

CONCERNED CITIZENS OF
THE UNITED STATES OF AMERICA

From:
CONCERNED CITIZENS

To:
Vermont state agents in their official and
individual capacities including but not limited to:
Governor PHIL SCOTT,
Lieutenant Governor DAVID ZUCKERMAN,
State Attorney General CHARITY CLARK,
State Treasurer MIKE PIECIAK,
Secretary of State SARAH COPELAND HANZAS,
State Auditor DOUG HOFFER,
Health Commissioner MARK LEVINE,
Deputy Health Commissioner KELLY DOUGHERTY,
Deputy Health Commissioner JULIE AREL,
Chief Medical Examiner ELIZABETH A. BUNDOCK,
Sergeant at Arms FRANCIS BROOKS,
Senate President Pro Tempore PHIL BARUTH,
Speaker of the House JILL KROWINSKI.

Copy to:
Chief Justice PAUL L. REIBER,
Associate Justice HAROLD E. EATON, JR.,
Associate Justice KAREN R. CARROLL,
Associate Justice WILLIAM D. COHEN,
Associate Justice NANCY J. WAPLES,
U.S. Senator BERNIE SANDERS,
U.S. Senator PETER WELCH,
U.S. House Representative BECCA BALINT.

**MEMORANDUM: NOTICE
OF MISREPRESENTATION
REQUIRING PUBLIC
ADMISSION AND
CORRECTION OF VITAL
RECORDS**
ELSE INDIVIDUAL LIABILITY
FOR FEDERAL CRIMES OF
FALSE STATEMENTS, FRAUD,
CONSPIRACY, DEPRIVATION
OF RIGHTS, AND HOMICIDE
MAY APPLY

This Memorandum is legal notice to the above-named Vermont officials jointly and severally, hereinafter known as “the agents.” The intent in providing this Memorandum is not to scold, blame, or accuse, but rather to offer opportunity to the agents to cure misrepresentations in official state documents. Failure to cure the misrepresentations after receiving notice rises to

criminal liability where intent of inaction and a legal duty to act are concurrent. After notice imparts knowledge, further injury that flows from inaction can be causally traced to the agents, thus resulting in additional criminal violations. The misrepresentations are being used as a basis to enact public health and safety policies that are injuring Vermonters. The best solution for the agents, and in the public interest, is to fulfill the simple, economical, and righteous recommended actions in the section below named “RECOMMENDATIONS.”

INTRODUCTION

The United States purports to be in the throes of a pandemic that began three (3) years ago. What was deemed a “novel” coronavirus can no longer be novel by definition. Not even the Spanish flu of 1918-1919 lasted this long.

Evidence that deaths have been caused by C19 vaccines, the fact of which is known by Vermont medical examiners, but omitted from Death Certificates in many instances, is detailed in this Memorandum and in the EXHIBITS.

Vaccine Adverse Event Reporting System (“VAERS”) reports and Vermont Death Certificates comprise evidence of proximate and actual causation, which leads to and creates reasonable belief that the C19 vaccines caused numerous Vermont deaths.

If the agents decline to act on the information herein detailed, and a Vermonter subsequently dies from the C19 vaccine, this Memorandum, serving as notice, rises to the *mens rea* evidentiary requirement of *scienter*, which is knowledge of criminal wrongdoing prior to the injury that flows from the conduct, be it a negative or positive act. Each of the agents has a legal duty to act upon the information and belief detailed in this Memorandum and in the EXHIBITS; and refusal or failure to conduct an investigation, provide public findings, and act to prevent

injury to Vermonters will constitute sufficient *mens rea* to prosecute under federal felonies and common law, including homicide crimes. Further, to aid in investigation, additional Death Certificate records and VAERS reports suspected of C19 vaccine-caused death are also provided in the EXHIBITS; and, consistent with the agents' duty to public health and safety, the reports require investigation.

