

EXHIBIT 1

SELECTIVE SERVICE NUMBER	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	LAST ACTION DATE
61-1125539-1	042-68-4425	M	08-04-61	



(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

If any information shown is incorrect, make corrections, sign, and return this top portion to: Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is OMB-3240-0003.

TODAY'S DATE

SIGNATURE OF REGISTRANT

GPO U. S. GOVERNMENT PRINTING OFFICE: 2010-634-135/20001 SSS Form 3B (May-07)

(Cut 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.

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 60094-4638.

If you have questions about the Selective Service System, call 1-847-688-6888.



Thank You!

Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

Registration Acknowledgment

SELECTIVE SERVICE NUMBER	DATE OF BIRTH
61-1125539-1	08-04-61
NAME AND CURRENT MAILING ADDRESS	
BARACK HUSSEIN OBAMA	
SIGNATURE OF REGISTRANT	

SSS Form 3A (May-07)

SOCIAL SECURITY NUMBER	LAST ACTION DATE
042-68-4425	

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

DATE

Lawrence G. Romo
Lawrence G. Romo

EXHIBIT 2

Social Security Number Verification System (SSNVS)



SSNVS Help

SSN Verification Results

Employer's EIN: 1
 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.

- **Failed** - Data does not match Social Security Administration's records. Select [What to do if an SSN fails to verify](#) 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 [Field Office Locator](#).
- **Verified** - Data matches Social Security Administration's records.

Results	SSN	First Name	Middle Name	Last Name	Suffix	Date of Birth	Gender	Verification Results
Failed	042684425	BARACK	-	OBAMA	-	08041961	M	1

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

<https://secure.ssa.gov/apps12/SSNVS/InteractiveVerification.do>

EXHIBIT 3



SOCIAL SECURITY

June 27, 2011

Dr. Orly Taitz, Esq.
Defend Our Freedoms Foundation
29839 Santa Margarita Parkway
Suite 100
Rancho Santa Margarita, CA 92688

Dear Dr. Taitz:

This is in response to your Freedom of Information Act (FOIA) request dated October 4, 2010, in which you requested the dates for the Form SS-5 revisions.

Although we previously responded that FOIA does not require agencies to answer questions or do research in order to respond, we created a document in response to your FOIA request that provides the information you requested. I have enclosed the document showing dates for the Form SS-5 revisions. In addition, we are providing another copy of Stanley Ann Dunham's SS-5, which shows a clearer revision date.

We hope you find this information useful.

Sincerely,

Dawn S. Wiggins
Freedom of Information Officer

Enclosures

Versions of Form SS-5

1	1936: First version
2	9/42
3	7/56
4	7/69
5	10/69
6	2/73
7	7/74
8	9/75
9	1/76
10	11/77
11	2/78
12	5/78
13	8/78
14	11/78
15	8/79
16	9/79
17	10/80
18	2/81
19	10/81
20	7/82
21	11/82
22	1/83
23	8/83
24	1/84
25	5/84
26	8/84
27	1/85
28	8/85
29	10/86
30	11/86
31	2/87
32	2/88
33	3/88
34	5/88
35	9/89
36	2/98
37	3/2001
38	11/2002
39	9/2003
40	10/2003
41	12/2005
42	5/2006
43	8/2009

REGION COMPLETED APPLICATION
INTERNAL SOCIAL SECURITY
ADMINISTRATION DISTRICT OFFICE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-40-8522

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "DON'T KNOW"

PRINT NEWBORN CHILD'S FULL NAME FIRST NAME MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL DRAW A LINE) LAST NAME

1 STANLEY ANN DUNHAM

2 3206 E. LEXINGTON MERCEER IS., WASH. PRINT FULL NAME GIVEN YOU AT BIRTH STANLEY ANN DUNHAM

3 10 DATE OF BIRTH MONTH DAY YEAR NOVEMBER 29, 1942 4 WICHITA PLACE OF BIRTH (CITY) COUNTY STATE KANSAS

5 STANLEY ARMOUR DUNHAM MOTHER'S FULL NAME BEFORE EVER MARRIED, IN REGARDLESS OF WHETHER LIVING OR DEAD 6 MADELYN LEE PAYNE

7 X MARK (X) WHICH ONE YOU NEED (OR BOTH) 8 X MARK (X) WHICH (IF OTHER, SPECIFY) YES NO DON'T KNOW
FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?

