Honorable Christopher M. Alston 1 Chapter 11 Hearing Location: Seattle 2 Hearing Date: June 17, 2016 Hearing Time: 9:30AM 3 No Response date FILED Western District of Washington 4 at Scattle JUN 13 2016 5 MARK L. HATCHER, CLERK OF THE BANKRUPTCY COURT 6 7 8 9 UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF WASHINGTON 10 11 In re 12 Cause No.: 16-11767-CMA 13 NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO 14 SHOW CAUSE FOR PROBABLE CAUSE NORTHWEST TERRITORIAL MINT. LLC RE SHOW CAUSE HEARING ON MAY 15 20, 2016 AND RE CIVIL CONTEMPT **Debtor** ORDERS BY CHRISTOPHER M. 16 ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. 17 TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR 18 THE UNITED STATES TRUSTEE. 19 20 21 Clerk of the court take notice due to emergency conditions caused by delay of 22 john and jane Doe foreign agents and no public policy found in the cause # 16-11767 23 24 NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO SHOW CAUSE FOR PROBABLE CAUSE RE SHOW CAUSE HEARING ON MAY 20, 2016 AND RE CIVIL CONTEMPT ORDERS BY CHRISTOPHER M. ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR THE UNITED STATES TRUSTEE. jeffrey mark mcmeel c/o 900 Jefferson St. SE Olympia, XX 98501 http://jmcmeel.blogspot.com Page | of 5

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this order to show cause must be docketed on the next possible scheduled hearing. Discharge in bankruptcy is required in probate! Thank you for your immediate cooperation.

PLEASE TAKE NOTICE that Jeffrey Mark McMeel (mcmeel) hereby moves the Court for an order to show cause why Gail Brehm Geiger aka Acting United States Trustee for Region 18, Martin L. Smith aka Attorney for United States Trustee and Christopher M. Alston, aka Bankruptcy Judge should not go under oath to state their Claim(s) or Charges against Jeffrey Mark McMeel. Probable cause must be given under oath to validate paper claims or charges.

Mcmeel can accept Christopher Alston (Alston), Martin L. Smith (Smith) and Gail Brehm Geiger(Geiger) paper charges and orders in Docket #: 189, 213, 328 if and only if, they take those charges into evidence as per the Federal Rules of Evidence. The courts own motion is what mcmeel says it is. If it pleases the court mcmeel can call the witnesses to verify under oath who made the charges and who gave the orders. The motion, as to the conduct of the witnesses, assumes the witnesses come into court with clean hands.

Court and ex parte motions assume mcmeel agrees with them. Alston, Smith and Geiger have no place to make motions and give orders for anything outside of Washington State and United States laws. Bar and other agents, foreign in fact, are in opposition to the peace and dignity of the United States and Washington State. They have disgraced the very government forms created to deal with bankruptcy. This pattern of behavior within the dysfunctional bureau can only be racketeering influence corrupt organization. It is my belief that the pattern of RICO is a rigged hybrid gambling establishment operating within the State of Washington without license. For most of the

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NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO SHOW CAUSE FOR PROBABLE CAUSE RE SHOW CAUSE HEARING ON MAY 20, 2016 AND RE CIVIL CONTEMPT ORDERS BY CHRISTOPHER M. ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR THE UNITED STATES TRUSTEE.

people the outcome of the discharge in bankruptcy is a mystery, hence a game of chance. See attached FinCen Forms 103 and 104.

All of the actors who have entered this case until now have unclean hands. The court has failed to provide bond and reserves by the State which is an assault and criminal offense of the dysfunctional bureau. State officials are responsible for covering the rules of witnesses—the State being an estate and belongs to mcmeel.

The date of the filing, April 1, 2016 and every time delay since that date indicates an assault on the sole claimant, mcmeel and his reorganization plan. All the rest of the parties have come into the court with unclean hands.

In the absence of public policy in this court we are now left with only foreign policy. That leaves the United States Trustee in a fundamental flaw by not informing everyone about the foreign policy, as the people were deceived into believing public policy was in place and this is cause for more delay by virtue of the foreign policy. We are not to be tried in foreign courts by foreign agents. The duty has not been paid, nor has the clerk provided the bond to cover the foreigners, neither has any report been made to the Internal Revenue Service. To overcome this disability the foreign agents must bring the tax return into the court.