Vermont public officials have access to State vital statistics and immunization registry databases. Simple correlation of the two (2) databases can be accomplished in one (1) man-week of effort. To refuse to investigate and correlate will constitute a negative act in a situation of a legal duty to act. Inaction is a crime despite what the CDC or FDA officially or unofficially communicate to all state agents. *id est*, the information necessary for agents of Vermont to make informed public health decisions regarding the health and safety of Vermonters lies in the records of Vermont, not the CDC or FDA; and no CDC recommendation can absolve the agents from knowingly, willfully, and recklessly ignoring Vermont's own immunization and death data in favor of mere and threadbare CDC recommendations.

NOTICE

In law, "notice" is a legal term. The EXHIBITS and this Memorandum constitute "express actual notice" to the agents that C19 vaccine-caused deaths occurred in the State of Vermont. The agents are now notified; and have or should have knowledge of misrepresentations in the form of Death Certificates upon which Vermont health and safety policies are, in part, based.

LEGAL DUTY TO ACT

A “legal duty to act” requires a person to conform their conduct to a particular standard. The standard in health and medical capacities requires that one act upon knowledge to prevent an act that is potentially lethal or injurious. For example, failure to investigate, after notice is given, and on reasonable belief, that Death Certificates falsely omitted C19-vaccines as a cause of death, constitutes a reckless negative act, supporting the *mens rea* necessary to convict under felony statutes or under common law.

IMMUNITY

Agents are always personally liable for unlawful conduct for which they may be sued or prosecuted individually. Criminal conduct is outside the protection of qualified immunity and sovereign immunity doctrines related to the agents’ official governmental positions. Further, it is wise for the agents to consult personal attorneys despite Vermont state attorneys being available to the agents. State attorneys’ loyalties and duties may be in conflict between the State and the agents individually.

DEFENSE OF MISTAKE OR IGNORANCE OF FACT

“Mistake of fact” or “ignorance of fact” is a valid affirmative defense to many of the crimes listed herein. A defendant cannot be convicted of common law fraud if the defendant does not know that the misrepresentation is false. *id est*, if you believe that the Death Certificates are true representations and you do not know that the vaccine is lethal to some, then “ignorance of fact” is a valid defense for the misrepresentations on the Death Certificates.

The agents herein named can no longer avail themselves of “ignorance of fact” as a defense to any of the crimes. The purpose of this Memorandum and EXHIBITS is to provide

notice that Vermont Death Certificates are misrepresentations due to omission. The agents now have knowledge of vaccine maim and death. Any conduct subsequent to this notice is made with knowledge of misrepresentation. If the agents do not act to cure the misrepresentations forthwith, the agents will have, at a minimum, reckless *mens rea* for failure to act. Given that Vermont public health policy flows from data derived from Death Certificates, as the truth of vaccine-caused deaths is now made known to the agents, the agents are compelled by their legal duty to act to 1) investigate, 2) publicly report and inform, and 3) revise public policy.

STATUTES OF LIMITATIONS

Statute of limitations is a procedural defense allowing dismissal of charges if the illegal conduct occurred longer ago than a period expressed in the statute. While many of the federal felony crimes relating to fraud, conspiracy against rights, and deprivation of rights express statutes of limitations, crimes involving homicide do not have any applicable statutes of limitations. Thus, if notice to the agents herein is not acted upon to investigate and cure misrepresentations, and if more people subsequently die from public policy formed from the misrepresentations, then crimes of gross reckless murder, felony murder, and involuntary manslaughter may apply without limitations.

