

To: Robert F. Peckham Federal Building  
Clerk's Office 2<sup>nd</sup> floor  
280 South 1st Street, Room 2112  
San Jose, CA 95113

From: Carol Nye-Wilson  
PO Box 717  
Felton, CA 95018  
Cell: 808-756-0936  
carolnyewilson@yahoo.com

**FILED**

**APR 16 2018**

JUSANY SOONG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE

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Included:

- CERTIFICATE OF SERVICE
- CONSENT OR DECLINATION TO MAGISTRATE JUDGE JURISDICTION

**CERTIFICATE OF SERVICE**

I, Plaintiff Carol Nye-Wilson, of *Carol Nye-Wilson, v. Department of Education, United States District Court, Northern District of California, CV 18-01846 HRL* certify that I served true and correct copies of the **Complaint** and **Summons** on Defendant, the Department of Justice and the local U.S. Attorney by placing the said documents in the U.S. Mail, Certified, Return Receipt on March 31, 2018.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>U.S. Attorney's Office, Heritage Bank Building 150 Almaden Blvd, Ste 900 San Jose, CA 95113</p>  <p>(Transfer from service label) 7015 3010 0002 0749 6494</p> <p>PS Form 3811, February 2004 Domestic Return Receipt (02756-014-154)</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Carol Nye-Wilson</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>4/11/18</i></p> <p>C. Restricted Delivery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>U.S. Department of Education 400 Maryland Ave, SW Washington, D.C. 20202</p>  <p>(Transfer from service label) 7015 3010 0002 0749 6470</p> <p>PS Form 3811, February 2004 Domestic Return Receipt (02756-014-154)</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Carol Nye-Wilson</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>4/11/18</i></p> <p>C. Restricted Delivery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 11th day of April 2018, at Santa Cruz, California.

*Carol Nye-Wilson*  
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 Carol Nye-Wilson  
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