9 unemployed 10 IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN 11 STATE DAD
ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT ACCOUNT NUMBER

12 1951 13 Stanley Ann Dunham 14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)

DO NOT WRITE IN THIS SPACE
6760

ANN

D

(STATE)

PRINT FULL NAME GIVEN YOU AT BIRTH

D.C., WASH.³

STANLEY ANN DUNN

(YEAR)

PLACE OF BIRTH (CITY) (COUNTY)

1942

8 WICHITA

MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF

M

8 MADELYN LEE PA

R. SPECIFY)

HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MAR YES NO

IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN STATE

11

(STATE)

ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT

OUR NAME AS USUALLY WRITTEN (DO NOT PRINT)

Stanley Ann Dunham

REVENUE SERVICE (Revised 7-50)

(R)

PLACE OF BIRTH (CITY)

42

8

WICHITA

MOTHER'S FULL NAME BEFORE (EVER MARRIED)

8

MADELYN L

(FY)

HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?

11

IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN

(ATE)

ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT

NAME AS USUALLY WRITTEN (DO NOT PRINT)

Handwritten signature

ARMED SERVICES (REVISED 7-50)

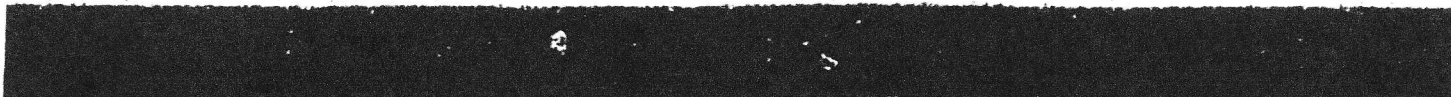


EXHIBIT 4

These are 161 typed characters selected from Obama's birth certificate that do not match each other for style or size.

AAAAEEHHHKKMM
RRSSSUUaaaaaaa
aaaaaaa.aaaa
ccceeeeffgg
iiiiiiiiiiii
llllllllnnnn
nnnnnnnnnoooo
ooooooprrrr
ssssttttttt
uuuuuuuuuuww
yyyyy 11122,99999

Handwritten signature

AAEEKKMM

RRSSUUss

aaaaaa cc

ee ff gg ii

llnnpprr

tttttttt

uuyy ll22

Handwritten signature

BARACK HUSSEIN OBAMA, II

Male August 4, 1961 724 P

Honolulu Oahu

Kapiolani Maternity & Gynecological Hospital

Honolulu Oahu Honolulu, Hawaii

6085 Kalaniana'ole Highway

BARACK HUSSEIN OBAMA African

25 Kenya, East Africa Student University

STANLEY ANN DUNHAM Caucasian

18 Wichita, Kansas None

Paul H. H.

AAEEKKMM
RRSSUU Sa
aaaaaa cc
ee ff gg ii
ll nn pp rr
tttttttt
yy ll 22

Handwritten signature

These are selected letter
comparisons from
Obama's birth certificate.
If all the letters are from the same
typewriter ... why don't
they match? It appears that it
was put together with letters from
different sources ...
and this means it's a FORGERY

AA EE KK MM
RR SS UU ss
aaaaaa cc
ee ff gg ii
ll nn pp rr
tttttttt
uu yy ll 22

s s s s s s s

Difference in the lower case "t"

t t t t t t t

Eight different "t"s found.

A A A S S S R R

144 146 203 151 201 172 193

Differences in size angle and width

u u e e r r

nce in the lower case "t"

t t t t t t

: different "t"s found.

