

**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:

Civil Process Clerk
United States Attorney's Office
219 South Dearborn St., 5th Fl.
Chicago, Illinois 60604

3. Attached hereto as Exhibit A is the return receipt for said certified mail showing the mail was received on February 15, 2016.

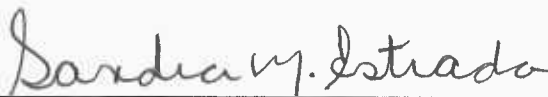
Further affiant sayeth not.



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 10th 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Peter Hunt</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <i>Peter Hunt</i> C. Date of Delivery <i>2-16-15</i></p>
<p>1. Article Addressed to:</p> <p><i>Civil Process clerk United States Attorney's Office 219 S. Dearborn St. 5th Fl. Chicago, IL 60604</i></p>  <p>9590 9402 1385 5285 7325 02</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7015 1660 0000 4380 4881</i></p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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Postage \$ _____	
Total Postage and Fees \$ _____	

Recipient: *United States Attorney's Office*
 Street and Apt. No., or PO Box No.: *219 S. Dearborn St. 5th Fl.*
 City, State, ZIP+4®: *Chicago, IL 60604*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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