Subject :

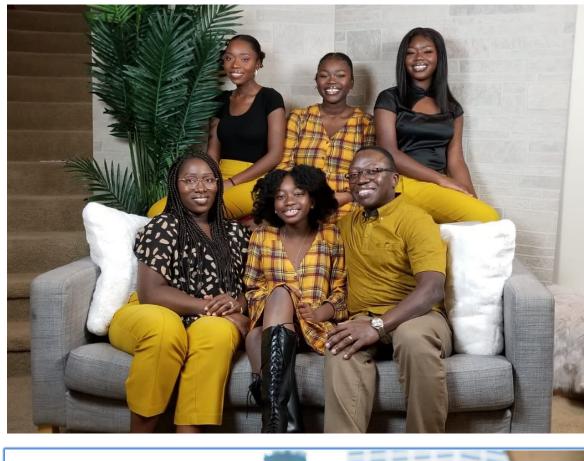
Mrs. Jummai Nache and her Family

Current Medical Status Post Employer Mandated Pfizer modRNA Injections



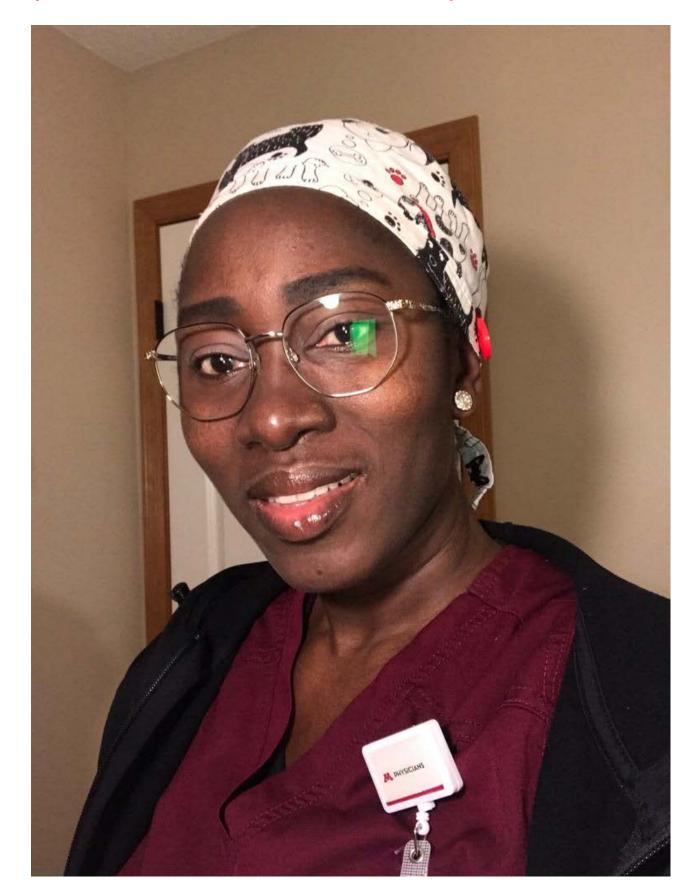
Mrs. Jummai Nache and devoted husband Philip; learning how to walk stairs on prosthetic limbs. Amputation of her limbs caused by modRNA injection mandated by her former employer, the University of Minnesota (UMinn).

A non-smoker, a non-drinker, a *"model of health"* prior to Pfizer needle; amputations in pictorial review caused by modRNA-induced venous and arterial thromboembolism. Such was not merely foreseeable but a known *"mRNA"* danger, discussed in-detail at the secret FDA meeting of 22 October 2020. That meeting occurred prior to their Emergency Use Authorization (EUA) of 11 December 2020, where the dangers were ignored. The EUA allowed Pfizer, hospital administrators, university officials, medical doctors, clinicians, nurses, et al. to inject the modRNA poison under the secretive protections of <u>LIABILITY IMMUNITY</u>.





Philip and Jummai Nache are from the African country of Nigeria. They moved to the United States and now they tell other Africans who moved here about Jesus.