The foundation and support for this motion are stated as follows:

- 1. Federal Rules of Evidence Rule 101. (a) Scope. These rules apply to proceedings in United States courts.
- 2. Federal Rules of Evidence Rule 102. Purpose. These rules should be construed so as to administer every proceeding fairly, eliminate unjustifiable expense and delay, and promote the development of evidence law, to the end of ascertaining the truth and securing a just determination.
  - 3. Federal Rules of Evidence Rule 601. Competency to Testify in General

NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO SHOW CAUSE FOR PROBABLE CAUSE RE SHOW CAUSE HEARING ON MAY 20, 2016 AND RE CIVIL CONTEMPT ORDERS BY CHRISTOPHER M. ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR THE UNITED STATES TRUSTEE.

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Every person is competent to be a witness unless these rules provide otherwise. But in a civil case, state law governs the witness's competency regarding a claim or defense for which state law supplies the rule of decision.

Federal Rules of Evidence Rule 603. Oath or Affirmation to Testify
 Truthfully

Before testifying, a witness must give an oath or affirmation to testify truthfully. It must be in a form designed to impress that duty on the witness's conscience.

- 5. The public government goes under oath to provide foundation for public policy. No privilege exists in law without public policy. Public government must provide policy as without policy these bankruptcy court proceedings are dysfunctional and foreign to the United States and Washington State.
  - 6. Federal Rules of Evidence Rule 614. Court
- (a) Calling. The court may call a witness on its own or at a party's request. Each party is entitled to cross-examine the witness.

(Direct examination comes before cross examination!)

WHEREFORE, the party Jeffrey Mark McMeel requests that the Court enter an Order providing that Christopher M. Alston, Martin L. Smith and Gail Brehm Geiger shall appear on June 17, 2016, at 9:30 AM or such other date as the Court selects sooner than that date, as further delays are assaults on mcmeel to show cause, if there be any, why they have not spoken a Claim or Charge under oath against Jeffrey Mark McMeel as per Rule 603 above and their government duty to the public.

mcmeel requires the show cause order to prove equity in the district court.

Any failure by Geiger, Alston or Smith to give their oath before the court and the public, these individuals have failed to state a claim or a charge. The court shall order the judgment for the bond for the bankruptcy to be paid out in settlement and

NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO SHOW CAUSE FOR PROBABLE CAUSE RE SHOW CAUSE HEARING ON MAY 20, 2016 AND RE CIVIL CONTEMPT ORDERS BY CHRISTOPHER M. ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR THE UNITED STATES TRUSTEE.

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1 2 3 4 5 hands doctrine. 6 7 default of these parties. 8 9 be given before the court at the hearing. 10 **SET FOR HEARING AS FOLLOWS:** JUDGE: Christopher M. Alston 11 PLACE: Seattle bankruptcy court 12 13 and be sworn in under oath by order of this court. 14 15 16 17 NOTICE, AND STRIKE THE HEARING. 18 19 20 Dated this 9th day of June 2016. 21 22 23 24 25

satisfaction to momeel without further delay assaults on momeel. Failure by the clerk to schedule or all the parties failure to appear delivers default judgement in mcmeel's favor and the order is given for recovery of the assets of the debtor to mcmeel. These parties in this court are attempting to submit dubious titles to move the court without probable cause or authority. They are unable to comply with the clean Therefore, the court shall issue the order stating the summary judgement and Objections to the motion or order are not eligible unless the objecting party's oath TIME: 9:30 AM DATE: June 17, 2016 IF YOU OPPOSE the Motion, you are required to appear in person at the hearing IF NO RESPONSE IS TIMELY FILED AND SERVED, THE COURT MAY, IN ITS DISCRETION, GRANT THE MOTION PRIOR TO THE HEARING WITHOUT FURTHER By the much warmed ieffrey mark mcmeel, Ex Rel NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO SHOW CAUSE FOR PROBABLE CAUSE RE SHOW CAUSE HEARING ON MAY 20, 2016 AND RE CIVIL CONTEMPT ORDERS BY CHRISTOPHER M. ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR THE UNITED STATES TRUSTEE.

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# FINCEN Form 103

**Currency Transaction Report by Casinos** 

(March 2011)
Department of the Treasury
FINCEN

Previous editions will not be accepted after September 2011.
 Please type or print, Items marked with an asterisk\* are considered critical. (See instructions.)