LIKELIHOOD OF PROSECUTION

Federal executive administrations control the U.S. Department of Justice and change every four years. More information comes to light every day noting more death and maim from the C19 vaccines. The agents would be wise to now do what is right, just, and simple in order to avoid the possibility of future prosecution, when administrations change and public opinion turns

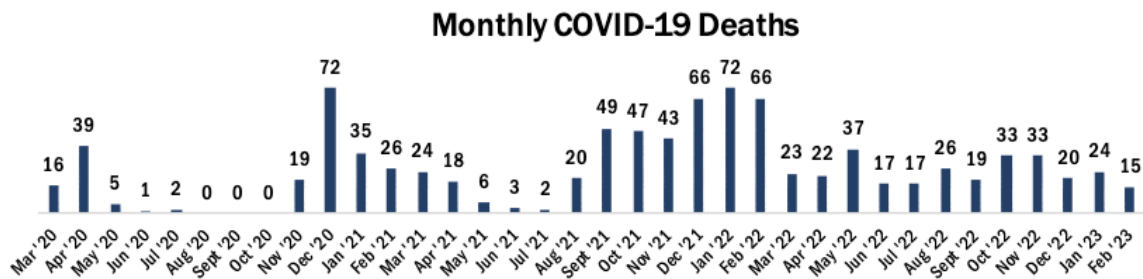
against the C19 vaccines as truths of countless maims and deaths are uncovered. Dutiful acts recommended to the agents include 1) investigate the evidence in the Memorandum and EXHIBITS, 2) communicate publicly the results of investigation to Vermonters as they become available, 3) cure misrepresentations, and 4) adjust public health and safety policy accordingly.

FACTUAL ALLEGATIONS

1. Vermont reports nine hundred seventeen (917) C19 deaths as of February 18, 2023. (See <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-report-20230222.pdf>)
2. Per the graph below, C19 was present in Vermont from March 2020, killing people seasonally through July 2021. Then, C19, all of a sudden, changed its seasonal profile into the sum of a seasonal profile and a steady-state all-year-long profile from August 2021 to present time. Noticeably, a large number deaths began to occur by the time most people began their THIRD (3rd) dose (named “booster dose” in order to make it sound like it’s doing something positive. Two were just not enough.). That’s an extra ~ twenty (20) C19 deaths PER MONTH every month since August 2021. (The graph below can also be found here <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-report-20230222.pdf>)

Cumulative COVID-19 Deaths as of February 18, 2023

Total	Age group									
	Under 10	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	
917	1	0	2	11	18	63	97	210	515	



3. On information and belief, the State of Vermont does not apply ICD-10 codes to the state Death Certificate database. Vermont Death Certificate records are sent to the CDC, where they are put through a software program to automatically apply ICD-10 codes. Manual intervention is used on records for which codes are not applied automatically by the program. This system lacks fidelity and the CDC data likely does not represent Vermont deaths accurately.
4. Some Vermont Death Certificates list the C19 vaccine as a cause of death. CDC likely did not apply any vaccine ICD-10 codes to those Death Certificates. Examples of vaccine ICD-10 codes are Y59.0 “Viral vaccines” and T88.1 “Other complications following immunization, not elsewhere classified.” If the proper codes from vaccine-caused death are knowingly omitted from Death Certificates, it is an unlawful act of misrepresentation. Public Health agencies and pharmacovigilance systems will not see what is not written, thus depriving Vermonters of vitally important vigilance through monitoring.
5. Here is an example of a Vermont Death Certificate:

Certificate ID: 1442021205810
First Name: Karyn
Age: 45
Sex: Female
Died: 11/21/2021
Cause A: “Pulmonary Thromboembolism” in Days
Conditions Contributing: “... and COVID-19 and Influenza vaccinations on 11/11/2021.”

If Karyn’s Death Certificate is not cured to include the C19 vaccine as a cause of death in CDC records, now that notice is given, the conduct of inaction will be a criminal act of fraud.

6. Failure to investigate these two records (§5 & §6) will constitute *mens rea* of reckless inaction in contravention of a legal duty to act. Massachusetts data shows a 40% excess in Pulmonary embolism involved deaths in 2021, many with onset hours or days after C19 vaccination. Karyn died from a pulmonary embolism with onset time only a few days after C19 vaccination. For public safety, Karyn's true root cause of death must stop being covered-up. The VAERS report below notes in SYMPTOM_TEXT that onset of symptoms was only a few days after C19 vaccination.

