VANESSA L. NAISHA,) CIVIL ACTION NO.
PLAINTIFF) CIVIL ACTION NO.
V.))) JURY TRIAL DEMANDED
GILEAD SCIENCES,) JOKT TRIAL DEMANDED
DEFENDANT)
)

COMPLAINT UNDER DELAWARE SUPERIOR COURT CIVIL RULE 17 FOR DAMAGES

1. This is a personal injury action by Plaintiff Vanessa L. Naisha against Gilead Sciences based upon the following: 1) Strict Products Liability – Design Defect and Failure to Warn; 2) Negligent Products Liability – Design Defect; 3) Breach of Implied Warranty; 4) Breach of Express Warranty; 5) Failure to Comply with the Federal Food, Drug, and Cosmetic Act, and; 6) Deceptive Marketing Strategies.

BACKGROUND

- 2. In January of 1986, Plaintiff was diagnosed with Human Immunodeficiency Virus (HIV) while in the custody of the federal authorities.
- 3. When Truvada hit the market Plaintiff was immediately prescribed it.¹
- 4. In 2009, Plaintiff began to lose balance and started to experience excruciating pain in her hips.
- 5. In 2010, Plaintiff was confined to a wheel-chair due to both of her hips failing.
- 6. On May 16, 2011, Plaintiff underwent surgery and her left hip was replaced by Doctor Richard Dushuttle. (Exhibit A).²
- 7. On October 17, 2011, Plaintiff underwent surgery for a second time and her right hip was replaced (Exhibit A).

¹ Plaintiff started taking Truvada in the early 2000s.

² To avoid confusion, Plaintiff's name was changed from Kevin Lee Riley to Vanessa Lee Naisha in the Delaware Superior Court of Common Pleas for New Castle County.

- 8. During the second surgery which lasted longer than expected by doctors, Plaintiff went into the Intensive Care Unit and needed a blood transfusion. Electricity had to be run through Plaintiff's entire body seven times and Plaintiff was able to regain consciousness the seventh time.
- 9. After tests it was determined that Plaintiff's bone mineral density was osteopenic and her hips suffered advanced avascular necrosis, but the doctors were unclear as to where it came from (Exhibit B).
- 10. Necrosis refers to the death of tissue cells, when the supply of blood is not sufficient (ischemia), or as a result of an infection (such as in the case of tuberculosis). It can also be caused by damage brought about by extreme temperatures, or exposure to radiation or harmful chemicals. See Medical Terminology, Second Edition By: David Anderson.
- 11. Plaintiff did not suffer from tuberculosis, extreme temperatures, or exposure to radiation; however, Plaintiff did in fact ingest harmful chemicals.
- 12. In 2018, Plaintiff learned via television that Gilead Sciences ("Defendant") failed to warn consumers that Truvada contained toxicity that caused bone injuries such as osteopenia, osteoporosis, and bone fractures. <u>See TDFLAWSUIT.COM.</u>
- 13. It was further learned by Plaintiff via <u>TDFLAWSUIT.COM</u> that U.S. Food and Drug Administration (FDA) issued warning letters two times to Defendant over its TDF marketing practices.
- 14. The FDA claimed company sales representatives had violated the law by giving doctors and patients false and misleading information regarding TDF's side effects. <u>Id.</u>
- 15. Defendant acted out of sheer greed as well as recklessness when it shelved the safer drug TAF in order to increase its long-term profits.
- 16. It was further learned by Plaintiffs via <u>POZ.COM</u> that antiretroviral treatment for HIV will in fact cause bone mineral density to drop at the hip and spine which provides an explanation for her decline in bone mineral density and for her hips failing (Exhibit C).
- 17. Defendant failed to rectify a known defect in the formulation of Tenofovir Disoproxil Fumarate, despite knowing there is a safer alternative drug.
- 18. Plaintiff had a right to know and Defendant had an obligation to warn Plaintiff fully of each and every side effect of Truvada.
- 19. Plaintiff put her trust in Defendant with hopes of getting treatment for HIV. She was oblivious to the fact that all these years she was ingesting poison.

