[CASE BEING CONSIDERED FOR TREATMENT PURSUANT TO RULE 34(j) OF THE COURT'S RULES]

No. 18-1058

IN THE UNITED STATES COURT OF APPEALS
FOR THE DISTRICT OF COLUMBIA CIRCUIT

In Re: Rev Bryan A Krumm, CNP
pro se petitioner

v

US Drug Enforcement Administration et al

On Petition for Review from a January 16, 2018 Letter Decision of the Drug Enforcement Administration

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PETITIONERS RESPONSE TO RESPONDENTS ANSWERING BRIEF

Rev. Bryan A. Krumm, CNP

Pro Se Petitioner

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INTRODUCTION

Petitioner is not an attorney and respectfully requests a liberal interpretation of all pleadings under *Haines v. Kerner*, 404 U.S. 519 (1972). This petitioner previously filed a Rescheduling Petition for Cannabis that was settled on August 12, 2016 (see Denial of Petition to Initiate Proceedings to Reschedule Marijuana, 81, Fed. Reg. 156, August 12, 2016 / Proposed Rules, page 53767). As a result of that petition, DEA was forced to make policy changes in order to comply with recommendations from FDA and HHS. Those recommendations included lifting bans on Medical Cannabis research and allowing more cultivators of Medical Cannabis for research purposes. Unfortunately, Jeff Sessions ordered the DEA to illegally continue blocking Medical Cannabis research. As a result of this, Krumm filed a new rescheduling petition which included new findings from the National Academy of Science concluding that there is conclusive evidence that Cannabis is safe and effective for medical use. Shortly after Krumm filed his new petition, DEA acting administrator Chuck Rosenberg, resigned as head of the DEA stating he does not trust this administration to follow the law (If this action proceeds to oral arguments I plan to call him as a witness). Chuck Rosenberg had ethical and moral standards that prevented him from overtly breaking the law for his boss Jeff Sessions.

However, Robert Patterson, the new acting administrator of the DEA has demonstrated that he is is willing to follow the illegal orders of Jeff Sessions and place the lives of millions of Americans at risk in doing so. Approximately 66,000 Americans have committed suicide since the DEA settled my previous rescheduling petition in 2016. My clinical experience has proven that Cannabis is the only medication that can rapidly reduce suicidal thinking in most patients. Jeff Sessions and the DEA still refuse to implement the recommendations of HHS and the FDA to allow more research on Medical Cannabis. By continuing to block needed Cannabis research and refusing to approve new Medical Cannabis cultivators, the Attorney General and DEA are ignoring HHS and the FDA. They are practicing medicine without a license and placing the lives of millions of Americans at risk. The Attorney General and DEA have proven that they cannot be trusted to administer the CSA as it pertains to Cannabis, and the Petitioner has proven the futility of the administrative process for rescheduling.

As in *Alliance for Cannabis Therapeutics v. DEA*, 930 F.2d 936, this case hinges on the definition of "accepted medical use in the United States", and a determination of who gets to decide what that definition is. The issues pertaining to safety and abuse potential were clearly settled by the DEA's own administrative law judge, Francis Young, in 1988 (*In the Matter of Marijuana Rescheduling*, DEA Docket No. 86-22).

The only issue left to address was "accepted medical use". The DEA seeks to relitigate factors that were settled in 1988. The DEA would have this court believe that they get to define "accepted medical use in the United States", and they have arbitrarily applied unreasonable criteria that have no rational basis in either science or law. The FDA and HHS are now required to adhere to these unreasonable criteria in any review of Medical Cannabis they conduct.

Rather than the DEA making a determination based on recommendations from the FDA and HHS, FDA and HHS are forced to ignore the laws of 30 States, as well as all the available scientific evidence that proves the medical benefits of Cannabis. FDA and HHS blindly do DEA's bidding and claim that "Cannabis has no accepted medical use in the United States" because of the unreasonable, arbitrary and capricious standards set up by the DEA to prevent phase 3 clinical trials while requiring that same research to "prove" "accepted medical use". This has led to unneeded suffering and death for millions of Americans.