VAERS_ID: 2317423
AGE_YRS: 45
SEX: F
DATE_DIED: 11/21/2021
VAX_DATE: 11/11/2021
SYMPTOM_TEXT: "Decedent was reportedly feeling unwell with respiratory complaints for several days to week prior to death, progressively became more "wiped out" and tired, staying in bed most of the time. ... Autopsy confirmed bilateral pulmonary thromboembolism as cause of death ..."

7. Contrary to what is often said by both sides of the vaccine argument, cardiac events and strokes caused by the C19 vaccine are not more prevalent in the young. For every young person who dies from these issues, there are about one hundred (~100) very old people who die from these issues as a result of the C19 vaccine; but they are not investigated for evidence of C19 vaccine harm simply because they are old. For example, 98-year-old Ethel's Death Certificate is noted below.

Certificate ID: 1442021201968
First Name: Ethel
Age: 98
Sex: Female
Died: 04/23/2021
Cause A: "Congestive Heart Failure" in 24 hours

Cause B: "Myocardial Infarction" in 24 hours

Cause C: "Hypertensive cardiovascular disease" in years

8. Despite Ethel's age, her death is strong evidence of C19 vaccine-caused death given the VAERS record of a 98-year-old female who died on the same day in Vermont. Note that tachycardia involved deaths were 29% in excess in Massachusetts in 2021. There was only one (1) 98-year-old who died on 4/23/2021 in Vermont.

VAERS_ID: 1267587

AGE_YRS: 98

SEX: F

DATE_DIED: 04/23/2021

VAX_DATE: 04/21/2021

SYMPTOM_TEXT: "... shortness of breath and weakness. ... hypotensive, tachycardic and edematous"

LAB_DATA: "... 145 bpm, q wave abnormalities showing ischemia ..."

9. If these two (2) records in ¶7 and ¶8 are the same person, and this simple investigation is repeated by the agents, then it will be known that Ethel reacted to the vaccine almost immediately. A 145 bpm heartbeat in a 98-year-old heart, which gave out in only two (2) days, is clearly root-cause traced to the C19 vaccine. The C19 vaccine caused Ethel's death and this obvious evidence is "notice" to the agents. If Vermont agents do not investigate and apply ICD-10 codes for vaccine death to Ethel's Death Certificate at the CDC, then the agents of Vermont will be liable for federal felonies of fraud; and if someone subsequently dies from the C19 vaccine in Vermont, due to inaction of the agents to change Vermont State health recommendations accordingly, and that inaction being in contravention of their legal duty to act, then conspiracy and gross reckless murder criminal liability may attach. The

agents should remember that qualified and sovereign immunities do not apply to individual criminal acts.

10. The EXHIBITS require investigation by the agents. For example, in the RECOMMENDATIONS section below, the table in ¶16 lists deaths detailed further in Death Certificates in EXHIBIT D, and the table in ¶19 lists maim and death detailed further in VAERS reports in EXHIBIT G. The records in these tables are strong candidates for C19 vaccine-caused maim and death due to the specific nature of cause of injury to Vermonters.

RECOMMENDATIONS - RELIEF

NOTE 1

Verification can be accomplished by: 1) Correlate the Death Certificate to the Vermont Immunization Registry (“IMR”) record. Description of the IMR can be found here <https://www.healthvermont.gov/health-statistics-vital-records/registries/immunization>. 2) Correlate the VAERS record to the correct IMR record. 3) Review the medical charts and autopsy reports of decedents.

NOTE 2

The excuse being used by some doctors that there are no ICD-10 codes available for a C19 vaccine-caused death is not valid. There are plenty of appropriate codes that have existed for a long time including the aforementioned Y59.0 and T88.1, among others.

11. Immediately verify the information and legal theories within this Memorandum and the EXHIBITS.
12. Immediately verify the deaths noted in EXHIBIT A, which are Vermont Death Certificates and VAERS records that coincidentally appear to be paired. Upon verification of C19

vaccine-caused death, ensure that CDC records reflect the true and accurate causes of death including the C19 vaccine.

