



# Department of Veterans Affairs

OMB Approved No. 2900-0001  
Respondent Burden: 1 hour 30 minutes

(DO NOT WRITE IN THIS SPACE)  
VA DATE STAMP

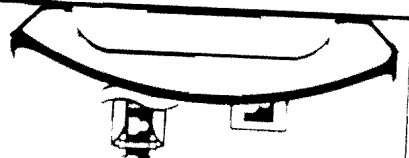
APR 13 2001

VSO, m. m. m.  
Wash. DC 20004

## VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION VA Form 21-526, Part A: General information

Please read the attached "General Instructions" before you fill out this form.

<b>SECTION I</b> Tell us what you are applying for  Check the box that says what you are applying for. Be sure to complete the other Parts you need.	1. What are you applying for? If you are unsure please refer to the "General Instructions" page 2 Section I: Preparing your application <input type="checkbox"/> Compensation ▶ Fill out Part A of Form 21-526 and Parts B and C <input type="checkbox"/> Pension ▶ Fill out Part A of Form 21-526 and Parts C and D <input checked="" type="checkbox"/> Compensation and Pension ▶ Fill out Part A of VA Form 21-526 and Parts B/C and D		
	2a. Have you ever filed a claim with VA <input type="checkbox"/> No (If "No," skip Item 2b and go to Item 3) (If "Yes," provide file number below) <input checked="" type="checkbox"/> Yes (Go to 2b)	2b. I filed a claim for <input type="checkbox"/> Compensation <input checked="" type="checkbox"/> Pension <input type="checkbox"/> Other	
<b>SECTION II</b> Tell us about you  We need information about you to process your claim faster.  Give us your current mailing address in the space provided. If it will change within the next three months, give us that new address in block 29 "Remarks." Also in block 29, give us the date you think you will be at the new address.  OWCP used to be called the U.S. Bureau of Employees Compensation	3. What is your name? <i>Mark Commanche</i> First Middle Last Suffix (if applicable)		
	4. What is your Social Security number? _____	5. What is your sex? <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
	6a. Did you serve under another name? <input checked="" type="checkbox"/> Yes (If "Yes," go to Item 6b) <input type="checkbox"/> No (If "No," go to Item 7)	6b. Please list the other name(s) you served under: <i>Francis Lee G. Gask</i>	
	7. What is your address? <i>1515 Asstmon Dr.</i> Street address, rural route, or P.O. Box Apt. number <i>Publico Colorado 81007</i> City State ZIP Code Country		
	8. What are your telephone numbers? Daytime <i>(719) 5424851</i> Evening <i>special abilities section</i>	9. What is your e-mail address? <i>Section</i>	
	10. What is your date of birth? <i>the first Cavalion</i> <i>05/02/68</i> month day year	11. Where were you born? <i>My identity was stolen</i> <i>Publico Co. U.S.A.</i> City State Country	
12a. Are you receiving disability benefits from the Office of Workers' Compensation (OWCP)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer 12b and 12c also)	12b. When was the claim filed? <i>04/30/01</i> month year	12c. What disability are you receiving benefits for? <i>I have no disability</i>	
13a. What is the name of your nearest relative or other person we could contact if necessary? <i>W. H. Hill</i> <i>1610 1st St</i>	13c. What is his/her telephone number? Daytime ( ) <i>7 and 9</i> Evening ( ) <i>011</i>		





**Department of  
Veterans Affairs**

**PO BOX 25126  
DENVER CO 80225**

*Called 9:13 AM.*

**May 25, 2004**

In Reply Refer To:

FRANKIE R LOPRESTO  
100 MARTIN LUTHER  
KING BLVD  
LAS VEGAS NV 89106

File Number:

PAYEE NO 00  
F R LOPRE

We are still processing your application for COMPENSATION. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

ROBERT K. SHEARIN

VETERANS SERVICE CENTER MANAGER

SUPREME COURT OF THE UNITED STATES  
OFFICE OF THE CLERK  
WASHINGTON, DC 20543-0001

April 24, 2002

WILLIAM K. SUTER  
CLERK OF THE COURT

AREA CODE 202  
479-3011

Rae LoPresto  
1515 Crestmoor Drive  
Pueblo, CO 81001

Dear Ms. LoPresto:

In reply to your letter or submission, received April 23, 2002, I regret to inform you that the Court is unable to assist you in the matter you present.

Under Article III of the Constitution, the jurisdiction of this Court extends only to the consideration of cases or controversies properly brought before it from lower courts in accordance with federal law and filed pursuant to the Rules of this Court. The Court does not give advice or assistance or answer legal questions on the basis of correspondence.

Your papers are herewith returned.

The Rules of this Court are enclosed.

Your video tapes are also returned.

Sincerely,  
William K. Suter, Clerk  
By:

Gail Johnson  
(202) 479-3038

Enclosures

County, Colorado	
<input type="checkbox"/> County Court	<input type="checkbox"/> District Court
Court address: 20 E. Vermijo Ave. PO Box 2180 Colorado Springs, Colorado 80901	
Phone Number:	
IN THE MATTER OF THE PETITION OF: <i>FRANCINE RAE LORESTO (LIE)</i>	
FOR A CHANGE OF NAME TO: <i>THE CREATOR... THE TRINITY (THE TRUTH)</i>	
Attorney or Party Without Attorney (Name and Address): <i>NAME!!</i>	COURT USE ONLY Case Number: <b>02007062</b>
Phone Number: <i>719-542-4851</i>	Division: _____ Courtroom: _____
FAX Number: _____	E-mail: _____ Atty. Reg.#: _____
<b>ORDER FOR CHANGE OF NAME (ADULT)</b>	

The court having read and considered the Petition for Change of Name finds:

1. That the statements made satisfy the statutory requirements;
2. That the desired change of name is proper and not detrimental to the interests of any other person.

THE COURT ORDERS:

1. That the name of *FRANCINE RAE LORESTO (LIE)* is changed to *THE CREATOR... THE TRINITY (TRUTH)*
2. That pursuant to statute, public notice of this change of name shall be published three times in a legal newspaper published in this county. This publication is to be made within twenty days of the date of this order. Proper proof of publication shall be filed with the clerk of the court upon final publication.

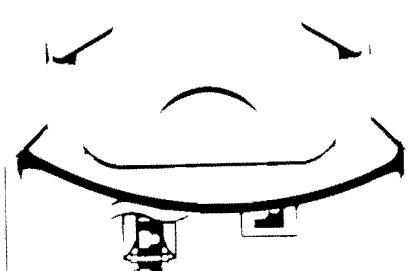
*DANIEL WINOGRAD*  
PUEBLO COUNTY

BY THE COURT:

DATE: *4/10/02*

*[Signature]*  
Judge/Magistrate

Daniel M. Winograd  
Magistrate



County, Colorado	
<input type="checkbox"/> County Court	<input type="checkbox"/> District Court
Court address: 20 E. Vermijo Ave. PO Box 2180 Colorado Springs, Colorado 80901	
Phone Number:	
IN THE MATTER OF THE PETITION OF: <i>FRANZINE RAE LOPRESTO (LIE)</i>	
FOR A CHANGE OF NAME TO: <i>THE CREATOR... THE TRINITY (THE TRUTH)</i>	
Attorney or Party Without Attorney (Name and Address): <i>NAME!!</i>	COURT USE ONLY Case Number: <i>02007062</i>
Phone Number: <i>7195424851</i>	Division: Courtroom
FAX Number:	E-mail: Atty. Reg.#:
<b>ORDER FOR CHANGE OF NAME (ADULT)</b>	

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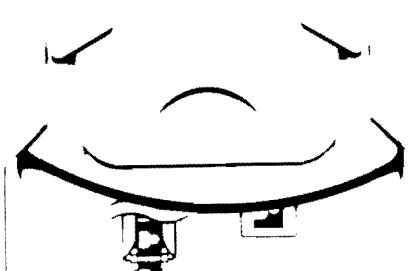
1. That the name of *FRANZINE RAE LOPRESTO (LIE)* is changed to *THE CREATOR... THE TRINITY (TRUTH)*
2. That pursuant to statute, public notice of this change of name shall be published three times in a legal newspaper published in this county. This publication is to be made within twenty days of the date of this order. Proper proof of publication shall be filed with the clerk of the court upon final publication.