By the FDA's own admission, it is beyond the scope of their review process to determine if Cannabis has "accepted medical use in the United States" (see Denial of Petition to Initiate Proceedings to Reschedule Marijuana, 81, Fed. Reg. 156, August 12, 2016 / Proposed Rules, page 53792). Meanwhile, HHS holds a

patent on Medical Cannabis which extolls many of the virtues of Medical Cannabis and clearly demonstrates that HHS has accepted Cannabis as having medical value (US Patent Number 6630507 Cannabinoids as Antioxidants and Neuroprotectants). The FDA and HHS are forced to blindly follow the instructions of DEA and recommend continued schedule 1 placement in the federal CSA because of the unreasonable, arbitrary and capricious nature of the DEA's 5 part test.

DEA has violated 18 U.S. Code § 1512 by creating unreasonable, arbitrary and capricious standards defining "accepted medical use", in order to illegally tamper with the findings and testimony of the FDA and HHS. DEA has corruptly prevented the FDA from including the laws of 30 States, dozens of phase 2 clinical trials, the expertise of thousands of medical providers and the reports of millions of Americans during it's reviews. FDA is now required to withhold evidence proving the safety and efficacy of Medical Cannabis so that the DEA can continue to enrich themselves by persecuting Medical Cannabis users. By tampering with the testimony of the FDA and HHS, DEA is causing great suffering and death for millions of Americans.

STANDARD OF REVIEW

DEA argues it was justified in its decision not to initiate rulemaking proceedings in my rescheduling petition citing Americans for Safe Access v. DEA, 706 F.3d 438, 449 (D.C. Cir. 2013) (quoting 5 U.S.C. § 706(2)(A)). The Court "will not disturb the decision of an agency that has examined the relevant data and articulated a satisfactory explanation for its action including a rational connection between the facts found and the choice made." Id. (quotation simplified); see also Defenders of Wildlife v. Gutierrez, 532 F.3d 913, 919 (D.C. Cir. 2008) ("[A]n agency's refusal to institute rulemaking proceedings is at the high end of the range of levels of deference we give to agency action.").

However, DEAs long history of suppressing facts and relying on unreasonable, arbitrary and capricious rules to support completely irrational actions which place millions of Americans at risk, are well outside the level of deference that should be granted to any agency or individual by this Court. It is well beyond time for these ongoing criminal actions against the American People to end once and for all.

DEA has violated 18 U.S. Code § 1512 by creating unreasonable, arbitrary and capricious standards defining "accepted medical use", in order to illegally tamper with the findings of the FDA and HHS. DEA has corruptly prevented the FDA from including the laws of 30 States, dozens of phase 2 clinical trials, the expertise of thousands of medical providers and the reports of millions of

Americans during it's reviews. FDA is now required to withhold evidence proving the safety and efficacy of Medical Cannabis.

18 U.S. Code § 1512 (e) states:

> "In a prosecution for an offense under this section, it is an affirmative defense, as to which the defendant has the burden of proof by a preponderance of the evidence, that the conduct consisted solely of lawful conduct and that the defendant's sole intention was to encourage, induce, or cause the other person to testify truthfully".

(f)For the purposes of this section—

(1) an official proceeding need not be pending or about to be instituted at the time of the offense; and

(2) the testimony, or the record, document, or other object need not be admissible in evidence or free of a claim of privilege.

There is nothing abut the actions of the DEA to indicate that their intention has ever been to encourage, induce or cause the FDA or HHS to produce a truthful review of Medical Cannabis. The evidence is quite clear that DEA has instituted irrational arbitrary rules to prevent FDA and HHS from considering the vast epidemiological proof that Cannabis is safe and effective for medical use.

ARGUMENT

DEA demands that FDA and HHS adhere to 5 completely unreasonable criteria to judge if Cannabis any "accepted medical use in the United States". Allowing the DEA to develop arbitrary rules defining "accepted medical use" may have been reasonable prior to any States having recognized "accepted medical use". The U.S. Supreme Court noted that efforts to reschedule marijuana through administrative procedures established by the CSA had been unsuccessful, but all of those efforts were prior to the enactment of a valid California state medical marijuana law in 1996:

> Starting in 1972, the National Organization for the Reform of Marijuana Laws (NORML) began its campaign to reclassify marijuana. Grinspoon & Bakalar 13-17. After some fleeting success in 1988 when an Administrative Law Judge (ALJ) declared that the DEA would be acting in an "unreasonable, arbitrary, and capricious" manner if it continued to deny marijuana access to seriously ill patients, and concluded that it should be reclassified as a Schedule III substance, *Grinspoon v. DEA*, 828 F.2d 881, 883-884 (CA1 1987), the campaign has proved unsuccessful. The DEA Administrator did not endorse the ALJ's findings, 54 Fed. Reg. 53767 (1989), and since that time has routinely denied petitions to reschedule the drug, most recently in 2001. 66 Fed. Reg. 20038 (2001). The Court of Appeals for the District of Columbia Circuit has reviewed the petition to reschedule marijuana on five separate occasions over the course of 30 years, ultimately upholding the Administrator's final order. See *Alliance for Cannabis Therapeutics v. DEA*, 304 U.S. App. D.C. 400, 15 F.3d 1131, 1133 (1994).