13. Immediately verify that the four (4) Death Certificates in EXHIBIT B are properly coded with vaccine-associated ICD-10 codes (*exempli gratia*, Y59.0 and T88.1) in the CDC database of deaths and causes. These four (4) Death Certificates mention the C19 vaccine as a cause or possible cause or contributing cause.

- Barbara 96 F - "... generalized decline following Covid-19 Johnson & Johnson Vaccine 5/7/2021" It is clear that the death certifier wants it known that Barbara died by a root cause of the C19 vaccine.
- Marion 102 F - Determine vaccination date from the IMR; and if onset of heart attack symptoms occurred shortly after the C19 vaccine, then the vaccine codes should be applied to the CDC record. Also, being an "Asymptomatic Vaccinated Person" with a "Covid Positive Test Result" should not carry the U07.1 "COVID-19" ICD-10 code on the CDC record of death for Marion because there is no causal trace mentioned in the Vermont Death Certificate. If U07.1 is currently on Marion's CDC record, it is a fraudulent misrepresentation and should be removed.
- Leland 86 M - A "COVID 19 breakthrough infection" leading to death in a person "fully vaccinated" only "1 month" earlier notes

a possible connection between immunosuppression and the vaccine. Would he have died on 9/16/2021 but for the C19 vaccine given? Correct the record and apply the codes.

- Karyn 45 F - Karyn is already noted in paragraph 5 above.

Verify the IMR vaccination date and apply the vaccine codes on the CDC records.

15. Review EXHIBIT C and all the VAERS records containing key character strings such as *carditis, tachycard, ischemi, clot, embol, rhythm, and thromb*. The agents have the authority to de-identify these records and crosscheck them with the IMR. The agents are now notified of these VAERS records and have a legal duty to follow up on them and, in the public interest, report the results to Vermonters. Lives are at stake and a simple database look-up is all that is required to determine truth. Informed consent cannot exist in the absence of a good faith effort by the agents to investigate and report truthfully. Vermonters are owed a duty by the agents.

16. Provide to the public the vaccination dates of the following decedents:

Date of Death	1st Name	Age	Sex	Comments
2021	Amanda	39	F	Acute upper gastrointestinal hemorrhage in mins
2021	Paul	36	M	Cardiac arrhythmia
2021-01-28	Joshua	27	M	Pulmonary emboli
2021-02-12	Thomas	30	M	Hemorrhagic pancreatitis
2021-05-18	Alex	36	M	Distributive shock multisystem organ failure in hrs
2021-05-21	Joshua	39	M	Sudden cardiac arrhythmia in seconds
2021-06-21	Reuben	24	M	Stroke

Date of Death	1st Name	Age	Sex	Comments
2021-07-02	Ralph	35	M	Terminal arrhythmia in minutes
2021-07-04	Britni	30	F	Acute renal failure
2021-08-16	Donald	38	M	Hemorrhagic infarct rt basal ganglia eti. undtrmnd
2021-08-28	Shawn	26	M	Arrhythmia
2021-10-16	Catalina	29	F	Pulmonary embolism and deep vein thrombosis
2021-11-08	Amanda	38	F	Cardiogenic & distributive shock, MI in days
2021-12-03	Scott	40	M	Cardiovascular effects of obesity
2021-12-18	Danielle	37	F	Multiorgan failure, C19 in month, immnsupprssion
2021-12-29	Travis	37	M	Acute hypoxic resp. failure & pulm. embolism
2022-01-02	Erik	16	M	Pancytopenia
2022-01-07	Jeremiah	37	M	Cardiac arrest
2022-02-18	Aiden	16	M	Encephalopathy, presumed seizure
2022-02-18	Capri	37	M	Pulmonary embolism & deep vein thrombosis
2022-03-01	Elizabeth	39	F	Increased intracranial pressure in weeks
2022-04-01	Heidi	40	F	Infarction in minutes and acute kidney injury
2022-04-10	Allison	14	F	MCA infarct, pulmonary embolism, DVT
2022-04-14	Adrianna	14	F	Sudden cardiac death, presumed arrhythmia
2022-05-24	Nicholas	25	M	Cerebral edema and intracranial pressure
2022-06-01	Max	38	M	Sudden death following psychotic episode
2022-06-05	Timmothy	39	M	Intracranial hemorrhage in days & septic emboli
2022-06-11	Jacob	30	M	Organ ischemia, infarction, upper gastro bleed
2022-06-11	Justin	40	M	Terminal arrhythmia, vomiting, gastroenteritis