THE PRODUCT

20. This cause of action is predicated on product liability theories of strict liability, implied warranty, and negligence. The product complained of was a toxic product manufactured, sold and/or distributed by the Defendant and said product was prescribed to Plaintiff and caused her bone mineral density to drop significantly and her hips to fail, which as a result had to be replaced. Plaintiff will show that the toxic product was purchased with no warning on the package.

COUNT I: NEGLIGENCE

- 21. Plaintiff alleges that Defendant was negligent in the design, manufacture, production, testing and labeling of the aforementioned toxic product (Truvada) in that Defendant, acting by and through its duly agents, servants, and employees, is guilty of the following acts or omissions, each of which were and do constitute negligence:
- (a) Defendant failed to adequately warn Plaintiff of the hazards associated with the ingestion of Truvada;
- (b) Defendant failed to properly design and manufacture said product for safe use;
- (c) Defendant failed to heed to FDA warnings regarding the misrepresentation of the product; and
- (d) Defendant failed to provide adequate warnings with said product.

Each and all of the aforesaid acts and omissions taken singularly or collectively were a direct and proximate cause of the damages sustained by the Plaintiff.

COUNT II: STRICT LIABILITY

- 22. The toxic product that was used by Plaintiff was designed and manufactured by Defendant and subsequently sold, directly and indirectly, to the ultimate consumer. Said Truvada product was defectively designed in that it contained toxicity, and although a safer drug was available at all times material to this litigation, said product left the hands of the Defendant in a defective condition not reasonably fit for the purposes and uses for which they were intended at the time it left Defendant's hands. Said defective condition rendered the product unreasonably dangerous.
- 23. Plaintiff will show that Defendant is engaged in the business of selling such product and this product, without substantial change in condition after it was sold, was a producing cause of the decline of Plaintiff's bone mineral density and her hips failing.
- 24. Defendant knew that Truvada would be used without inspection and by placing it on the market without adequate warning, represented that it was safe for ingesting.
- 25. Plaintiff further says that the product in question was defective and not reasonably fit for its intended use at the time it left the Defendant's hands in that the Defendant failed to

adequately warn the consumers of the dangers associated with the ingestion of Truvada. The absence of an adequate and timely warning on the part of the Defendant rendered the said toxic product unreasonably dangerous at the time it left the Defendant's hands and was a producing cause of the damages sustained by the Plaintiff.

COUNT III: IMPLIED WARRANTY

- Plaintiff alleges that the Defendant was guilty of breach of expressed warranty in failing 26. to manufacture and deliver the said Truvada product in safe conditions and free from defects as required by the Uniform Commercial Code.
- 27. Further, Defendant is guilty of breach of implied warranty that the Truvada was of a merchantable quality, safe and fit for the purposes for which it was intended.
- Plaintiff suffered low bone mineral density and lost her hips as a consumer relying upon 28. these express and implied warranties of fitness.
- 29. Defendant breached said warranties and instead sold and delivered a product that was not safe or fit for the use for which it was intended, and said product directly and proximately caused Plaintiff's injuries.

CAUSATION

Plaintiff alleges that Defendant produced the said toxic product and that said product was 30. the proximate cause of Plaintiff's low bone mineral density and her hips failing.

LOSS OF MOBILITY

- Plaintiff suffered low bone mineral density and loss of her hips. Plaintiff's hips are in 31. constant pain due to the replacements which are attached by screws. Plaintiff's physical activity is extremely limited due to her hip replacements. Should she do too much, it will cause her hips to come apart.
- 32. Plaintiff sues for the amount of Ten Million dollars for the pain and suffering endured by her ingestion of toxicity.
- WHEREFORE, Plaintiff Vanessa L. Naisha demands judgment against the Defendant for 33. general and special damages, for the cost of this suit, and any further relief the Court deems just.

