

IN THE MATTER OF  
 MARK E. WAYNANT,  
 A PERSON ALLEGED TO BE  
 UNDER DISABILITY

\* IN THE CIRCUIT COURT  
 \* FOR  
 \* FREDERICK COUNTY, MARYLAND  
 \* CASE NO. 30,068 EQUITY

\* \* \* \* \*

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

The undersigned hereby certifies that he executed service of process upon the Commissioner of Social Security Administration by mailing a copy of the summons together with a copy of the original pleadings and the Show Cause Order to the Commissioner of Social Security Administration on April 3, 1980 and that they were in fact received by him as evidenced by the signature of Joseph Hughes, Authorized Agent, on the original return receipt which is attached hereto and made a part hereof.

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct.

*David M. Guggenheim*

David M. Guggenheim  
 10 W. College Terrace  
 Frederick, Md. 21701  
 663-4300

No. 199343  
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

SENT TO		Commissioner of Social Sec	
STREET AND NO.		SECURITY BLVD	
P.O. STATE AND ZIP CODE		BALTIMORE, MD. 21235	
POSTAGE		\$47	
CONSULT POSTMASTER FOR FEES	CERTIFIED MAIL	80	c
	SPECIAL DELIVERY		c
	RESTRICTED DELIVERY		c
	RETURN RECEIPT SERVICE	55	c
	OPTIONAL SERVICES		
TOTAL POSTAGE AND FEES		\$176	
POSTMARK OR DATE		APR 3 1980	

DAVID M. GUGGENHEIM  
 ATTORNEY AT LAW  
 FREDERICK, MD. 21701  
 (301) 663-4300

PS Form 3811, Aug. 1978	● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.		
	1. The following service is requested (check one). <input checked="" type="checkbox"/> Show to whom and date delivered. _____ <input type="checkbox"/> Show to whom, date, and address of delivery. _____ <input type="checkbox"/> RESTRICTED DELIVERY Show to whom and date delivered. _____ <input type="checkbox"/> RESTRICTED DELIVERY. Show to whom, date, and address of delivery. \$ _____ (CONSULT POSTMASTER FOR FEES)		
	2. ARTICLE ADDRESSED TO: COMMISSIONER OF SOCIAL SECURITY ADMINISTRATION SECURITY BLVD. BALTIMORE, MD. 21235		
	3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. INSURED NO. _____ 199343 _____		
	I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Authorized agent <i>Joseph Hughes</i>		
	4. DATE OF DELIVERY APR 03 1980		
5. ADDRESS (Complete only if requested)			
6. UNABLE TO DELIVER BECAUSE:		CLERK'S INITIALS	

☆ GPO: 1978-272-382

*Filed May 1, 1980*