The above-tabled decedents have Death Certificate ID's listed in EXHIBIT D. These were younger people suspected of possible C19 vaccine-caused deaths. There are simply too many suspicious older-aged to put in a document such as this. The onus is on the agents to investigate and provide dates for these decedents. Vermonters have the right to know when these young

people were vaccinated, when they first experienced onset of symptoms, and when they died.

The agents have a legal duty to determine if a vaccine causally contributed to the deaths. There are close to one hundred (100) still in the “PENDING” category for cause of death. As they resolve, Vermonters deserve to know the causes and dates of vaccination, of onset of symptoms, and of death. Informed consent requires that you inform Vermonters.

17. Investigate the five (5) Death Certificates in EXHIBIT E that involve “myocarditis.” Provide Vermonters with the vaccination dates, onset of symptom dates, and death dates of decedents.

18. Investigate the four (4) Death Certificates in EXHIBIT F that involve “pericarditis.” Provide Vermonters with the vaccination dates, onset of symptom dates, and death dates of decedents.

19. Investigate VAERS reports noted in EXHIBIT G that pertain to conditions known to frequently occur from the C19 vaccine including pulmonary embolism, thrombocytopenia, arrhythmia, stroke symptoms, swollen lymph nodes, and many others.

Date of Vax	Date of Onset	Age	Sex	SYMPTOM_TEXT
2021-01-09	2021-03-01	41	M	Pulmonary emboli, DVT, clots
2021-02-18	2021-02-21	25	F	Myocardial injury, chest pain, elevated Troponin
2021-03-01	2021-03-04	67	F	Superficial thrombophlebitis
2021-03-07	2021-05-22	66	F	Thrombocytopenia, intraparenchymal bleed et al
2021-03-13	2021-03-24	63	F	Collapsed at work 11d post-vax, died, brain bleed
2021-03-20	2021-04-03	40	F	Large superficial thrombosis, worsened over weeks
2021-03-26	2021-04-14	71	M	Thrombocytopenia, platelet count “0”
2021-03-28	2021-04-19	69	F	Bilateral pulmonary emboli, deep vein thrombosis
2021-04-09	2021-05-11	56	F	Bilateral pulmonary emboli
2021-04-09	2021-04-13	45	M	Thrombocytopenia, legs, torso, bleeding gums, nose
2021-04-14	2021-04-19	59	F	Bilateral pulmonary emboli, R popliteal thrombus