Respectfully submitted, /s/ Vanessa L. Naisha

Vanessa L. Naisha

Anusha Aller
1 have Power of Attorney - see
endged POA document.

SBI No. 641310 James T. Vaughn Correctional Center 1181 Paddock Road Smyrna, DE 19977

Dated: May 12, 2019

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE IN AND FOR NEW CASTLE COUNTY

VANESSA L. NAISHA,) CIVIL ACTION NO.
PLAINTIFF) CIVIL ACTION NO.
V.)) JURY TRIAL DEMANDED
GILEAD SCIENCES,)
DEFENDANT)))

MOTION FOR APPOINTMENT OF COUNSEL

Vanessa L. Naisha Moves the Court, pursuant to the Superior Court Rules of Civil Procedure for an order appointing her counsel based upon the following:

- 1. Plaintiff is incarcerated;
- 2. Plaintiff has a 5th grade education;
- Plaintiff does not understand nor can she comprehend the intricacies of corporate law and challenging a drug company;
- 4. Plaintiff is mentally ill, housed in the mental health unit, taking psychiatric medications, and is on hormone replacement therapy which causes her severe mood swings;
- 5. The matter will require complex investigation and research and Plaintiff's medical files will need to be located and retrieved from several states and medical facilities in order for her to prove her claims and only legal counsel will be in a position to do so; and
- 6. Challenging a drug company will require appropriate but complex discovery requests in order to substantiate Plaintiff's allegations against Defendant.

Plaintiff respectfully prays that this honorable Court appoints her counsel, places a stay on the Proceedings, and permits counsel a reasonable amount of time to investigate and amend the complaint as counsel sees fit.

Respectfully submitted,

/s/ Vanessa L. Naisha

Vanessa L. Naisha (see enclosed

SBI No. 00641310 Power of Attorney document)

James T. Vaughn Correctional Center

1181 Paddock Road Smyrna, De 19977

Dated: May 12, 2019

SUPERIOR COURT EFILED: Jul 11 2019 12:12PM CIVIL CASE INFORMATION STATEMENT (CIS) 63535488

S

COUNTY:

Case No. N19C-07-083 AML
CIVIL ACTION NUMBER: 10 C 0 7 - 08

Caption: Ugnessa L. Naisha Plaintiff U. Gilead Sciences Defendant	Civil Case Code: CPRL Civil Case Type: Products Labitic (SEE REVERSE SIDE FOR CODE AND TYPE) MANDATORY NON-BINDING ARBITRATION (MNA) Name and Status of Party filing document: Uanesea, L. Naisha Paintff Document Type: (E.G.; COMPLAINT; ANSWER WITH COUNTERCLAIM) Complaint Jury Demand: Yes No
	JURY DEMAND: YES NO NO
ATTORNEY NAME(S): Pro Se ATTORNEY ID(S): FIRM NAME: Vanessa L. Naisha ADDRESS: SBI No. 00641310 James T. Veughn Carr. Chr II & I Paddock Rd Swyrng, Del. 19977 TELEPHONE NUMBER:	IDENTIFY ANY RELATED CASES NOW PENDING IN THE SUPERIOR COURT OR ANY RELATED CASES THAT HAVE BEEN CLOSED IN THIS COURT WITHIN THE LAST TWO YEARS BY CAPTION AND CIVIL ACTION NUMBER INCLUDING JUDGE'S INITIALS:
FAX NUMBER: E-MAIL ADDRESS:	OTHER UNUSUAL ISSUES THAT AFFECT CASE MANAGEMENT:
	(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH PAGE)
	(The street of
THE PROTHONOTARY WILL NOT PROCESS THE COMPLAINT, ANSWE	IL

THE CASE INFORMATION STATEMENT (CIS) IS FILED. THE FAILURE TO FILE THE CIS AND HAVE THE PLEADING PROCESSED FOR SERVICE MAY

RESULT IN THE DISMISSAL OF THE COMPLAINT OR MAY RESULT IN THE ANSWER OR FIRST RESPONSIVE PLEADING BEING STRICKEN.

