-55728, Kulick v. Soon-Shiong, et al, request this extension beyond current deadline 4-25-23. Please note: 3-3-23 letter to me from Mr. Harris by Ms. Nesbitt in another case matter, Kulick v. Stubba, et al, Application #22A778 in which Justice Kagan "on 3-3-23 extended time to & including 5-13-23". Await your & Mr. Harris written confirm of receipt of this matter-which will be greatly appreciated: Respectively/sincerely, R.J. Kulick  c: party(s) of concern

MERLIN TECH PHARMACY
 609 MOBIL AVENUE
 CAMARILLO, CA 93010-6315
 (805)388-7689
 (800)839-8322
 Fax - (805)388-8142
 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

Ship Date: 2/03/2023 Method: W/CALL
 Action: ONACCOUNTS Invoice #: MMS285649

Line Item Code	Type	Quantity	Price	ID	Total
001 RENTALWEEK	RENTALWEEK				
RENTALWEEK (7DAYS)					
SALE 0	SCOOTER	1.0	150.00		0.00
Allow/Discount			0.00		150.00
002 SERVICE	SCOOTER REPAIR				
SERVICE CALL (1 HOUR)					
SALE 0	SCOOTER REPAIR	1.0	150.00		0.00
Allow/Discount			0.00		150.00
Thank you!	Subtotal:				\$300.00
Gift:					0.00
Cash:					0.00
Check:					0.00
Credit:					300.00
Auth #:					
Card #:					
	Tax:				\$0.00
	Total:				\$300.00
	Balance:				\$0.00
	Change:				\$0.00

ABSOLUTELY NO RETURNS ON ALL MEDICAL ITEMS

Signature
 Register #
 Character