A S S I I N

203 151 201 172 193

in size anala and width

State of Florida
County of Palm Beach
this 9th day of June 2011

Michael Gerlick

Michael Gerlick

MICHAEL GERLICK
Notary Public, State of Florida
My Comm. Expires Nov. 29, 2013
No. DD943069

EXHIBIT 5

WALTER SCOT ROOPER CORN LEE EMMONS
 HARRIS STONE
 WALTER SCOT ROOPER CORN LEE EMMONS
 HARRIS STONE
 WALTER SCOT ROOPER CORN LEE EMMONS
 HARRIS STONE

Form 40-4 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

222-24

1. FULL NAME YOU WERE YOUR PRESENT EMPLOYER OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED: **Walter S. Rust**
 2. MAILING ADDRESS (NO. AND ST. P. O. BOX, OR R.F.D.): **HARRINGTON, DE. DEL.**
 3. CITY (COUNTY) (STATE): **HARRINGTON, DE. DEL.**
 4. AGE ON LAST BIRTHDAY: **87**
 5. DATE OF BIRTH (MONTH) (DAY) (YEAR): **APR 20 1887**
 6. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **DELAWARE**
 7. FATHER'S FULL NAME, REGARDLESS OF WHETHER ALIVE OR DEAD: **WALTER SCOT ROOPER**
 8. MOTHER'S FULL NAME, REGARDLESS OF WHETHER ALIVE OR DEAD: **EMMONS**
 9. NAME (S) WHICH: MALE FEMALE
 10. COLOR (MARK (S) WHICH (S) OTHER SPECIFY): **WHITE**
 11. HAVE YOU EVER BEFORE APPLIED FOR OR MADE SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO
 12. BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED": **Self Employed**
 13. EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (COUNTY) (STATE):
 14. IF ANSWER TO "11" YES, PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN:
 15. ALSO PRINT YOUR ALLEGED SOCIAL SECURITY NUMBER IF YOU KNOW IT:
 TODAY'S DATE: **3/15/60**
 SIGN AND NAME AS EMPLOYER (PRINT):
 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE.

Form 40-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

431-80-7434

1. FULL NAME YOU WERE YOUR PRESENT EMPLOYER OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED: **John Thomas McLeMorr**
 2. MAILING ADDRESS (NO. AND ST. P. O. BOX, OR R.F.D.): **62655 Marana Ave.**
 3. CITY (COUNTY) (STATE): **Marana, AZ**
 4. AGE ON LAST BIRTHDAY: **87**
 5. DATE OF BIRTH (MONTH) (DAY) (YEAR): **11/20/73**
 6. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **Gray Rock Franklin Texas**
 7. FATHER'S FULL NAME, REGARDLESS OF WHETHER ALIVE OR DEAD: **Marion F McLeMorr**
 8. MOTHER'S FULL NAME, REGARDLESS OF WHETHER ALIVE OR DEAD: **Lucy V Hutchins**
 9. NAME (S) WHICH: MALE FEMALE
 10. COLOR (MARK (S) WHICH (S) OTHER SPECIFY): **WHITE**
 11. HAVE YOU EVER BEFORE APPLIED FOR OR MADE SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO
 12. BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED": **Self Employed**
 13. EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (COUNTY) (STATE):
 14. IF ANSWER TO "11" YES, PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN:
 15. ALSO PRINT YOUR ALLEGED SOCIAL SECURITY NUMBER IF YOU KNOW IT:
 TODAY'S DATE: **3/15/60**
 SIGN AND NAME AS EMPLOYER (PRINT):
 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE.

EXHIBIT 6

Dr. Orly Taitz, Esq.
29839 Santa Margarita Parkway, STE 100
Rancho Santa Margarita CA 92688
Tel: (949) 683-5411; Fax (949) 766-7603
E-Mail: dr_taitz@yahoo.com

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Dr. Orly Taitz, Esquire, Pro Se,)	
Plaintiff)	
)	
)	Civil Action:
v.)	
)	
Barrack Hussein Obama,)	
Defendant)	