SUMMONS

EFiled: Jul 11 2019 12:12PM PDT Transaction ID 63535488 Case No. N19C-07-083 AML

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

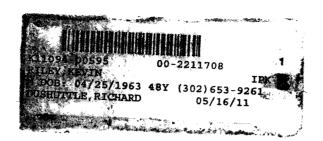
Vanessa L. WaisHA	Ś	C.A. No	and the same of th
Plaintiff,))		
Gilead Sciences)	SUMMONS	
Defendant)		
THE STATE OF DELAWARE, TO THE SHERIFF OF NO CAST COUNTY: YOU ARE COMMANDED:			
To summon the above named defenservice hereof upon defendant, exclusionable serve upon language language address is bloogy 13 10 14 14 added (and, if the complaint contains a specito answer any or all allegations of the of defense).	compla	itation reduiring in	e detendane in affiidatoir
Dated:	*	Susan A. Hearn Prothonotary	
		Per Deputy	
TO THE ABOVE NAMED DEFENDANT: In case of your failure, within 20 exclusive of the day of service, to servian answer to the complaint (and, if notation requiring the defendant to arcomplaint by affidavit, an affidavit of rendered against you for the relief demandered against you for the relief dem	ve on p the on swer a defense	laintiff's attorney complaint contains any or all allegati e), judgment by defa	named above
		Susan A. Hearn Prothonotary	
		Per Deputy	

Case No. N19C-07-083 AML IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

Vanessa L	Nasha PRAECI	PE	
vs. Gilead Scie	? Nas	Civil Action No.	NCORFEE SON
Please issue _	1209 orange Wilmington,	Strect Delaware 19801	INCOUNTED DON 1107
		Plaintiff SBI OOGY I Address James T. L 1181 Padd 5myrng,	310
	08:11 A 11 JUL P105	Phone	· ·
ΓΟ: Prothonotary	XWYLC		



Exhibit A



K11278-00979 RILEY, KEVIN

OSK

M DOB: 04/25/1963 48Y (302)653-9261 DUSHUTTLE, RICHARD 10/17/11



Exhibit B



Patient Name:

Riley, Kevin L

Medical Record#:

78892

Gender:

Male

Date of Birth: Patient Phone: April 25, 1963 (302)653-9261

Accession Number:

Procedure Date:

89357

May 2, 2012 10:30

Procedure:

BONE DENSITY DEXA SCAN

Referring Physician: RO

RODGERS, DALE MD

BONE DENSITOMETRY:

CLINICAL INDICATION: History of bilateral AVN of the hips and post bilateral hip replacements.

TECHNIQUE: Dual-energy X-ray Absorptiometry (DXA) of the lumbar spine was performed. The hips cannot be evaluated as the patient is post bilateral hip replacements.

Lumbar Spine (L1-L3):

Bone density = 0.939 g/cm2, which is osteopenic. This is equivalent to 2.3 standard deviations (T-score) below mean peak bone density of the young normal. This is 2.8 standard deviations (Z-score) below mean value for age- and gender-matched controls.

IMPRESSION:

1. This patient's bone mineral density is osteopenic according to the WHO classification system.

Electronically signed by: Anush Parikh, MD (05/02/2012 14:13)

51012

Page 1 of 1

710 South Queen Speet Dover Deloves 1975 372-724-7599



710 South Queen Street Dover, DE 19904 Ph: (302) 734-9888

Patient Name:

RILEY, KEVIN

Date:

Nov 12, 2010

Date of Birth:

Apr 25, 1963

Accession: 46602

Medical Record #:

78892 Patient Age/Gender: 47, M

Physician: DALE RODGERS, MD

Patient Phone:

302/653-9261

CC To:

Procedure: MRI - HIP (LEFT) W/O IV

CLINICAL INDICATION: Worsening left hip pain for one year.

TECHNIQUE: The following sequences were performed: coronal T1, coronal inversion recovery, sagittal T2, axial T1, and axial T2.

