

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS**

CHRISTOPHER M. ROBERTS and  
THOMAS P. FISCHER,

Plaintiffs,

vs.

THE FEDERAL HOUSING FINANCE  
AGENCY, in its capacity as Conservator of the  
Federal National Mortgage Association and the  
Federal Home Loan Mortgage Corporation,  
MELVIN L. WATT, in his official capacity as  
Director of the Federal Housing Finance  
Agency, THE DEPARTMENT OF THE  
TREASURY, and JACOB J. LEW, in his  
official capacity as Secretary of the Treasury,

Defendants.

No. 1:16-cv-02107

**AFFIDAVIT OF SERVICE**

I, Christian D. Ambler, as counsel for Plaintiffs, and after having been first duly sworn upon oath state that:

1. On February 10, 2016, Plaintiffs filed the Complaint in the above-captioned matter.

2. Pursuant to Federal Rule of Civil Procedure 4(i)(2), on February 11, 2016, the undersigned mailed a copy of the Summons and Complaint to the following party via certified mail:

United States Attorney General  
Department of Justice  
950 Pennsylvania Avenue N. W.  
Washington, D. C. 20530

3. Attached hereto as Exhibit A is the return receipt for said certified mail showing the mail was received on February 22, 2016.

Further affiant sayeth not.



Christian D. Ambler

STATE OF ILLINOIS     )  
  ) ss.  
COUNTY OF COOK     )

Subscribed to and sworn to before me, a notary public, in and for the State of Illinois on this 10<sup>th</sup> day of March, 2016.




Notary Public in and for said State



**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on the 10th day of March, 2016, I electronically filed the foregoing with the Clerk of Court by using the CM/ECF system which, pursuant to Local Rule 5.5 (a)(3), will send notice of electronic filing to the following:

/s/ Christian D. Ambler

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Early Lane</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Early Lane</i> C. Date of Delivery <i>FEB 22 2016</i></p>
<p>1. Article Addressed to:</p> <p><i>United States Attorney Gen. Dept. of Justice. 950 Pennsylvania Ave N.W. Washington, D.C. 20530</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
 <p>9590 9402 1385 5285 7309 59</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7015 1660 0000 4380 4898</i></p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Recipient: <i>United States Attorney Gen. Dept of Jus</i> Street and Apt. No.: <i>950 Pennsylvania Ave, NW</i> City, State, ZIP+4: <i>Washington, D.C. 20530</i>		
PS Form 3800, Apr. 2015 PSN 7530-02-000-9047		See Reverse for Instructions

