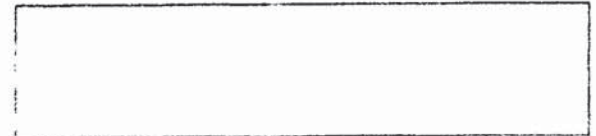


**EXHIBIT 1**

61-1125539-1 042-68-4425 M 09-04-61



(Do Not Write in the Above Space)



61-1125539-1 50 01128-000350

BARACK HUSSEIN OBAMA

2-02



If you have already reached age 26 or will do so in the current calendar year, you are no longer required to notify Selective Service of any future changes of address or changes to any other items on your registration record.

Change of Information Form

Use this form to report changes to your registration information. If you are changing your name, you must provide a copy of your driver's license or other identification. If you are changing your address, you must provide a copy of your utility bill or other proof of residence. If you are changing your date of birth, you must provide a copy of your birth certificate. If you are changing your date of registration, you must provide a copy of your previous registration card. If you are changing your date of completion, you must provide a copy of your previous registration card. If you are changing your date of expiration, you must provide a copy of your previous registration card. If you are changing your date of expiration, you must provide a copy of your previous registration card.

GPO U.S. GOVERNMENT PRINTING OFFICE: 2010-614-125-25011 SSS Form 3B (May 07)

(Print along dotted line.)



Dear Registrant:

Please keep this letter as legal proof of your registration. Or, you may keep only the wallet-sized registration acknowledgment provided below for your convenience.

Use the top portion of this letter to update and or correct your information. Please review it carefully. Mark through any mistakes and write in the correct information. If you made any changes, cut off the top portion of this letter, and mail it to the Selective Service System using the envelope provided. **If your information is correct, do not return this form.** However, when any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may go to [www.sss.gov](http://www.sss.gov).

**FOR NON-IMMIGRANT ALIENS:** If you are on a valid visa and believe that you were registered in error, send this entire form and a copy of your I-94, I-95A, or Border Crossing Card (DSP-150) to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-1638.

If you have questions about the Selective Service System, call 1-877-688-6886.

Thank You!

Registration Acknowledgment

**SELECTIVE SERVICE NUMBER**

61-1125539-1 09-04-61

BARACK HUSSEIN OBAMA

SECRETARY OF RECORDS

042-68-4425

Lawrence G. Romo

Registrant and registrant's name are your proof of having registered.

**EXHIBIT 2**

# Social Security Number Verification System (SSNVS)



## SSN Verification Results

Employer's EIN  
 Records Submitted 1  
 Failed 1  
 Verified Records 0

The following table displays your submitted results. The first column indicates if the submitted record verified, failed or employee is deceased. The first five digits of the SSN will be masked for verified records and records with a verification results code of 2, 3, 4 or 6.

Verification Results  
 Failed  
 Deceased  
 Verified

- Failed** - Data does not match Social Security Administration's records. Select [View Details](#) for more information.
- Deceased** - Data matches Social Security Administration's records, and our records indicate that the person is deceased. For more information, please contact our general SSA information line at 1-800-772-1213 (TDD/TTY 1-800-325-0778) or your local Social Security field office. Select [View Details](#) to find the office nearest you.
- Verified** - Data matches Social Security Administration's records.

Results	SSN	First Name	Middle Name	Last Name	Suffix	Date of Birth	Gender	Verification Results
	999999999					MMDDYYYY	F/M	
	042684425	BARACK	-	OBAMA	-	08041961	M	

Verification Results	
Code	Description
1	SSN not in file (never issued)

Have a question? Call 1-800-772-6270 Mon - Fri 7AM to 7PM Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call 1-800-325-0778

**EXHIBIT 3**



Home | About Us | Contact Us | Help

Verify a Degree or Past Attendance

Help  
Legal



(Requires  
Adobe Acrobat  
Reader)

Acrobat  
Reader

We have successfully completed your verification request. If you have any questions, see our

Abbreviated View      Expanded View

Transaction ID:  
Requested By: ORLY TAITZ  
Status:  
Fee: \$10.00  
Credit Card Order#: 6672402  
Credit Card Confirm: dr\_taitz@yahoo.com  
Email:

Date Requested: 03/06/2011 11:26 EST  
Date Notified: 03/06/2011 11:26 EST

Subject Name:      *First Name*      *Middle Name*      *Last Name*  
Name Used While Attending School:      *First Name*      *Middle Name*      *Last Name*  
(if different from above)  
Date of Birth:      *mm/dd/yyyy*  
School Name:  
Attempt To:

Name On School's Records:  
Date Awarded:  
Degree Title:  
Official Name of School:  
Major Course(s) of Study:  
Dates of Attendance: