

STATE MS. - DESOTO CO.

AUG 13 3 28 PM '98, - COUNTY RECORDER

BK 1 PG 396  
W.E. DAVIS CH. CLK.

Department of Health & Human Services  
 Social Security Administration  
 Office of Central Operations  
 Baltimore, Maryland 21235  
 Certified Mail # P356420547

re: NOTIFICATION OF REVOCATION OF SIGNATURE, and Rescission/Termination of Contract, quasi-Contract, Agreement, Implied Consent or Power of Attorney Within the Jurisdiction and/or Uniform Commercial Credit Codes/Laws.

Dear Sir/Madam;

The purpose of this letter is to give you and your office NOTICE of my election to Revoke my signatures on any and all Documents and Things in your possession, custody and/or control and/or the possession, custody and/or control of any other Department, Agency, Administration and/or Division of the Federal, State and/or Municipal governments and/or their political subdivisions; and of my election to Rescind, Terminate, Extinguish, and render Null and Void for any purpose whatsoever, any Contract, quasi-Contract, Agreement, Implied Consent and/or Power of Attorney which I may have entered into or given to you, your Department and/or its predecessors, and/or any other Department, Agency, Administration and/or Division of the Federal, State and/or Municipal governments and/or their political subdivisions as those Contracts, quasi-Contracts, Agreements, Implied Consents and/or Powers of Attorney were obtained as the result of Fraud, Deception, Undue Influence and/or Concealment of the material facts relevant to a meeting of the minds, and make those Contracts, quasi-contracts, Agreements, Implied Consents and/or Powers of Attorney, voidable and terminable upon my discovery and election.

I understand that such an election for remedy requires a NOTICE of my election and the grounds therefore, which grounds are set forth hereunder and incorporated herein as though fully set forth by this reference.

At the approximate age of 10 years, as your records will reflect, I did apply for and receive, from the Department of Health, Education and Welfare (now Health and Human Services), Social Security Administration; Social Security Account Number 486-76-4951; however, the application for and acceptance of that number was not made/done after a full and honest disclosure by anyone in the Department of Health, Education and Welfare, and/or the Social Security Administration, or any responsible Individual, Person or Entity, private or governmental, of the terms, conditions and status I would be called upon to accept; nor was it knowingly, intelligently, and voluntarily sought, for those reasons.

At the time of my application, I was incompetent, by way of age, to enter into any Contract/Agreement with, or grant an implied Consent/Power of Attorney to, any individual, Person or Entity. I was informed, by a person or persons whose knowledge I had no reason to doubt or question, that I must apply for and receive such a number in order to obtain a job.

I was not informed by any person or persons, at that time, or at any time thereafter, that I was not required to apply and/or accept such a Number in order to obtain work in any occupation or profession of common right in the community.

Further, I was not informed that application for and/or acceptance of the Number would subject me to the Jurisdiction and Operation of Admiralty/Maritime/Merchant and/or International Law, or the Uniform Commercial Credit Code.

Nor was I informed by any responsible person, or by the application, or the card bearing the Number, that application for or acceptance of the Number, or any other such license, Insurance, Benefit, Privilege, Franchise, Etc, would subject me to the Jurisdiction and Operation of the Internal Revenue Code of 1954, its predecessors and amendments, the Department of Treasury, Internal Revenue Service, and/or any other Local, Municipal, State and/or Federal/International Department, Agency, Office, Officer, Agent and/or Employee.

Had I been so informed, I would NOT have made such an application, nor would I have accepted such a Number, License, Insurance, Benefit, Privilege, Franchise, Etc., if it was offered, as I intended then, as I do now, to always remain in full ownership, possession and enjoyment of my Original, Natural Status of "Freeman", and of my Unalienable/Inalienable Rights as recognized and secured by the United States Constitution and Bill of Rights, and the Constitution and Bill of Rights of the State which I inhabit, as well as the Universal Declaration of Human Rights.

I refute any and all claims that the Fraud, Deception, Undue Influence and/or Concealment of facts which was/were practiced upon me may have been innocent errors of knowledge, on the part of the person or persons who informed me that possession of the License and/or Number or other Identifier was required. Those who administer rules, regulations, policies, statutes and laws cannot claim ignorance of those same rules, regulations, policies, statutes and laws which they themselves created. I do not choose to continue to perform pursuant to and/or under Contracts, quasi-Contracts/Agreements/Implied Consents and/or Powers of Attorney which I consider to be illegal and immoral, as I am accountable to my Creator for my Birthright. I DO NOT wish to suffer the consequences His justice would mete to me for knowingly and voluntarily relinquishing my Rights, Duties and Responsibilities.

Therefore, by this NOTICE I am revoking my signature on any and all Documents and Things which you or your Department or Administration may have in your possession, custody and/or control which indicate, represent and/or establish any Contract, quasi-Contract, Agreement, Implied Consent and/or Power of Attorney entered into or given by me to you, your Department or Administration, and/or its predecessors.

By this NOTICE I am Rescinding, Terminating, Extinguishing and rendering Null and Void for any purpose whatsoever, any and all Contracts,

quasi-Contracts, Agreements, Implied Consents and/or Powers of Attorney entered into or given by me to you, your Department or Administration and/or its predecessors.

Further, I am requiring of you and your Department or Administration, Agencies, Commissions and/or Divisions, and/or the Agents, Officers and/or employees thereof, under the authority of the Ethics in Government Act, P.L. 96-303, the Freedom of Information Act and the Privacy Act, that within thirty (30) days of your receipt of this NOTICE, that my previous Account Number be nullified; and written response made to me reporting full Recision, Extinguishment and Termination of any contractual relations between us, thereby restoring the Status Quo as it existed prior to the date of my application.

This NOTICE serves as my Unconditional Waiver of Any Right, Title or Claim I may now have or may ever have against you or your Department or Administration, Agencies, Commissions, and/or Divisions, and/or Administrators, Commissioners, Agents, Officers and/or Employees thereof, for any Benefit I may have previously been entitled to receive. Henceforward, I will proceed as a Self-governing, Self-responsible, Free and Natural Individual, subject only to God and such restrictions upon my Rights as are set forth in the united States Constitution and the Bill of Rights, and the Constitution and Bill of Rights of the State which I inhabit, and the Common Law.

Pursuant to 28 USC 1746(1) and executed "without the United States", I affirm under penalty of perjury under the laws of the united States of America that the foregoing is true and correct, to the best of my belief and knowledge.

I now affix my signature and official seal to all of the above affirmations WITH EXPLICIT RESERVATION OF ALL RIGHTS AND WITHOUT PREJUDICE UCC 1-207.

Angel Hueppauff  
Signature

August 13, 1998  
Date

Angel Hueppauff  
1800 Jay Circle Apt 8  
Horn Lake, MS 38637  
486-76-4951  
December 03, 1969

JURAT

The foregoing was subscribed and sworn to before me, a Notary Public, of the State of MS County of Desoto City of Nevada this 13 day of August, 1998.

Jeanette Martin  
NOTARY

MY COMMISSION EXPIRES JANUARY 3, 2000

My Commission Expires  
Allen Ray Kern  
1800 Jay Circle #8  
Horn Lake, MS 38637