

TO ALL INTERESTED PARTIES

Applicant: Ivanitskaya Olga Ivanovna

STATEMENT

on the establishment of the fact of recognition of Grigori Petrovich Grabovoi
as healer and clairvoyant

Date and place of birth: December 2, 1962, city Voskresensk, Moscow Region;
ID Document, by whom and when the document was issued: Passport XXVII-İK No. 501043,
Department of Internal Affairs of Kaliningrad City Executive Committee of the Moscow Region
01/29/1988

Occupation: housewife;

Due to the fact that 1st January 1997, I remotely appealed to Grigori Petrovich Grabovoi (DOB:
November 14, 1963 in the village of Kirovsky, Kirovsky district, Chimkent region, Kazakh SSR, birth
certificate series II - OG No. 463794, Passport III-OG series No. 586058, issued on 01.02. 1980),
regarding my children's health:

Ivanitskaya Dasha, born 1991, Diagnosis: bronchial asthma.

Ivanitskaya Tanya, born 1993, Diagnosis: bronchial asthma.

I declare that Grigory Petrovich Grabovoi really remotely effected and optimized my health via
systematical spiritual connection from 22.00 to 23.00 (hours), as well as on my children via listening to
audio recordings.

Cycle of listened audio recordings (7-3-10) also confirms positive impact of the healer Grigori Petrovich
Grabovoi.

Attached evidence - Certificate from a Physician, confirms that since May 1997 there has been no appeals
to a doctor regarding my children's health.

Please assure my statement on the basis of my personal ID documents and on the basis of the above
medical certification.

(signature) Ivanitskaya O.I. _____ 10/27/1997

Unnumbered (reverse) side of sheet No. 596 _____

Notary Office Stamp: November 03, 1997

I, Sergienko E.I., Notary of c. Korolev, Moscow Region,

can attest the authenticity of the signature of Ms. Ivanitskaya Olga Ivanovna, which was made in my
presence. Identity of the signer is established.

Registry No. 6283. Cost: 20873 Rubles.

Round Stamp containing the following text: "c. Korolev, Moscow region. Notary Sergienko E.I. "

(signature) Sergienko E.I.

Numbered side of sheet No. 597 _____

A rectangular seal containing the following text: "Municipal City Hospital No. 2.

Korolev, Moscow region,

st. Dzerzhinsky, 11, tel. 519-24-12

Kaliningrad hospital № 2 Mosk. reg.

Children's Hospital

REFERENCE

Issued to Dana and Tanya Ivanitskaya, that since May 1997, there were no calls and consultations with a
doctor regarding asthmatic attacks.

(doctor's signature) _____ 10/13/1997

Personal seal of a doctor at a children's clinic.