Raich, 545 U.S. at 15 n.23.

However, in 1996, when California became the first state to accept the medical use of Cannabis, these criteria became not only arbitrary, but completely

irrational, unreasonable and capricious. The question of who makes the decision whether to accept the medical use of controlled substances in treatment in the United States was answered definitively in *Gonzales v. Oregon*, 546 U.S. 243, 258 (2006):

> The Attorney General has rulemaking power to fulfill his duties under the CSA. The specific respects in which he is authorized to make rules, however, instruct us that he is not authorized to make a rule declaring illegitimate a medical standard for care and treatment of patients that is specifically authorized under state law.

The unlawful actions of the DEA constitute those of an ongoing criminal enterprise that has been manipulating and lying to the Courts for over 2 decades in order to illegally maintain Schedule 1 placement of Cannabis in the CSA. They have enriched themselves from the public coffers and through forfeiture laws that allow them to steal property from the sick and suffering. The Attorney General is fully complicit in these actions because he is responsible for administering the CSA and he has now directly ordered the DEA to violate the law by continuing to block Medical Cannabis research and to refuse to approved new producers of Medical Cannabis, in violation of the settlement of my previous Rescheduling Petition.

Krumm is not relitigating the Administrator's earlier denial. His new rescheduling petition addresses ongoing criminal activity by the DEA that is killing

countless Americans every day. Jeff Sessions is complicit in this criminal activity because he has ordered the head of the DEA to commit such acts. Although Krumm failed to properly challenge the previous decision from 2016, new evidence was submitted in his 2017 rescheduling petition proving that Cannabis has now been accepted as having medical use by the National Academies of Science, and further proving the futility of the administrative process. Petitioner has shown that circumstances have changed in a way that requires the agency to reconsider its previous decision and the DEA has refused to consider new evidence and it failed to do so. Sorenson Commc'ns, Inc. v. FCC, 765 F.3d 37, 44 (D.C. Cir. 2014). See also B & B Hardware, Inc. v. Hargis Indus., Inc., 135 S. Ct. 1293, 1302 (2015)

Although the Administrator claims to have reviewed the current medical studies on marijuana and concluded that there were no adequate, well-controlled studies that could demonstrate marijuana's efficacy as a medical treatment for a particular condition, he is neither a medical professional nor a scientist. Patterson is totally unqualified to make such a medical determination. DEA claims that because Krumm's opening brief does not present any argument on four of the 5 factors DEA applies to determine if Cannabis has "accepted medical use" that he has waived any argument that marijuana satisfies them in accordance with *AMSC Subsidiary Corp. v. FCC*, 216 F.3d 1154, 1161 n.** (D.C. Cir. 2000). Krumm

argues that the entire 5 part process is unreasonable, arbitrary and capricious and an irrational abuse of discretion and authority that should not apply now that Cannabis has "accepted medical use" in 30 States.

The DEA's own administrative law judge found that Cannabis is safe for use under medical supervision, In The Matter of Marijuana Rescheduling, DEA Docket No. 86-22, September 6, 1988, Francis Young found that, "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man." Id. at pages 58-59.

> "The evidence in this record clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary, and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record." Id. At page 68

DEAs irrational insistence that a 5 part test be applied to determine if Cannabis has "accepted medical use" is a completely unreasonable, arbitrary and capricious abuse of authority. This is just an attempt to obscure the fact that the States have the right to determine "accepted medical use". Neither Jeff Sessions nor Robert Patterson are authorized to make a rule declaring illegitimate a medical standard for care and treatment of patients that is specifically authorized under state law. *Gonzales v. Oregon*, 546 U.S. 243, 258 (2006).