Affidavit of John N. Sampson

1. My name is John N. Sampson. I am over 18 years of age, am of sound mind and free of any mental disease or psychological impairment of any kind or condition.
2. I am a citizen of the United States of America. I am 59 years old, and was born in Jackson Heights, Queens, New York and raised in the State of New York.
3. I am the Chief Executive Officer, Owner, and Operator, of CSI Consulting and Investigations LLC, a consulting and private investigative firm registered with the Secretary of State of Colorado as a Limited Liability Company pursuant to the laws of the State of Colorado. The company was formed in the State of Colorado on January 2, 2009 and is in good standing with the Secretary of State of Colorado. Colorado does not have any licensing requirements or provisions for private investigators.
4. I am a retired Senior Deportation Officer of the United States Department of Homeland Security, Immigration and Customs Enforcement (ICE), having retired after 25 plus years of credible federal service, on August 30, 2008. (See Exhibit "A", attached)

5. As a result of my former employment, and in furtherance of my current employment, I have appeared as an expert witness in numerous courts throughout the United States, having been admitted as an expert witness in the areas of immigration law, immigration enforcement, immigration fraud, immigration marriage fraud, visa fraud, Violence Against Women Act fraud, and as a forensic document analyst. The States in which I've testified as an expert witness include Colorado, New York, Arizona, Florida, Nebraska. I have also been endorsed as an expert witness relating to the aforementioned areas in California, Massachusetts, and Florida.

6. I have personal knowledge of all of the facts and circumstances described herein below and will testify in open court to all of the same.

7. From my personal experience having dealt with the verification of social security numbers being used by illegal aliens in violation of law, when there is a need for verification of the legitimacy of a Social Security number, certain information can be, and is routinely, obtained from the Social Security administration on questionable social security numbers that is permitted to be released under the Privacy Act. This information is of non identifying nature and includes, but is not limited to:

- a. The exact date that the social security number in question was issued;
- b. The zip code to which the Social Security number card was mailed to;
- c. The age of the applicant at the time they applied for the Social Security number in question.
- d. The gender of the applicant who applied for the Social Security number in question.

8. While this information does not provide the identity of the account holder which is Privacy Act protected, it is beneficial in determining if a suspect social security number is being used fraudulently or being misused by someone other than the rightful account holder without violating the provisions of the Privacy Act. If the Social Security Administration should refuse to provide the requested information, a court order directing the release of the aforementioned non identifying information would be useful and beneficial in determining if a particular social security number was being misused in violation of Title 42 United States Code, Section 408(a)(7)(B), a felony cognizable under the laws of the United States.

9. I swear under the penalties of perjury that all the facts stated and circumstances described above are true and correct to the best of my knowledge and belief.

10. I have not been compensated for making this affidavit.

Further, Affiant sayeth not.

Signed and executed in Strasburg, Colorado on this 23rd day of September, 2010.

By: John N. Sampson
John N. Sampson

Signed and subscribed to this 23rd day of September, 2010 in Strasburg, Adams County, State of Colorado.

Shirley Haggerty
Notary Public Adams County, Colorado my commission expires 1-11-11





U.S. Immigration
and Customs
Enforcement

AUG 22 2008

Mr. John Sampson
Office of Detention and Removal Operations
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
Denver Field Office
4730 Paris Street
Denver, CO 80239

Dear Mr. Sampson:

On the occasion of your retirement after more than 25 years of service, I would like to take this opportunity to express my sincerest appreciation and best wishes.

In the course of your dedicated service to the Immigration and Naturalization Service and your time with the Department of Homeland Security, U.S. Immigration and Customs Enforcement, we have seen many changes and accomplishments and you have contributed significantly to those. Your expertise and professionalism were displayed in all aspects of your work.

You have distinguished yourself through the years and you should feel proud of your lasting accomplishments. Your knowledge and dedication will be greatly missed, but know that the program and agency have benefited greatly because of your work and numerous contributions.

On behalf of the Office of Detention and Removal Operations, I extend our most sincere appreciation. We wish you all the best in your future endeavors and much happiness for you and your family.

Sincerely,

A handwritten signature in black ink, appearing to read "James T. Hayes, Jr.", written over a circular stamp or seal.

James T. Hayes, Jr.
Acting Director