*DANIEL WINOGRAD*  
PUEBLO COUNTY  
BY THE COURT:

DATE: *4/10/02*

*[Signature]*  
Judge/Magistrate

Daniel M. Winograd  
Magistrate



C.S. Denied Residency... High Crimes Pueblo Denied... Lier... United Nations Security Council Called . Investigate and United Nations Charters VII art. 39 and 40... etc. Sent full line of Video Tapes.

<input checked="" type="checkbox"/> County Court <input type="checkbox"/> District Court		<i>Case Numbers</i> <i>2 Dates</i> <i>Diplomatic Attempts</i> <i>012417 013001</i> <i>202302 042502</i>
El Paso County, Colorado Court Address: 20 E. Vermijo Ave., P.O. Box 2980, Colorado Springs, Colorado 80901		
IN THE MATTER OF THE PETITION OF: Francine Rae LoPresto (Lie)		<i>Pueblo</i> <i>Pueblo</i>
FOR A CHANGE OF NAME TO: The Creator... The Trinity (The Truth)		Error! Hyperlink reference not valid. <b>COURT USE ONLY</b>
Attorney or Party Without Attorney (Name and Address): The Creator... IN USA P.R. LoPresto 1515 Crestmoor Dr. Pueblo Co. 81001 (Physical & All Energy Systems) Phone Number 719-542-4851 E-mail: HTTP://Hometown.aol.com/Creatorcic FAX Number: Atty. Reg. #:		Case Number:  Division                      Courtroom
<b>PETITION FOR CHANGE OF NAME (ADULT)</b>		

PETITIONER STATES: Colorado... My Planet Earth

1. My current full name is Francine Rae LoPresto
  2. I am eighteen (18) years of age or older.    Yes
  3. I am a resident of Pueblo (Owner of an Infinite Kingdom) County, Colorado.
  4. I wish to change my name to The Creator... The Trinity (The Truth)
  5. The reason I want to change my name is MY NAME "IS" The Creator... The Trinity.  
I AM THE TRUTH. MONARCH TO AN INFINITE KINGDOM. OWNER OF ALL SOLAR AND STAR SYSTEMS IN ALL DIMENSIONS. I AM THE SUPREME COURT.
  6. The proposed change of name would be proper and not detrimental to the interest of any other person. YES.
  7. I ask the Court to order the name change. The right thing to do. I ISSUE DIVINE SUPREME ORDERS. YES, PLEASE.
- The petitioner states under oath that the contents of this petition are true.

ABSOLUTE TRUTH.

*Francine Rae LoPresto*  
Signature of Parent/Petitioner

Francine Rae LoPresto... The Creator..  
Type or Print Name                      The Trinity

1515 Crestmoor Dr. Pueblo, Co. 81001  
Address

Physical and All Energy Systems Infinitely  
719-542-4851 & All Solar and Star Systems  
Telephone No.

