

Exhibit 1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

LARRY KLAYMAN, *et. al*

Plaintiffs,

v.

BARACK HUSSEIN OBAMA II, *et. al*

Defendants.

Civil Action No. 13-cv-851

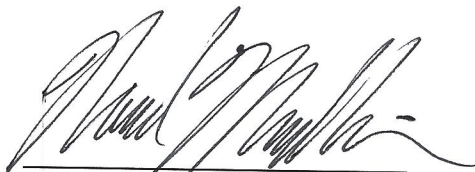
AFFIDAVIT OF NAVEED MAHBOOBIAN

1. My name is Naveed Mahboobian, I am over 18 years old. I am an adult citizen of the United States. I have personal knowledge of the facts stated in this affidavit.
2. On September 25, 2013 I served copies of the Summons and Complaint for *Klayman v. Obama* (No. 13-cv-851) via the United States Postal Service Certified Mail upon the following individuals:
 - A) President Barack Obama
 - B) Attorney General Eric Holder
 - C) The United States Justice Department
 - D) The National Security Agency
 - E) Keith B. Alexander
 - F) The Honorable Roger Vinson
 - G) Lowell McAdam
 - H) Verizon Communications

3. Domestic Return Receipts were received for all individuals identified in Paragraph 2 except for the Honorable Roger Vinson and Verizon Communications. Copies of the Certified Mail Receipts and their respective Domestic Return Receipts have been attached as "Attachment A" to this affidavit.

Sworn under penalty of perjury.

Dated: February 20, 2014

A handwritten signature in black ink, appearing to read 'Naveed Mahboobian', written over a horizontal line.

Naveed Mahboobian

Attachment A

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20500

7008 1140 0002 6954 9680

Postage	\$	\$1.92	0411
Certified Fee		\$3.40	01
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.57	09/25/2013



Sent To: **BARACK HUSSEIN OBAMA II,**
 Street, A: **1600 Pennsylvania Ave. NW**
 or PO Box: **Washington, DC 20500**
 City, State, ZIP+4: _____

PS Form _____ Actions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BARACK HUSSEIN OBAMA II,
 1600 Pennsylvania Ave. NW
 Washington, DC 20500

2. Article Number

(Transfer from service label)

7008 1140 0002 6954 9680

COMPLETE THIS SECTION ON DELIVERY

Article to: **THE WHITE HOUSE OFFICE**
XWASHINGTON, D. C. 20500
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 OCT -8 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20530

7008 1140 0002 6954 9727

Postage	\$	\$1.92	0411
Certified Fee		\$3.10	01
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.57	09/25/2013

Sent To: ERIC HIMPTON HOLDER, JR.,
 Street, Ap or PO Box: 555 Fourth St. NW
 City, State: Washington, DC 20530

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>OCT 02 2013</p>
<p>1. Article Addressed to:</p> <p>ERIC HIMPTON HOLDER, JR., 555 Fourth St. NW Washington, DC 20530</p>	<p>3. Service Type</p> <p><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>7008 1140 0002 6954 9727</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20530

7008 1140 0002 6954 9697

Postage	\$	\$1.92	0411
Certified Fee		\$3.10	01
Return Receipt Fee (Endorsement Required)		\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.57	09/25/2013

Sent To THE U.S. DEPARTMENT OF JUSTICE,
 Street, Ap. or PO Box 950 Pennsylvania Ave. NW
 City, State Washington, DC 20530

PS Form

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THE U.S. DEPARTMENT OF JUSTICE,
 950 Pennsylvania Ave. NW
 Washington, DC 20530

2. Article Number

(Transfer from service label)

7008 1140 0002 6954 9697

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Early Lane

09/25/2013

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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FORT GEORGE G MEADE MD 20755

Postage	\$	\$1.92	0411
Certified Fee		\$3.10	01
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.57	09/25/2013



7008 1140 0002 6954 9710

Sent To
 NATIONAL SECURITY AGENCY,
 Director of the National Security Agency,
 9800 Savage Rd.
 Fort Meade, MD 20755

PS Form

uctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NATIONAL SECURITY AGENCY,
 Director of the National Security Agency,
 9800 Savage Rd.
 Fort Meade, MD 20755

2. Article Number

(Transfer from service label)

7008 1140 0002 6954 9710

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

RECEIVED
 SEP 20 2013
 IN MAIL CENTER

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

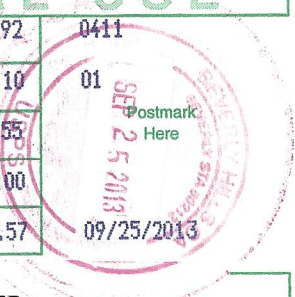
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

FORT GEORGE G MEADE MD 20755

7008 1140 0002 6954 9734

Postage	\$ 1.92	0411
Certified Fee	\$ 3.10	01
Return Receipt Fee (Endorsement Required)	\$ 2.55	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.57	09/25/2013



Sent To
 KEITH B. ALEXANDER
 Director of the National Security Agency,
 9800 Savage Rd.
 Fort Meade, MD 20755

PS Form

ctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>1. Article Addressed to:</p> <p>KEITH B. ALEXANDER Director of the National Security Agency, 9800 Savage Rd. Fort Meade, MD 20755</p>	<p>RECEIVED SEP 20 2013 IN MAIL CENTER</p>
<p>2. Article Number (Transfer from service label)</p> <p>7008 1140 0002 6954 9734</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>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NEW YORK, NY 10007

7008 1140 0002 6954 9673

Postage	\$	\$1.72	0411
Certified Fee		\$3.10	01
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.37	09/25/2013

OFFICIAL USE

Postmark Here

Sent To
 Street, A. or PO Box
 City, State
 PS Form _____

LOWELL C. McADAM,
 Chief Executive Officer of Verizon
 Communications
 140 West Street
 New York, NY 10007

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOWELL C. McADAM,
 Chief Executive Officer of Verizon
 Communications
 140 West Street
 New York, NY 10007

2. Article Number

(Transfer from service label)

7008 1140 0002 6954 9673

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Lecton* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20530

7008 1140 0002 6954 9703

Postage	\$	\$1.92	0411
Certified Fee		\$3.10	01
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.57	09/25/2013



Sent To: ROGER VINSON,
 Judge, U.S. Foreign Intelligence
 Surveillance Court
 950 Pennsylvania Ave. NW
 Washington, DC 20530

PS Form _____ tions

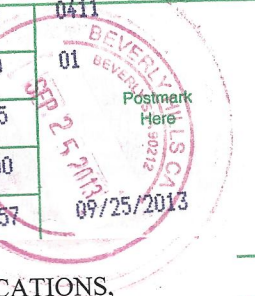
U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NEW YORK NY 10007

7008 1140 0002 6954 9666

Postage	\$	\$1.92	0411
Certified Fee		\$3.10	01
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.57	09/25/2013



Sent To: VERIZON COMMUNICATIONS,
 140 West Street
 New York, NY 10007

PS Form _____ tions