From: First and Last Name (Not in all CAPS)

Street Address (Not in all CAPS, no abbreviations)

City, Washington (Not in all CAPS, no abbreviations) [zip code] TDC  
Phone Number (Optional)

Email (Optional, if you choose to send a PDF copy by email)

To: FIRST AND LAST NAME (In all CAPS)

TITLE/POSITION OF DEPARTMENT/OFFICE

COMPANY/GOVERNMENT AGENCY

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER (Optional)

EMAIL (Optional, if you choose to send a PDF copy by email)

Date: September 13, 2021

Regarding: “Covid-19 policies”

**COURTESY NOTICE**

**READ CAREFULLY**

On September 1, 2021, I sent to you personally, and to all your subordinates, and your or their replacements, successors, substitutes and agents, my LAWFUL NOTICE AND DEMAND and NOTICE OF VIOLATIONS via registered mail (tracking number), giving you ten (10) days to respond regarding any and all “Covid-19” “policies”, “orders”, or “mandates” (such as “guidelines” for “physical distancing”, masking, testing, tracking, or “vaccinations”, etc.).

You were noticed that you are **required to** **provide proof of your lawful authority** (in proper compliance with governing law pursuant to the Washington State Constitution and the Constitution for the united States of America) to enforce any health “policy”, “order”, “mandate” or “guideline” upon me, and you were **demanded to** **cease and desist immediately** unless and until you provide proof of your lawful authority in this matter. You were also warned that you will lose any “immunity” and you will be held **fully responsible** for any unlawful actions which violate any of my rights and **personally liable** for any damages which result from any violations. I have enclosed copies of the original LAWFUL NOTICE AND DEMAND and NOTICE OF VIOLATIONS for your convenience.

As of the date of this COURTESY NOTICE, I have not received your response. Therefore, as a courtesy, I am offering you **additional three (3) days** from your receipt of this COURTESY NOTICE to respond to my LAWFUL NOTICE AND DEMAND and NOTICE OF VIOLATIONS. Your response must be in **affidavit form**, under your full liability, that the facts contained therein, are true, correct, complete and not misleading. It is a well-known maxim of law that truth is expressed in the form of an affidavit. Unsworn declarations are insufficient, as   
unsworn declarations permit lying by omission, which no honorable draft may contain.

Thank you for understanding that you have an obligation to timely respond. **“Silence” will result in your acquiescence and tacit agreement that you do NOT have lawful authority in this matter.**

**“Tacit”** is defined by ***Ballentine***’***s Law Dictionary***, Third Edition, page 1252: “*Silent; not expressed; implied;”* and by ***Bouvier***’***s Law Dictionary***, 14 Edition, Vol II, page 576: “*That which although not expressed, is understood from the nature of the thing or from the provision of the law; implied;”* and by ***Black***’***s Law Dictionary***, Fourth Edition: “*Existing, inferred, or understood without being openly expressed or stated, implied by silence or silent acquiescence, understood, implied as tacit agreement, a tacit understanding.”* See, ***State v. Chadwick,*** 150 Or. 645, 47 P.2d 232, 234 (1935).

With explicit reservation of all my unalienable and constitutionally protected rights (Article 4:2:1), and any other rights, privileges, or immunities that I may have, with none waived, and without prejudice.

Very Truly,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name, One of We the People Date

In Pro Per, In Sui Juris

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature #1 Witness signature #2

Enclosures:

LAWFUL NOTICE AND DEMAND

NOTICE OF VIOLATIONS

CC: FIRST AND LAST NAME (In all CAPS)

TITLE/POSITION OF DEPARTMENT/OFFICE

COMPANY/GOVERNMENT AGENCY

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER (Optional)

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