COVID-19 Vaccination Record Card Please keep this record card, which includes medical information about the vaccines you have received. Por favor, guarde esta tarjeta de registro, que incluye información medica sobre las vacunas que ha recibido. Mache Last Name D3 D3197 Patient number (medical record or IIS record number)					
Date of birt Vaccine	Product Name/Manufacturer Lot Number	Date <u>1</u> 13 21 mm dd yy	Healthcare Professional or Clinic Site M Health Fairview Southdale		
COVID-19 2 nd Dose COVID-19	Mfg: Pfizer BioNTech Lot:EK9231 Exp:4/30/21 COVID-19 Vaccine Mfg: Pfizer BioNTech	$\frac{2}{mm} \frac{1}{dd} \frac{21}{yy}$	M Health Fairview Southdale		
Other Other	Lot: EL9262 Exp: 5/31/21	mm dd yy // mm dd yy	-	-	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha	
COVID-19 vaccine Vacuna contra el COVID-19 0800- 06	02 01 21 mm dd yy	-
Other Otra	mm dd yy	

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not su proveedor de atención médica para missing any doses of routinely recommended asegurarse de que no le falte ninguna dosis vaccines.

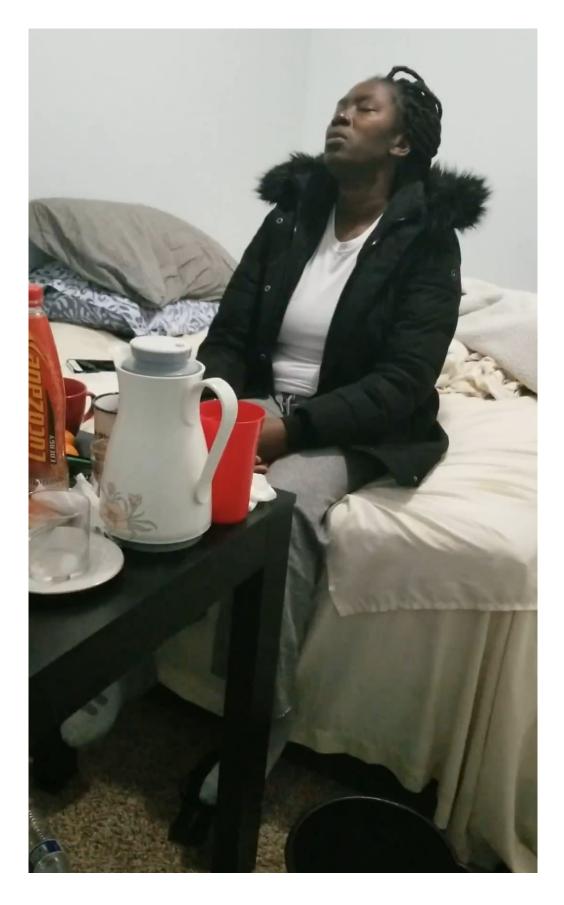
For more information about COVID-19 and COVID-19 vaccine, visit cdc.gov/ coronavirus/2019-ncov/index.html.

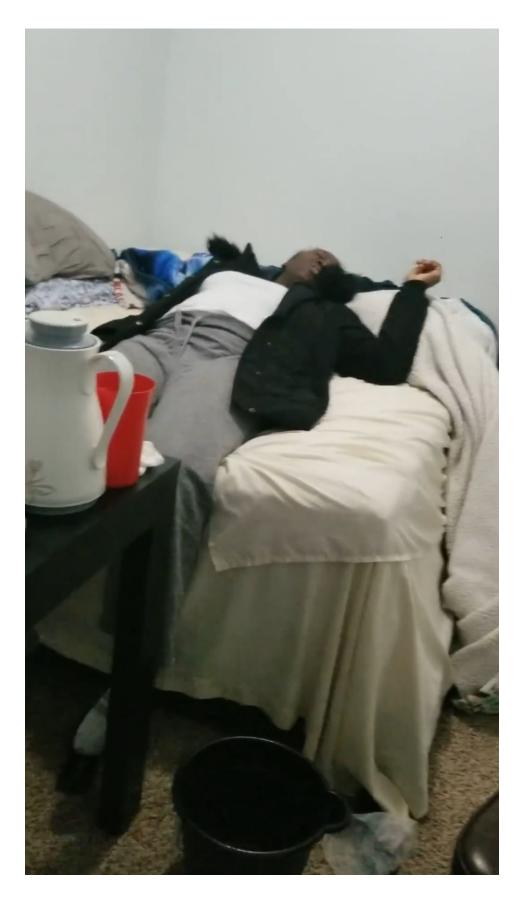
You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite espanol.cdc.gov/coronavirus/2019ncov/index.html.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov. MLS-319813_1















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