Subscribed and affirmed, or sworn to before me in the County of Pueblo State of Colorado this 28<sup>th</sup> day of March, 2002

My commission expires: 07-24-03

*Debra J. Henzler*  
Deputy Clerk/Notary Public

**CUSTOMER SHIPPING RECORD**



<b>FROM:</b>		[Redacted]		[Redacted]	
CITY		STATE		ZIP CODE	
1515 [Redacted] Dr.		CO		87002	
[Redacted]		[Redacted]		PHONE (719) 547-4851	
<b>SHIP TO: (PLEASE PRINT CLEARLY AND PRESS HARD)</b>			<b>TRACKING NUMBER</b>		<b>PACKAGE INFORMATION:</b>
NAME		RESIDENTIAL?		ADD'L HAND.	
[Redacted]		1		1 of 1	
COMPANY		[Redacted]		FedEx	
STREET ADDRESS		PHONE		SpH OS AddH Resi	
1700 Pen. Ave.		(202) 456-1121		(lbs) DV	
APT. SUITE, ETC.		(202) 456-1414		1.15 \$100 \$4.43	
CITY		STATE		RES <sup>5</sup>	
Wash. D.C.		CO		OTHER	
201500		DECLARED VALUE \$		THIS PACKAGE CONTAIN DANGEROUS GOODS?	
[Redacted]		[Redacted]		YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME		RESIDENTIAL?		ADD'L HAND.	
[Redacted]		2		84 <sup>4</sup> O.S.	
COMPANY		[Redacted]		RES <sup>5</sup>	
STREET ADDRESS		PHONE		OTHER	
[Redacted]		[Redacted]		DOES THIS PACKAGE CONTAIN DANGEROUS GOODS?	
APT. SUITE, ETC.		CITY		YES <input type="checkbox"/> NO <input type="checkbox"/>	
[Redacted]		70000 52000 1733801 009		DECLARED VALUE \$	
CITY		STATE		ZIP CODE	
[Redacted]		[Redacted]		[Redacted]	
CONTENT DESCRIPTION		DECLARED VALUE \$		OTHER	
For Classified Material		[Redacted]		DOES THIS PACKAGE CONTAIN DANGEROUS GOODS?	
[Redacted]		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME		RESIDENTIAL?		ADD'L HAND.	
[Redacted]		3		84 <sup>4</sup> O.S.	
COMPANY		[Redacted]		RES <sup>5</sup>	
STREET ADDRESS		PHONE		OTHER	
[Redacted]		[Redacted]		DOES THIS PACKAGE CONTAIN DANGEROUS GOODS?	
APT. SUITE, ETC.		CITY		YES <input type="checkbox"/> NO <input type="checkbox"/>	
[Redacted]		[Redacted]		DECLARED VALUE \$	
CITY		STATE		ZIP CODE	
[Redacted]		[Redacted]		[Redacted]	
CONTENT DESCRIPTION		DECLARED VALUE \$		OTHER	
[Redacted]		[Redacted]		DOES THIS PACKAGE CONTAIN DANGEROUS GOODS?	
[Redacted]		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	

I, Shipper, acknowledge that I have verified the shipping information on this WSC Customer Shipping Record and agree that the package(s) are hereby tendered to FedEx Ground Service Package System, Inc. and are subject to all terms and conditions of the FedEx Ground Service Guide, Tariff 200, and the terms and conditions on the reverse of this Record, each as in effect at time of shipment. FedEx Ground, its affiliates and contractors, will not be responsible for any claims in excess of \$100 per package whether the result of loss, damage, delay, non-delivery, mis-delivery, or misinformation, unless you declare a higher value and pay an additional charge. I certify that the package(s) hereby tendered contain no hazardous materials.

