

Chemotherapy Transfusion Treatment at the Cancer Institute 34-36, 72-73

Treatment times: 2:00 p.m. to 5:00 p.m. and 1:15 p.m. to 4:00 p.m. ... 34-36

Three doctors and nurses 34-36

Pain doctor appointments 35-36

Primary doctor appointments 35-36

Entyre Care long term disability in home nurse visit 35-36

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ECF No. 133 38-42, 73

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ECF Nos. 177, 179, 185, 186, 187, 188, and 189 54-57, 84

PROOF OF SERVICE

I, Antonio Goodwin, do swear or declare that on this date, _____, 2026, as required by Supreme Court Rule 29, I have served the enclosed MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

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

Executed on 4-14, 2026.

Antonio Goodwin

Thank You

Antonio Goodwin

21021 Sycolin Rd

Ashburn VA 20147

**Additional material
from this filing is
available in the
Clerk's Office.**