Date of Vax	Date of Onset	Age	Sex	SYMPTOM_TEXT
2021-05-20	2021-07-21	30	F	Swollen lymph nodes, arrhythmia
2021-07-26	2021-08-09	83	F	Thrombocytopenia. Platelets 7/25=187, 8/9=45
2021-11-23	2022-01-12	31	F	Spontaneous abortion; 50BPM@9wks, 0BPM@11w
2021-11-26	2021-11-01	34	M	Rash, swollen lymph nodes, chest pain & tightness
2021-12-04	2021-12-05	8	M	Severe stomach pain, vomiting, fever = normal?
2021-12-11	2021-12-15	7	F	Large lymph node by ear; resolved 7-10 days
2021-12-21	2021-12-24	30	F	Chest pain, arm tingly, swollen lymph nodes
2021-12-29	2022-01-06	9	F	Dizzy spells, body pain, worse after Dose2, POTS
2022-01-06	2022-01-06	33	F	Chest pain 2 mo.s, rapid heart rate
2022-01-08	2022-01-14	9	F	Bruising both arms, occurred 6 days after injection
2022-01-14	2022-01-14	8	M	Vomitting 10m post-vax, pale/gray, 30m observation
2022-01-18	2022-01-18	26	F	Swollen tongue and throat tightness
2022-01-25	2022-01-26	21	F	Abnormal mens. clot, bled 24hpostvx, smell, fever
2022-01-31	2022-01-31	16	F	Fainted after vaccination
2022-02-16	2022-02-16	21	M	Lightheaded, dizzy. Headache the next evening
2022-05-09	2022-05-10	22	M	Bodily weakness, pain left armpit, headache, fatigue
2022-05-31	2022-05-31	7	F	Swollen lymph nodes nek, tachycardia, mottled, vmt
2022-06-07	2022-11-06	31	F	After Dose4, got C19 3X, fatigue, long covid
2022-10-14	2022-10-14	21	F	Nauseous, fainted, came back, fainted again
2022-10-16	2022-11-18	66	M	Run down, achy, cardiac event, went to ER, died
2022-10-20	2022-10-22	24	F	Red, tender to touch, warm site of injection

The above-tabled adverse event reports have VAERS_ID's listed in EXHIBIT G. These were selected by symptoms common to the C19 vaccines such as pulmonary embolism, thrombocytopenia, and arrhythmia. They span the full age spectrum from children to elderly.

Again, the onus is on the agents to investigate and provide information to Vermonters. Informed

consent requires that Vermonters be informed of the maim and death that C19 vaccines caused, contributorily caused, or is suspected of causing. These VAERS reports include many children who have symptoms the same as children in Massachusetts who died from C19 vaccines.

Refusal to investigate is a criminal violation of the agents' legal duty to act for the safety and health of Vermonters. Informed consent requires that the agents inform Vermonters.

CONCLUSIONS

- A. The agents herein named have legal duties to act for the health and safety of all Vermonters.
- B. This Memorandum and the EXHIBITS A through G serve as legal notice, providing knowledge of misrepresentations by omission on state records, specifically Death Certificates.
- C. Inaction, post-receipt of this Memorandum and the EXHIBITS, constitutes the requisite *mens rea* for criminal prosecution under federal felony statutes, criminal Vermont statutes, and common law felonies. The mental state, after receipt of facts involving C19 vaccine deaths, places the agents in a knowing or reckless state of mind.
- D. After the knowing or reckless state of mind and the inaction, all that is left for a crime to be prosecutable is causation and injury. If one more person dies or is injured in the future, and the death is causally related to the C19 vaccines, and the agents have not cured the misrepresentations and informed Vermonters of the dangers of the C19 vaccines found in the records of the Memorandum and the EXHIBITS, then the agents will be criminally liable for felonies through and including homicide felonies.

- E. Homicide felonies generally have no statutes of limitations. Department of Justice U.S. Attorneys follow orders from the Attorney General's office and should act in accord with *The U.S. Constitution*. In the events that an administration comes to power seeking truth and justice regarding the C19 vaccines, and inaction of the agents leaves misrepresentations uncured, and Vermonters are not informed of the true facts of C19 vaccine maim and death, it is likely that the agents herein named will face federal felony charges related to fraud, or gross reckless murder, if a Vermonter subsequently dies from the C19 vaccine.
- F. There are at least tens of thousands of readers and followers of the main author of this Memorandum and EXHIBITS. Many Vermonters and other U.S. citizens promised to pursue justice for the C19 vaccine dead and maimed, however long it takes. Federal, state, and county grand jury investigations are being sought throughout the United States. The truth will prevail. Curing is much easier than facing justice for failure to fulfill a legal duty to act.
- G. The agents should take their opportunity to simply publish the full truth using information from Vermont state records, despite the truth being in conflict with CDC and FDA criminally reckless recommendations.

Date: March 6, 2023

Submitted with support from tens of thousands of Americans including Vermonters, and in the interest of the way and the truth and the life,

John Paul Beaudoin, Sr.