(Complete all applicable parts—See Instructions)

| 1   | it this is an   | amended report cl  | neck here 🔲 an         | d complete the    | e form in                  | its entirety.   |   |                             |                    |                        |          |
|---|---|--|------------------------|-------------------|----------------------------|---|---|-----------------------------|--------------------|------------------------|----------|
| Part I Person(s) Involved in Transaction(s)   |   |  |                        |                   |                            |   |   |                             |                    |                        |          |
| Sec   | Section APerson(s) on Whose Behalf Transaction(s) is Conducted (Customer)  2  Multiple persons  |  |                        |                   |                            |   |   |                             |                    |                        |          |
|   |   | ast name or Organiz  |                        |                   | . , ,                      |   | *4 First name   |                             | <del></del>        | 5 M.I.                 |          |
| 6   | Doing busine  | ess as (DBA)   |                        |                   |                            |   |   |                             |                    |                        |          |
| *7  | *7 Permanent address (number, street, and apt. or suite no.)  |  |                        |                   |                            |   |   |                             |                    |                        |          |
| •   |   | address (names, st   |                        |                   |                            |   |   |                             | 0 000,00           |                        |          |
| <b>-9</b>   | City  |  | *10 State *1           | 11 ZIP code       | !!!                        |   | *12 Country code<br>(If not U.S.)                                     |                             | *13 Date of birth  | MM DD YYYY             | ÷        |
| *14   | 4 Method used to verify identity: a Examined identification credential/document b Known Customer - Information on file c Organization |  |                        |                   |                            |   |   |                             |                    |                        |          |
| *16   | 6 Describe identification credential: a  Driver's license/State ID  |  |                        |                   |                            |   |   |                             |                    |                        |          |
| 16  | 16 Customer's Account Number  |  |                        |                   |                            |   |   |                             |                    |                        |          |
| Section BIndividual(s) Conducting Transaction(s) - If other than above (Agent)  17  Multiple agents |   |  |                        |                   |                            |   |   |                             |                    |                        |          |
| 18  | Individual's last name  |  |                        |                   |                            | 19 First name   | - <del>-</del> -  | 20 M.I.                     |                    |                        |          |
| 21  | Address (nu   | ımber, street, and ap  | ot. or suite no.)      |                   |                            |   |   |                             | 22 SSN             | 1 1 1 1                |          |
| 23  | City  |  | 24 State 25 ZIF        | Pcode             | ! i                        | 1 1   | 26 Country code<br>(if not U.S.)                                      | 1 1                         | 27 Date of birth   | / /<br>MM DD YY        | <br>77   |
| 28  | Method use  | d to verify identity:  | a 🔲 Examined in        | dentification cre | dential/d                  | locument  | b  Known Cus  | tomer - infom               | nation on file     |                        |          |
| 29  |   | entification credentia   | il: a 🔲 Driver's lice  |                   | b 🗆 F                      | Passport c  | Alien registration  | z □Ott                      | ner                |                        |          |
|   | Issued by:  |  |                        | Number:           |                            |   | 41-4  |                             |                    |                        |          |
|   |   | ount and Typ   |                        | ion(s). Co        |                            |   |   |                             | 30 Multiple        | ransactions            |          |
| *31<br>a  | Purchase(s)   | in U.S. dollar equival<br>of casino chips, toke<br>instruments                       |                        |                   | .00                        | a Redemption  | F: (in U.S. dollar equ<br>on(s) of casino chips<br>paming instruments | iivalent)<br>i, tokens, TIT | O tickets, \$      | .00                    |          |
| ь   | Deposit(s) (f   | ront money or safeki   | eping)                 |                   | .00                        | b Withdrawa   | I(s) of deposit (front  | money or sat                | fekeeping)         | .00.                   | <u>}</u> |
| c   | Payment(s)  | Payment(s) on credit (including markers)  C Advance(s) on credit (including markers) |                        |                   |                            |   |   | <u>)</u>                    |                    |                        |          |
| d   | Currency wa   | ger(s) including mon   | ey plays               |                   | .00                        |   | i) on wager(s) (Inclu-<br>ir sports pool)                             | ding race boo               | ok                 | .00                    | 2        |
| е   | Currency rec  | eived from wire tran   | sfer(s) out            |                   | .00                        |   | paid from wire transf   | er(s) in                    |                    | .00                    | )        |
| f   |   |  |                        |                   |                            | .00   | )   |                             |                    |                        |          |
| g   |   |  |                        |                   | g Currency exchange(s) .00 |   |   |                             |                    | <u>)</u>               |          |
| h   | Bills inserted into gaming devices .00  |  |                        |                   | .00                        | h Travel and complimentary expenses and gaming incentives |   |                             |                    | .00.                   | <u>)</u> |
| 22  | Other (specif   | y):  |                        |                   | .00                        | • •   | Of  |                             |                    |                        | )        |
|   |   |  |                        |                   | 1                          | z Other (sp   | ecify):   |                             |                    | .00                    | ō        |
|   | Enter total of  | f CASH IN transaction  | n(s) \$                |                   | .00                        | Enter tota  | I of CASH OUT tran  | saction(s)                  | \$                 | .0.00                  | <u>)</u> |
| *33   | Date of tran  | ione)  |                        |                   |                            | 34 Foreign c  | irrency used:   |                             | (Caustral)         |                        | _        |
| Part III Casino Reporting Transactions (Country)  |   |  |                        |                   |                            |   |   |                             |                    |                        |          |
| *35   | Casino's tr   | ·  |                        | *36 Casino'       | s legal na                 | ame   |   | •                           | 1 1                | tification Number (El  | N)       |
| *38   | Address wi  | here transaction occ   | urred (See instruction | ns)               |                            |   | *39 City  |                             | 1 1                | 1 1 1 1                |          |
| *40   | 1 1 1   | ZIP code   |                        | *42 Type of g     |                            | a ☐ State lic   | ensed casino b  | ☐ Card clu                  | b с 🗆 Т            | ribal authorized casir | no       |
| <u> </u>  | 1 1   | <u> </u>   | -1                     | (Check only       | one)                       | z 🗆 Other (   |   |                             | 48 Data 2010       |                        |          |
|   |   | 43 Title of approvi  | ng official            | 44                | Signati                    | ure of approvin   | g official  | -                           | 45 Date of signatu | MM DD YY               | ▽▽       |
|   | Sign  | 46 Type or print pr  | eparer's name          | 47                | Type or                    | r print name of   | person to contact   |                             | 48 Contact teleph  |                        | 11       |
|   | Here 🔻  |  |                        | "                 | ·                          | •   |   |                             | (++)               | 1   1 1 1              | i i      |

