

COPY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) <del>GERALD ARMSTRONG</del> <b>GERRY ARMSTRONG</b> #1-45950 Alexander Avenue Chilliwack, B.C. V2P 1L5 Canada		TELEPHONE NO. 604-703-1373	FOR COURT USE ONLY  <h1>FILED</h1> AUG 24 2004  JOHN P. MONTGOMERY, Court Executive Officer MARIN COUNTY SUPERIOR COURT BY: B. SMITH, DEPUTY
ATTORNEY FOR (Name): GERALD ARMSTRONG In Pro Per			
NAME OF COURT: MARIN COUNTY SUPERIOR COURT STREET ADDRESS: 3501 Civic Center Drive MAILING ADDRESS: San Rafael, CA 94903 CITY AND ZIP CODE: BRANCH NAME:			
CASE NAME: Church of Scientology International v. Gerald Armstrong			
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)		CASE NUMBER CV 021632	

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): GERALD ARMSTRONG makes the following substitution:

1. Former legal representative  Party represented self  Attorney (name): Ford Greene, CSB 107601
2. New legal representative  Party is representing self  Attorney
- a. Name: ~~GERALD ARMSTRONG~~ **Gerry Armstrong** b. State Bar No. (if applicable): n/a
- c. Address (number, street, city, ZIP, and law firm name, if applicable): #1-45950 Alexander Avenue  
Chilliwack, B.C. V2P 1L5  
Canada
- d. Telephone No. (include area code): 604-703-1373
3. The party making this substitution is a  plaintiff  defendant  petitioner  respondent  other (specify):

**\*NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

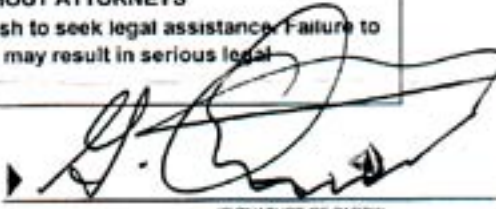
- Guardian
- Personal representative
- Guardian ad litem
- Conservator
- Probate fiduciary
- Unincorporated association
- Trustee
- Corporation

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

**NOTICE TO PARTIES WITHOUT ATTORNEYS**

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.  
 Date: \_\_\_\_\_  
 GERALD ARMSTRONG  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF PARTY)

5.  I consent to this substitution.  
 Date: August 17, 2004  
 FORD GREENE, ESQ.  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF FORMER ATTORNEY)

6.  I accept this substitution.  
 Date: \_\_\_\_\_  
 GERALD ARMSTRONG  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

CASE NAME: Church of Scientology International v. Gerald Armstrong	CASE NUMBER: CV 021632
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**PROOF OF SERVICE BY MAIL**  
**Substitution of Attorney – Civil**

*Instructions: After having all parties served by mail with the Substitution of Attorney–Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney–Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.*

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (specify): #1-45950 Alexander Avenue  
 Chilliwack BC V2P 1L5
2. I served the Substitution of Attorney–Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of mailing: Aug 18, 2004 (2) Place of mailing (city and state): Chilliwack BC CANADA

3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: August 18, 2004

Caroline Letteman  
(TYPE OR PRINT NAME)



(SIGNATURE)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

4. a. Name of person served: ANDREW H. WILSON, ESQ.  
 b. Address (number, street, city, and ZIP): WILSON CAMPILONGO LLP  
 475 Gate Five Road, Suite 212  
 Sausalito, CA 94965  
 U.S.A.
- c. Name of person served:  
 d. Address (number, street, city, and ZIP):

- e. Name of person served:  
 f. Address (number, street, city, and ZIP):

- g. Name of person served:  
 h. Address (number, street, city, and ZIP):

- i. Name of person served:  
 j. Address (number, street, city, and ZIP):

List of names and addresses continued in attachment.