FINDINGS: There is fragmentation and collapse of the femoral head with flattening of the superior and medial contours. There is marrow edema in the femoral head. The edema does not extend into the femoral neck. There is diffuse joint space loss most marked in the superior and axial directions. There are advanced subchondral degenerative changes in the acetabulum with subchondral cysts and reactive marrow edema. This appearance is consistent with advanced avascular necrosis of the femoral head with marked osteoarthritis of the joint. There is a small amount of joint fluid.

There is no trochanteric bursitis. The gluteal, iliopsoas and hamstring tendons are intact. There is no muscle atrophy. The proximal sciatic nerve is unremarkable.

IMPRESSION:

1. Advanced avascular necrosis of the femoral head with diffuse edema, fragmentation and collapse. Concomitant marked osteoarthritis of the joint.

THIS IS AN ELECTRONICALLY SIGNED REPORT Francesca Beaman, MD **Board Certified Radiologist**

Electronically signed by National Rad, MDI 11/15/2010 9:38:5

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Page 1 of 1

Create Date: 2010-11-12



Patient Name:

RILEY, KEVIN

Medical Record#:

78892

Gender:

Date of Birth: Patient Phone: Male

April 25, 1963 (302)653-9261 Accession Number:

Procedure Date:

November 12, 2010 10:15

Procedure:

MRI - HIP (LEFT) W/O IV

Referring Physician: RODGERS, DALE MD

46602

CLINICAL INDICATION: Worsening left hip pain for one year.

TECHNIQUE: The following sequences were performed: coronal T1, coronal inversion recovery, sagittal T2, axial T1, and axial T2.

FINDINGS: There is fragmentation and collapse of the femoral head with flattening of the superior and medial contours. There is marrow edema in the femoral head. The edema does not extend into the femoral neck. There is diffuse joint space loss most marked in the superior and axial directions. There are advanced subchondral degenerative changes in the acetabulum with subchondral cysts and reactive marrow edema. This appearance is consistent with advanced avascular necrosis of the femoral head with marked osteoarthritis of the joint. There is a small amount of joint fluid.

There is no trochanteric bursitis. The gluteal, iliopsoas and hamstring tendons are intact, There is no muscle atrophy. The proximal sciatic nerve is unremarkable.

IMPRESSION:

1. Advanced avascular necrosis of the femoral head with diffuse edema, fragmentation and collapse. Concomitant marked osteoarthritis of the joint.

THIS IS AN ELECTRONICALLY SIGNED REPORT Francesca Beaman, MD **Board Certified Radiologist**

Electronically signed by: NATIONAL RAD, MDI (Nov 15, 2010 09:38:05)

Page 1 of 1

Dover Delaware 196



MRI/MRA . CT/CTA . Mammography . Ultrasound Professional services by: X-Ray Associates, P.A.

REFERRING PHYSICIAN:

DUSHUTTLE, RICHARD

PATIENT'S NAME:

MRN #: DATE OF BIRTH:

RILEY, KEVIN (0000)000904-843742 04/25/63

DATE OF SERVICE: CHART #: STUDY:

06JAN11

PELVIS ROUT 1-2 VIEWS

History: Pain.

Technique: AP radiograph of the pelvis.

Comparison: No prior study is available for comparison.

Findings: Chronic avascular necrosis involves the femoral heads bilaterally, left side much greater than right. There is flattening of the articular surfaces superiorly with subchondral collapse preferentially involving the left side. Moderate secondary osteoarthritis is developing, left side greater than right. The pubic symphysis and sacroiliad joints are intact.