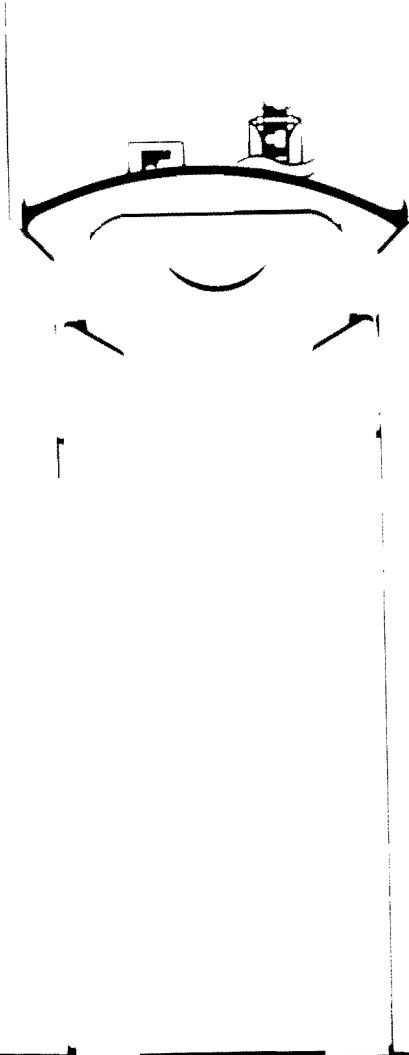
*IN THE USA Shipper's Name Identity*  
*Johnnie Lee Go... [Redacted]*  
 CUSTOMER SIGNATURE for acceptance of Terms and Conditions on reverse [Redacted] TOTAL NO. PKGS

THE MAXIMUM WEIGHT IS 150 LBS. THE MAXIMUM GIRTH IS 130 INCHES. THE MAXIMUM LENGTH IS 108 INCHES. OTHER RESTRICTIONS MAY APPLY AS PER THE TARIFF.  
<sup>1</sup> INCREASE FRACTIONS OF A POUND TO FULL POUND.  
<sup>2</sup> 'ADD'L HAND' CARRIES A SURCHARGE FOR ANY PACKAGE 1) BETWEEN 60 AND 108 INCHES IN LENGTH, 2) NOT FULLY ENCASED IN AN OUTSIDE SHIPPING CONTAINER, 3) ENCASED IN AN OUTSIDE SHIPPING CONTAINER MADE OF METAL OR WOOD, OR 4) ANY DRUM OR PAIL LESS THAN 5 GALLONS NOT FULLY ENCASED IN A SHIPPING CONTAINER MADE OF CORRUGATED CARDBOARD. SEE TARIFF FOR RATES.  
<sup>4</sup> '84' O.S.' APPLIES A 30-POUND RATE TO A PACKAGE THAT MEASURES BETWEEN 84 AND 130 INCHES IN COMBINED LENGTH AND GIRTH AND WEIGHS LESS THAN 30 POUNDS. A PACKAGE THAT MEASURES BETWEEN 84 AND 130 INCHES IN COMBINED LENGTH AND GIRTH AND WEIGHS MORE THAN 30 POUNDS WILL BE RATED AT ITS ACTUAL WEIGHT  
<sup>5</sup> 'RES' APPLIES TO A PACKAGE THAT REQUIRES DELIVERY TO A RESIDENCE. SEE TARIFF FOR RATES. MONEY-BACK GUARANTEE DOES NOT APPLY.  
<sup>7</sup> DECLARED VALUE APPLIES RATE FOR EACH \$100.00 OF ADDITIONAL VALUE OR FRACTION THEREOF. SEE TARIFF FOR RATES.  
 SHIPPER AGREES NOT TO TENDER DANGEROUS GOODS, AND TO PROVIDE AN ACCURATE CONTENT DESCRIPTION.

**PLEASE REVIEW IMPORTANT TERMS AND CONDITIONS ON REVERSE. THIS RECEIPT IS REQUIRED FOR FILING CLAIMS.**

*Pop Now!*

FOR CUSTOMER SERVICE, OR FOR CLAIMS INFORMATION, CALL 1-800-Go-FedEx (1-800-463-3339)



**Department of  
Veterans Affairs**

PO BOX 25126  
DENVER CO 80225

August 13, 2001

In Reply Refer To:

FRANKIE R LOPRESTO  
1515 CRESTMOOR DR  
PUEBLO CO 81007

File Number:

PAYEE NO 00  
F R LOPRE

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ROBERT K. SHEARIN  
VETERANS SERVICE CENTER MANAGER