Congress has promulgated procedures by which the Attorney General, through authority he has delegated to the Drug Enforcement Administration ("DEA"), may reschedule controlled substances in reliance on the medical and scientific expertise of the Department of Health and Human Services ("HHS"). Rather than recognizing that 30 States now accept the medical use of Cannabis (all of which are "in the United States"), the DEA has developed a test for "accepted medical use" that FDA and HHS must adhere to, and which is impossible to pass. DEA has decided that law enforcement is the most qualified entity to develop an expert medical opinion on Cannabis and whether it has "accepted medical use". However, DEA completely ignores any scientific evidence and continues to insist that Cannabis has no accepted medical use in spite of overwhelming proof to the contrary. Then they force the FDA and HHS to support that fraudulent assertion by promulgating irrational and unreasonable rules designed to tamper with testimony of these witnesses in violation of 18 U.S. Code § 1512

To determine if Cannabis has "accepted medical use" DEA demands that FDA and HHS evaluate whether:

1. The substance's chemistry is known and reproducible: A standardized and reproducible chemistry is completely reasonable for a dangerous chemical

produced in a lab from substances known to be toxic to humans. It is neither reasonable, nor possible for a plant to meet that standard. However, in spite of hundreds of various strains of Cannabis with widely variable cannabinoid, terpene and flavonoid profiles, no strain of Cannabis has ever been shown to be toxic for human use.

2. There are adequate safety studies: Although DEA demands "adequate and well-controlled studies proving efficacy" they continuing to block those studies from being conducted while ignoring thousands of years of epidemiological evidence proving the safety and efficacy of Medical Cannabis, and findings of their own administrative law judge.

3. There are adequate and well-controlled studies proving efficacy: DEA continues to block any significant research into the medical use of Cannabis. Although dozens of small phase 2 clinical trials, thousands of years of epidemiological evidence and millions of anecdotal reports have proven the efficacy of Medical Cannabis the unreasonable and arbitrary rules set up by DEA prevents FDA and HHS from considering this evidence.

4. The substance is accepted by qualified experts: DEA ignores the "qualified experts" such as those at the National Academies of Science and the National Institutes of Health. They ignore the numerous scientists studying the endocannaboid system. The DEA forms its own medical opinions based on conjecture and lies. If, by its own admission, the FDA lacks the expertise to determine if Cannabis has "accepted medical use", then the DEA administrator is certainly not a qualified expert.

5. The scientific evidence is widely available: The scientific evidence that Cannabis is safe and effective for medical use is widely available. The DEA simply ignores any scientific evidence demonstrating any medical benefits of Cannabis. They clearly favor their own pseudoscientific speculations over

scientific evidence and they have constructed their test of "accepted medical use" in such a fashion as to force concurrence by FDA and HHS.

The definition of "accepted medical use in the United States" that the DEA has developed is completely unreasonable, arbitrary and capricious. There is no rational reason that law enforcement should be allowed to enforce its own medical opinion over that of thousands of medical experts and 30 States. The DEA is illegally practicing medicine in a grossly incompetent fashion, and in doing so they are responsible for the death of countless Americans every day.

The unreasonable, arbitrary and capricious actions of the DEA and AG, and the failure of the FDA and HHS to act in good faith to protect the American Public from this blatant abuse of authority and discretion, clearly demonstrates the futility of the administrative process. Americans are dying every day due to the incompetence, if not outright malfeasance, of these bureaucrats. The DEA has repeatedly opposed efforts to reschedule marijuana through administrative means. They have disregarded scientific evidence by developing their own pseudoscientific review process designed to obscure and obfuscate the truth. The pursuit of further administrative remedies is futile and this Court has a duty to the American People to protect them from the gross incompetence and/or outright malfeasance of the DEA and Attorney General.

In his denial of my petition, Robert Patterson falsely asserts that Petitioner failed to provide any new evidence "your latest petition adds nothing to your prior petition as you have pointed to no new studies that even purport to establish the safety and efficacy of marijuana". He disregards a comprehensive review published by the National Academies of Science in 2017 that found "there is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain in adults (cannabis), As anti-emetics in the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids) and for improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids). He simply argues that "reviews" by the National Academy of Sciences are irrelevant, while relying on rigged "reviews" by the FDA to support his own irrational and capricious actions.