| Multiple Persons or Multiple Agents (Complete applicable parts below if box 2 or box 17 on page 1 is checked.) |                             |   |                                  |                               |  |  |  |  |
|--|-----------------------------|---|----------------------------------|-------------------------------|--|--|--|--|
| Part I Person(s  | s) Involved in Tra          | nsaction(s)                             |                                  |                               |  |  |  |  |
| Section APerso   | n(s) on Whose Bel           | nalf Transaction(s) Is Co               | nducted (Customer)               |                               |  |  |  |  |
| *3 Individual's last name  | or Organization's name      |   | *4 First name                    | 5 M.I.                        |  |  |  |  |
| 6 Doing business as (DBA)  |                             |   |                                  |                               |  |  |  |  |
| *7 Permanent address (   | number, street, and apt. or | suite no.)                              |                                  | *8 SSN or EIN                 |  |  |  |  |
| *9 City  | *10 State                   | *11 ZIP code                            | *12 Country (if not U.S.)        | *13 Date of birth             |  |  |  |  |
| *14 Method used to verify  | / identity: a 🔲 Examin      | ned identification credential/docume    | ent b 🗌 Known Customer - Informa | tion on file c 🔲 Organization |  |  |  |  |
| *15 Describe identification Issued by:   | n credential: a   Driver    | 's license/State ID b Passpo<br>Number: | rt c ☐ Alien registration z ☐ O  | her                           |  |  |  |  |
| 18 Customer's Account Number   |                             |   |                                  |                               |  |  |  |  |
| Section BIndividual(s) Conducting Transaction(s) - If other than above (Agent)                                 |                             |   |                                  |                               |  |  |  |  |
| 18 Individual's last name  |                             |   | 19 First name                    | 20 M.I.                       |  |  |  |  |
| 21 Address (number, str  | eet, and apt. or suite no.) |   |                                  | 22 SSN                        |  |  |  |  |
| 23 City  | 24 State                    | 25 ZIP code                             | 26 Country (if not U.S.)         | 27 Date of birth DD YYYY      |  |  |  |  |
| 28 Method used to verify   | identity: a 🔲 Exami         | ned identification credential/docume    | ent b Known Customer - inform    | nation on file                |  |  |  |  |
| 29 Describe identification credential: a   Driver's license/State ID   |                             |   |                                  |                               |  |  |  |  |
| Issued by:   |                             | Number:                                 |                                  |                               |  |  |  |  |

#### **General Instructions**

Form 103. Use this revision of Form 103 for filing on reportable transactions.