Chronic avascular necrosis of the hips bilaterally with flattening of the superior articular surfaces, subchondral collapse preferentially in the left side, and secondary osteoarthritis again involving the left hip more than the right. Impression:

> DANIEL B. MALONEY, D.O. RADIOLOGIST (Electronically Signed)

DBM:DBM:DBM Tr: 01/06/11 Ve: 01/06/11

CC:

Controlized Schoduling 302-838-3088 • 877-838-3088 • Pay 302-838-8017

Christiana Hospital

· Helen F. Graham Cancer Center

Wilmington Hospital
 Christiana MAP I, Suite 107

• Foulkstone Plaza · HealthCare Center Christiana Springside Plaza Sloney Batter

Middletown CareCenter

Dove

* Smyma Health & Wellness Cente



710 South Queen Street Dover; DE 19904 Ph: (302) 734-9888

Patient Name:

RILEY, KEVIN

Date:

Jul 22, 2011

Date of Birth:

Apr 25, 1963

Accession: 63923

Medical Record #: Patient Age/Gender: 48, M

78892

Physician: DALE RODGERS, MD

Patient Phone:

302/653-9261

CC To:

Procedure: MRI - HIP (RIGHT) W/O IV

CLINICAL INDICATION: Evaluate for avascular necrosis of the right hip. Right hip pain for 2 years with no

COMPARISON: Comparison is made with the MRI report of the left hip dated 12 November 2010.

TECHNIQUE: Multiplanar, multisequence MR imaging performed through the right hip.

CONTRAST: No contrast administered.

FINDINGS: There is a large geographic area of subchondral marrow abnormality involving the superior medial aspect of the femoral head. The area of concern measures approximately 4.3 cm in transverse diameter and 4.4 cm in AP diameter. The findings are suspicious for avascular necrosis. There is a 2 cm area of linear fluid signal undermining the cortex with early cortical collapse and fragmentation. There is severe secondary os coarthritis with high-grade chondral loss involving the central and peripheral aspect of the acetabulum and femoral head. There are marginal osteophytes present. There is a large joint effusion with some debris within the effusion.

The muscles and tendons adjacent to the right hip including the adductors, hamstring tendons and gluteus musculature appear normal. No significant fluid within the greater trochanteric bursa. No pelvic mass identified.

IMPRESSION:

- 1. There is a 4.3 x 4.4 cm area of avascular necrosis within the subchondral region of the right fem ral head. There is cortical collapse and early fragmentation.
- 2. Severe secondary osteoarthritis of the right hip. Moderate volume hip effusion with evidence of synovitis and debris within the joint fluid.

Timothy G. Sanders, MD Board Certified Radiologist

Electronically signed by National Rad, MDI 7/25/2011 15:29:17

Page 1 of 1

Create Date: 2011-7-22

MID-DELAWARE IMAGING

710 South Queen Street Dover, DE 19904

Patient: Birth Date: RILEY, KEVIN

4/25/1963 49.0 years 69.0 in. 169.0 lbs.

Height / Weight: Sex / Ethnic:

Male Black

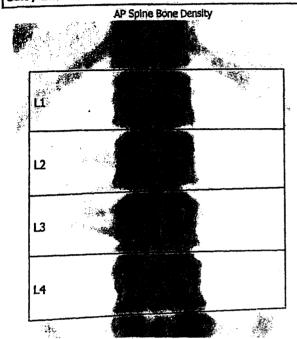
Patient ID:

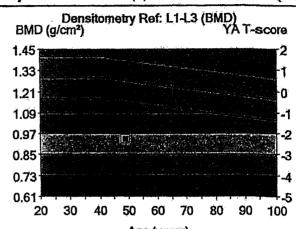
78892

Referring Physician: SURDO, LINDA

Measured: Analyzed: 5/2/2012 5/2/2012 11:34:03 AM (13.31)

11:35:13 AM (13.31)





Age (years)

1 7			3
Region	BMD (g/cm²)	Young-Adult T-score	Age-Matched Z-score
L1	0.884	-2.3	-2.8
1.2	0.968	-2.3	-2,8
L3	0.962	-2.3	-2,8
L4	0.964	-2.3	-2.8
L1-L3	0.939	-2.3	-2.8
L1-L4	0. 94 6	-2.3	-2.8

COMMENTS:

Image not for diagnosis

Printed: 5/2/2012 11:40:53 AM (13.31)76:3.00:50.00:12.0 0.00:9.90

0.60x1.05 20.4:%Fat=11.3%

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Scan Mode; Standard 37.0 µGy

1 -Statistically 68% of repeat scans fall within 1SD (\pm 0.010 g/cm² for AP Spine L1-L3)

2 - USA (Combined NHANES (ages 20-30) / Lunar (ages 20-40)) AP Spine Reference Population (v112)

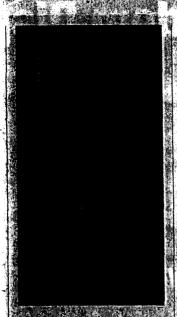
3 -Matched for Age, Weight (males 25-100 kg), Ethnic

11 -World Health Organization - Definition of Osteopensis and Osteopensia for Caucasian
Women: Normal = T-score at or above -1.0 SD; Osteopensia = T-score between -1.0 and -2.5
SD; Osteoporosis = T-score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-scores.)





Exhibit C



TREATMENT

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Bone Loss

Those who start antiretroviral (ARV) treatment for HIV soon after diagnosis, as is ir strongly recommended. experience a greater decline
In bone mineral density
compared With those who
delay going on ARVs until delay going on ARVs until their Immune system deteriorates somewhat. Scientists randomized 399 HIV-positive individuals with a CD4 count greater than 1500 to start ARVs immediately or wait until their CD4s dropped below 350. During an average 2.2 years of follow-up, those in the immediate and deferred treatment groups used ARVs for a respective 95 percent and 18 percent of the period. The researchers measured participants bone mineral density annually. Compared with those in the deterred treatment group say their bone mineral density annually compared with those in the deterred treatment group say their bone mineral density at the hip and spine decline during 10 low-up-by 1.5 and 1.6 percentage points more than those in the geterred. their Immune system percentage points more than those in the deterred :

POWER OF ATTORNEY

State of	of <u>Delaware</u>	
County	ty of New Castle	
Known	on by all men these presents that I Vanessa Lee Naisha	,
the und	ndersigned, of 1/81 Paddock Road, JTVCC	,
City of	of snyra, County of New custle	
State of	of <u>Delaware</u> , do hereby make, constitute	e, and
appoint	nt Anusha Alles of 79 overhill Road	,
City of	of <u>Providence</u> , County of <u>Providence</u> of <u>Rhinde Island</u> ,	,
State	of Rhinde Island,	
	The and lawful attorney in fact for me and in my name, place and stead, and a stead, and a stead in my use and benefit:	on my
1. 004	To exercise or perform any act, power, duty, right or obligation whatsoev now have or may hereafter acquire the legal right, power or capacity to exor perform in connection with, arising from, or relating to any person, iter transaction, thing, business property, real or personnel, tangible or intangimatter whatsoever.	cercise m,
2.	To request, ask, demand, sue for, recover, collect, receive, and hold and p	

2. To request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits, and proceeds, any and all documents of title, chooses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now owner, shall hereafter become, owned by, or due, owing, payable or belonging to me or in which I have or may hereafter acquire interest, to have, use and take all lawful means and equitable and legal remedies, procedure, and writs in my name for the collection and recovery thereof, and to adjust, sell, compensate, and agree for the same, and to make execute, and deliver for me on my behalf, and in my name, all indorsement, acquittance, releases, receipts, or other sufficient discharges for the same;

EFiled: Jul 15 2019 10:53AMA
EFiransaction 10 63945482
TCase No. N19C-07-083 AML
Case No. N19C-07-083 AML
Case No. N19C-07-083 AML
Case No. N19C-07-083 AML
Case No. N19C-07-083 AML

Vanessa L Nasha PRAECI	PE
vs. G-lead Sciences	Civil Action No.
Please issue 1209 orange wilmington,	Strect Delaware 19801
	Plaintiff SBI 0064 1310 Address James T. Vaughn Carr. Ctr. 1181 Paddock Road 5 myrna, Del. 19977
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