To millions of Americans who have witnessed the devastation brought on by these actions, the DEA has become little more than a State sponsored terrorist organization responsible for the death of tens of thousands of Americans every year. Career bureaucrats at the FDA and HHS conform their opinions to meet the unreasonable, arbitrary and capricious standards the DEA has put forward, even while acknowledging that it beyond the scope of their authority to make such determinations.

Patterson acknowledges that Krumm cited several articles DEA had not considered in its 2016 denial, the Administrator explained that these citations "consist only of reviews of other studies—none of which was designed to, or purports to, demonstrate the safety and efficacy of marijuana." However, "safety and efficacy" are not at issue here. The issues "safety and efficacy" were settled by the DEA's own administrative law judge in 1988 (*In the Matter of Marijuana Rescheduling*, DEA Docket No. 86-22). The issue now, is whether Cannabis has "accepted medical use in the United States", which it clearly does. The National Academy of Sciences has now added its voice to that of 30 States and the District of Columbia, dozens of professional medical organizations, thousands of medical providers and millions of American citizens, all of which accept the medical use of Cannabis.

The States are the primary regulators of professional medical practice, see *Conant v. Walters*, 309 F.3d 629, 639 (9th Cir. 2002), *cert. denied*, *Walters v. Conant*, 540 U.S. 946 (2003):

> Our decision is consistent with principles of federalism that have left states as the primary regulators of professional conduct. *See Whalen v. Roe*, 429 U.S. 589, 603 n. 30, 51 L. Ed. 2d 64, 97 S. Ct. 869 (1977) (recognizing states' broad police powers to regulate the administration of drugs by health professionals); *Linder v. United States*, 268 U.S. 5, 18, 69 L. Ed. 819, 45 S. Ct. 446 (1925) ("direct control of medical practice in the states is beyond the

> power of the federal government"). We must "show[] respect for the sovereign States that comprise our Federal Union. That respect imposes a duty on federal courts, whenever possible, to avoid or minimize conflict between federal and state law, particularly in situations in which the citizens of a State have chosen to serve as a laboratory in the trial of novel social and economic experiments without risk to the rest of the country." *Oakland Cannabis*, 532 U.S. at 501 (Stevens, J., concurring) (internal quotation marks omitted).

The federal CSA must be interpreted by the DEA and Attorney General to create harmony between the states and the national government, not discord. The CSA gives the DEA administrator only "limited" authority to determine accepted medical use of new drugs that have not been accepted by state lawmakers or a majority of physicians.

The issues being raised by Krumm are not issues that have been previously litigated, but rather these are continuing violations of law that are just a small part of an ongoing criminal action against the American People by the DEA. Due to the failure of the DEA and Attorney General to act in good faith to protect the health and welfare of American citizens, Cannabis must be exempted from control under the federal CSA. Control of Cannabis should handed over to the States to determine how Cannabis should be used for medical, religious, industrial and recreational purposes. The framework for such regulation is already in place for tobacco and alcohol. Or in the alternative, DEA must be ordered to immediately

remove Cannabis from schedule 1 of the CSA, stop blocking medical research and immediately allow cultivation of Cannabis for medical and research purposes.

Although Patterson falsely asserts in his denial that transferring control of Cannabis to the States "is incompatible with Congress's basic intentions under the Act" (cite), Congress has clearly granted the AG's office and by proxy the DEA, with the authority to do just that, see *Alliance for Cannabis Therapeutics v. DEA*, 15 F.3d 1131, 1133 (D.C. Cir.1994); *Kuromiya v. United States,* 37 F.Supp.2d 717,722 (E.D. Pa.1999) ("There are provisions by which the Attorney General may change the designation of a particular controlled substance, either to move it up, down, or off of the schedules.") (citing 21 U.S.C. 811). The Attorney General has delegated this authority to the Administrator of the DEA ("Administrator"). See Cannabis Therapeutics, 15 F.3d at 1133.