Suspicious Transactions. If a transaction is greater than \$10,000 in currency as well as suspicious, casinos must file a Form 103 and must report suspicious transactions and activities on FinCEN Form 102 Suspicious Activity Report by Casinos (SARC). Also, casinos are required to use the SARC form to report suspicious activities involving or aggregating at least \$5,000 in funds. Do not use Form 103 to(a) report suspicious transactions involving \$10,000 or less in currency or (b) indicate that a transaction of more than \$10,000 is suspicious.

In situations involving suspicious transactions requiring immediate attention, such as when a reportable transaction is ongoing, the casino or card club shall immediately notify by telephone, appropriate law enforcement and regulatory authorities in addition to filing a timely suspicious activity report.

Who must file. Any organization duly licensed or authorized to do business as a casino, gambling casino, or card club in the United States and having gross annual gaming revenues in excess of \$1 million must file Form 103. This includes the principal headquarters and every domestic branch or place of business of the casino or card club. The requirement includes state-licensed casinos (both land-based and riverboat), tribal casinos, and statelicensed and tribal card clubs. Since card clubs are subject to the same reporting rules as casinos, the term "casino" as used in these instructions refers to both a casino and a card club.

What to file. A casino must file Form 103 for each transaction involving either currency

received (Cash In) or currency disbursed (Cash Out) of more than \$10,000 in a gaming day. A gaming day is the normal business day of the casino by which it keeps its books and records for business, accounting, and tax purposes. Multiple transactions must be treated as a single transaction if the casino has knowledge that: (a) they are made by or on behalf of the same person, and (b) they result in either Cash In or Cash Out by the casino totaling more than \$10,000 during any one gaming day Reportable transactions may occur at a casino cage, gaming table, and/or slot machine/video lottery terminal. The casino should report both Cash In and Cash Out transactions by or on behalf of the same customer on a single Form 103. Do not use Form 103 to report receipts of currency in excess of \$10,000 by non-gaming businesses of a casino (e.g., a hotel); instead, use Form 8300, Report of Cash Payments Over \$10,000 Received in a Trade or Business

**Exceptions.** A casino does **not** have to report transactions with:

- domestic banks; or
- currency dealers or exchangers, or check cashers, as defined in 31 C.F.R. § 1010.100(f f), and which are conducted pursuant to a contractual or other agreement covering the financial services in 31 C.F.R.1021.311(a)(8),1021.311(b)(7), and1021.311(b)(8).

Also, a casino does not have to report the following types of transactions:

- Cash ins when it is the same physical currency previously wagered in a money play on the same table game without leaving the table;
- Bills inserted into electronic gaming devices in multiple transactions (unless a casino has knowledge pursuant to 31 C.F. R. 1021.313);
- Cash outs won in a money play when it is the same physical currency wagered, ( Note: However, when a customer increases a subsequent cash bet

departing, the increase in the amount of the currency bet would represent a new bet of currency and a transaction in currency) or,

 Jackpots from slot machines or video lottery terminals.

**Identification requirements.** All individuals (except employees conducting transactions on behalf of armored car services) conducting a reportable transaction(s) for themselves or for another person must be identified by means of an official or otherwise reliable record.

Acceptable forms of identification include a driver's license, military or military dependent identification card, passport, alien registration card, state issued identification card, cedular card (foreign), or a combination of other unexpired documents that contain an individual's name and address and preferably a photograph and are normally acceptable by financial institutions as a means of identification when cashing checks for persons other than established customers.

For casino customers granted accounts for credit, deposit, or check cashing, or on whom a CTRC containing verified identity has been filed, acceptable identification information obtained previously and maintained in the casino's internal records may be used as long as the following conditions are met. The customer's identity is reverified periodically, any out-of-date identifying information is updated in the internal records, and the date of each reverification is noted on the internal record. For example, if documents verifying an individual's identity were examined and recorded on a signature card when a deposit or credit account was opened, the casino may rely on that information as long as it is reverified periodically.

When and where to file: This form can be e-filed through the Bank Secrecy Act E-filing System.

