

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

NASSER AL-AULAQI.,

Plaintiff,

v.

BARACK H. OBAMA, *et al.*,

Defendants.

No. 10-cv-1469 (JDB)

**DECLARATION OF SERVICE OF PROCESS  
ON DEFENDANT BARACK H. OBAMA**

I, Arthur B. Spitzer, hereby certify that I am more than 18 years of age and not a party to this action. I further certify that I personally made service of process upon defendant Barack H. Obama, President of the United States, by mailing a copy of the Summons and Complaint in this action to him at The White House, 1600 Pennsylvania Avenue, N.W., Washington, D.C. 20500, on Monday, August 30, 2010. Attached hereto is a copy of the U.S. Postal Service return receipt showing delivery on September 10, 2010.

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

Executed this 14th day of October, 2010.

*/s/ Arthur B. Spitzer*

Arthur B. Spitzer (D.C. Bar No. 235960)  
American Civil Liberties Union of the Nation's Capital  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X THE WHITE HOUSE</b> <input type="checkbox"/> Agent  <span style="margin-left: 150px;"><b>Washington</b></span> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:  President Obama  The White House  1600 Pennsylvania Ave NW  Washington, DC 20500</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery  <span style="float: right;"><b>SEP 1 2010</b></span></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7007 2560 0002 3549 7128</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	