Because Cannabis clearly has "accepted medical use in the United States", Cannabis cannot remain in Schedule 1 of the CSA. Due to the futility of an administrative process, which relies solely on the decisions of federal policy makers who have demonstrated gross incompetence and/or malfeasance, the States must be allowed to fulfill their constitutional right to determine what is "accepted medical practice" within their borders 21 U.S.C. § 903. *See Gonzales v. Oregon*,

546 U.S. 243 (2006). Cannabis must be exempted from Schedule 1 control under the federal CSA.

PLAINTIFF HAS STANDING

In *Friends of the Earth, Inc. et al. v. Laidlaw Environmental Services, Inc.*, 528 U.S. 167 (2000) the Court held that to satisfy Article III's standing requirements, a plaintiff must show "injury in fact," causation, and redressability:

> "In *Lujan* v. *Defenders of Wildlife,* 504 U. S. 555, 560–561 (1992), we held that, to satisfy Article III's standing requirements, a plaintiff must show (1) it has suffered an "injury in fact" that is (a) concrete and particularized and (b) actual or imminent, not conjectural or hypothetical; (2) the injury is fairly traceable to the challenged action of the defendant; and (3) it is likely, as opposed to merely speculative, that the injury will be redressed by a favorable decision." Id at 183, 184.

Petitioner has standing in this case because the unlawful scheduling of Cannabis interferes with the Petitioner's access to Cannabis as a medication for himself, prevents him from providing appropriate medical care to his patients, and prevents him from fulfilling his role as Bishop of Medicine for the Zen Zion Coptic Orthodox Church.

CONCLUSION

In *Gonzales v. Raich*, 545 U.S. 1 (2005), the Court wrote: "We acknowledge that evidence proffered by respondents in this case regarding the effective medical uses for marijuana, if found credible after trial, would cast serious doubt on the accuracy of the findings that require marijuana to be listed in Schedule I." Id. at 28 n37. *United States v. Oakland Cannabis Buyers' Cooperative*, 532 U. S. 483 (2001), states that the DEA must reschedule cannabis if it has any accepted medical use.

"Where the intent of Congress is clear to require administrative determination, either to the exclusion of judicial action or in advance of it, a strong showing is required, both the inadequacy of the prescribed procedure and of impending harm, to permit short-circuiting the administrative process." *Aircraft & Diesel Equip. Corp. v. Hirsch*, 331 U.S. 752, 773-74 (1947). The DEA has already decided that it need not consider the laws of 30 States and the Federal Laws of Washington DC which accept the medical use of Cannabis. The administrative process for amending the CSA is clearly inadequate. Because of this inadequacy, Petitioner, his patients and his clergy all face clear and immediate impending harm.

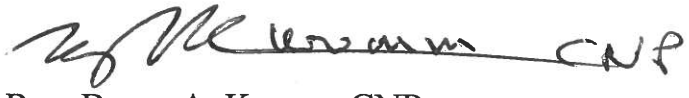
Petitioner has exhausted all administrative processes and has proven the futility of those remedies. Due to the incompetence, negligence and/or outright malfeasance of the DEA, Attorney General, FDA and HHS, this Court must

intervene to protect the health and welfare of the millions of American citizens who are being being harmed by lack of access to appropriate medical care. Defendants are not only harming Krumm, but also Krumm's patients, his clergy and every other American Citizen who would benefit from Medical Cannabis.

Petitioner respectfully asks that this action proceed and moves this Court to instruct the DEA to immediately exempt Cannabis from control under the CSA, as required by the clear statutory language of the Act.

THEREFORE, For the reasons set forth above, Cannabis must be exempted from control under the federal CSA. Control of Cannabis should handed over to the States to determine how Cannabis should be used for medical, religious, industrial and recreational purposes. Or in the alternative, DEA must be ordered to immediately remove Cannabis from schedule 1 of the CSA, stop blocking medical research and immediately allow cultivation of Cannabis for medical and research purposes.

Respectfully submitted this 5'th day of July, 2018



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CERTIFICATE OF COMPLIANCE

I hereby certify that this brief complies with the requirements of Federal Rule of Appellate Procedure 32(a)(5) and (6) because it has been prepared in 14-point Times New Roman, a proportionally spaced font.

I further certify that this brief complies with the type-volume limitation of Federal Rule of Appellate Procedure 32(a)(7)(B) because it contains 4,618 words, according to the count of Apple Pages.

Signature

Date 7/5/18

CERTFICATE OF SERVICE

CERTIFICATE OF SERVICE

I, Rev. Bryan A. Krumm, CNP
[petitioner]

I hereby certify that on July 5, 2018, filed the foregoing brief with the Clerk of the Court for the United States Court of Appeals for the District of Columbia Circuit by Fed-Ex next day delivery.

I hereby certify that on July 5, 2018, I served a copy of the foregoing Petition for Writ of Mandamus by USPS express delivery to the last known addresses of,

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