Go to http://bsaefiling.fincen.treas.gov/index.jsp to register This form is also available for download on the Web at www.fincen.gov, or may be ordered by calling the IPS Forms Distribution Center at (200) 220-2676

## FINCEN Form 104

(March 2011) Department of the Treasury FinCEN

### **Currency Transaction Report**

Previous editions will not be accepted after September, 2011.

Please type or print.

(Complete all parts that apply-See Instructions)



Check all box(es) that apply: c 🔲 Multiple transactions a 

Amends prior report b Multiple persons Person(s) Involved In Transaction(s) Section A--Person(s) on Whose Behalf Transaction(s) Is Conducted 2 Individual's last name or entity's name 3 First name 4 Middle initial 5 Doing business as (DBA) 6 SSN or EIN 7 Address (number, street, and apt. or suite no.) 8 Date of birth MM DD YYYY 9 City 10 State 11 ZIP code 12 Country code 13 Occupation, profession, or business (if not U.S.) 14 If an individual, describe method used to verify identity: a Driver's license/State i.D. b Passport c Alien registration d 🔲 Other e issued by: f Number: Section B-Individual(s) Conducting Transaction(s) (if other than above). If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s) a 🔲 Armored Car Service b 📋 Mail Deposit or Shipment c 🗋 Night Deposit or Automated Teller Machine d Multiple Transactions e 🔲 Conducted On Own Behalf 15 Individual's last name 16 First name 17 Middle initial 18 Address (number, street, and apt. or suite no.) 19 SSN 24 Date of birth 20 City 21 State 22 ZIP code 23 Country code (If not U.S.) MM DD YYYY 25 If an individual, describe method used to verify identify; a Driver's license/State I.D. b D Passport c Alien registration f Number: d Cther . Part II Amount and Type of Transaction(s). Check all boxes that apply. 28 Date of transaction 0.00 27 Total cash out \$\_ 26 Total cash in \$\_\_ 00.0 YYYY DD 0.00 0.00 Foreign cash in\_ 26a 27a Foreign cash out \_\_\_ (see instructions, page 4) (see Instructions, page 4) 29 Foreign Country\_\_\_ 30 Wire Transfer(s) 31 Negotiable instrument(s) Purchased 34 Deposit(s)/Withdrawal(s) 32 33 Currency Exchange(s) Negotiable instrument(s) Cashed Account Number(s) Affected (if any): Other (specify) Part III Financial Institution Where Transaction(s) Takes Place Enter Regulator or BSA 37 Name of financial institution Examiner code number (see instructions) 38 Address (number, street, and apt. or suite no.) 39 EIN or SSN 43 Routing (MICR) number 40 City 41 State 42 ZIP code 46 Date of signature 44 Title of approving official 45 Signature of approving official YYYY Sign MM 49 Telephone number 47 Type or print preparer's name 48 Type or print name of person to contact Here FinCEN Form 104 (Rev. 03-2011) For Paperwork Reduction Act Notice, see page 4. Cat. No. 37683N

| inCEN Form 104 (Ef. 03-2011)  |              |   |  |                       |                    | Page 2                             |
|---|--------------|---|--|-----------------------|--------------------|------------------------------------|
| . Complete  | applicable   | Multiple Person                         |  | oe 1 is checke        | ıd                 |                                    |
|   |              | 5 parte bolon il con                    | ID OII pag                                       | 90 1 10 0             | •                  |                                    |
| · · · · · · · · · · · · · · · · · · ·   |              | · · ·                                   | <del></del>                                      |                       |                    |                                    |
| Section APerson(s) on Whose Behalf Fan 2 Individual's last name or entity's name  | saction      | s) is Conducted                         | 3 Firs   | it name               |                    | 4 Middle initial                   |
| a marriada o mor marrio er armir e marrio   |              |   |  | ( Hame                |                    | 7 1916-010 11                      |
| 5 Doing business as (DBA)   |              |   |  |                       | 6 SSN or EIN       |                                    |
| 7 Address (number, street, and apt. or suite no.)   |              | · · · · · · · · · · · · · · · · · · ·   | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | <u></u>               | 8 Date of birth    | MM DD YYYY                         |
| 9 City  | 10 State     | 11 ZIP code                             | 12 Coun<br>(if no                                | ntry code             | 13 Occupation, pro | MM DD YYYY<br>fession, or business |
| 14 If an individual, describe method used to verify idea  | ntity:       | Driver's license/State I.               | .D. b 🔲  | Passport c [          | Alien registration |                                    |
| d Other   | e Issued by: | :                                       |  |                       | Number:            |                                    |
| Section BIndividual(s) Conducting Transac   | -4i-m(p) (   | of other than above                     |  |                       |                    |                                    |
|   | e) (e) (e)   | IT OTHER THAN ADOVE;                    |  |                       |                    | a - and displaced                  |
| 15 Individual's last name   |              |   | 1  | 16 First name         |                    | 17 Middle Initial                  |
| 18 Address (number, street, and apt. or suite no.)  |              |   | 1  |                       | 19 SSN             |                                    |
| 20 City   | 21 State     | 22 ZIP code                             |  | intry code            | 24 Date of birth   |                                    |
| 75 If an individual describe matter to the second   |              |   |  |                       |                    | MM DD YYYY                         |
| 25 If an individual, describe method used to verify ide   | •            | Driver's license/State I                |  |                       | _                  |                                    |
| d Other   | e issued by: |   |  | f No                  | umber:             |                                    |
|   |              |   |  |                       |                    |                                    |
| Part I Person(s) Involved in T ransaction   | on(s)        | *************************************** | •  |                       |                    |                                    |
| Section APerson(s) on Whose Behalf Trai   |              | (s) Is Conducted                        |  |                       |                    |                                    |
| 2 Individual's last name or entity's name   |              |   | 3 Firs   | st name               |                    | 4 Middle initial                   |
| 5 Doing business as (DBA)   |              |   |  |                       | 6 SSN or EIN       | )                                  |
| 7 Address (number, street, and apt. or suite no.)   |              |   |  |                       | 8 Date of birth    | ///<br>MM DD YYYY                  |
| 9 City  | 10 State     | 11 ZIP code                             |  | ntry code<br>ot U.S.) |                    | V11117 W                           |
| 14 If an Individual, describe method used to verify idea  | ntity: #     | Driver's license/State I.               | .D. b [  | Passport c            | Alien registration | ofession, or business              |
| d Other   | e Issued by: |   |  |                       |                    | ofession, or business              |
| Section B-Individual(s) Conducting Transac  |              |   |  | T :                   | Number:            | ofession, or business              |
| occupit b-individual(a) conductifig satisat   |              | if other than above)                    | 1  | T 1                   | Number:            | ofession, or business              |
| Am to de date of the second   |              | if other than above                     |  |                       | Number:            |                                    |
| 15 Individual's last name   |              | if other than above                     |  | 16 First name         | Number:            | ofession, or business              |
|   |              | if other than above                     |  |                       | 19 SSN             |                                    |
| 18 Address (number, street, and apt. or suite no.)  |              |   | 23 Cou   |                       |                    | 17 Middle initial                  |
| <ul> <li>15 Individual's last name</li> <li>18 Address (number, street, and apt. or suite no.)</li> <li>20 City</li> <li>25 If an individual, describe method used to verify ide</li> <li>d  Other</li> </ul> | 21 State     | e 22 ZIP code                           | 23 Cou<br>(if n                                  | 16 First name         | 19 SSN             |                                    |

### CERTIFICATE OF SERVICE

I hereby certify that on this 9th day of June 2016, I mailed the NOTICE OF MOTION BY JEFFREY MARK MCMEEL FOR ORDER TO SHOW CAUSE FOR PROBABLE CAUSE RE SHOW CAUSE HEARING ON MAY 20, 2016 AND RE CIVIL CONTEMPT ORDERS BY CHRISTOPHER M. ALSTON AKA BANKRUPTCY JUDGE, GAIL BREHM GEIGER AKA ACTING U.S. TRUSTEE FOR REGION 18 AND MARTIN L. SMITH AKA ATTORNEY FOR THE UNITED STATES TRUSTEE and ORDER, FINCEN FORMS 103, 104 documents at the Post office in Olympia, Washington by first class mail to the clerk of the court:

U.S. Bankruptcy Court 700 Stewart St. #6301 Seattle, WA 98101

and to:

Administrative Office of the United States Courts One Columbus Circle, NE Washington D.C. 20544

The Clerk of the Court shall enter this into the CM/ECF system which will send notification of such filing to all other parties of record pursuant to the CM/ECF system.

By: Jyly much murul Ex Rel

Jeffrey mark mcmeel 900 Jefferson st. SE Olympia, XX 98501 email: <u>jmcmeel@gmail.com</u> http://jmcmeel.blogspot.com