

benpac invest ag, Gewerbstrasse 6, CH-6330 Cham

per Fedex / per Mail
Clearwater Courthouse
Mr.
Keith Meyer
315 Court Street
Clearwater, FL 33756
USA

Ref.: MCO
Cham, 19 February 2023

Case No. 21-000487-CI-20

Dear Honorable Judge Keith Meyer

I learned yesterday that the Loulourgas family has filed a complaint with your court under the above file number. We were very surprised to learn this, as the complaint was served by Phelps, the legal representative, at an address that was incorrect. We only became aware of the lawsuit by chance.

The legal representative as well as the Loulourgas family know the addresses of our offices in NYC, in Switzerland and me privately. Why the lawsuit was served on an unknown address that is not responsible for us, I cannot say.

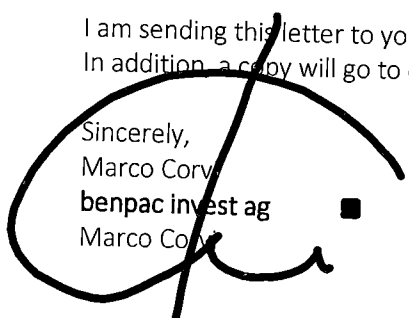
In addition, I am enclosing a testimony of my psychiatrist who is taking care of me. The psychic pain that I have suffered as a result of the "ATM-Loulourgas" case is so severe that I have not been able to work for months. In addition, my psychiatrist has certified - see doctor's certificate - that I am neither fit to be questioned nor to stand trial and therefore cannot participate in a court hearing until further notice. In a consultation with the psychiatrist, he has confirmed that this certificate will be extended again after the end of March 2023 until the end of June 2023.

Therefore, I ask you to reschedule the court hearing because:

1. we have not been served with the complaint until now
2. I am unable to attend a hearing for health reasons (psychological stress disorder caused by the "ATM-Loulourgas" case).

I am sending this letter to you in advance by mail to the court clerk and at the same time by Fedex. In addition, a copy will go to counsel Phelps and to the plaintiffs themselves.

Sincerely,
Marco Corvi
benpac invest ag
Marco Corvi



RECEIVED

FEB 27 2023

**KEITH MEYER
CIRCUIT JUDGE**

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PSYCHIATRIE THERAPIE STANS DIE FÖRDERUNG DER AUTONOMIE

Stans, 7. 2. 2023

Bestätigung der Arbeitsunfähigkeit

Name/Vorname *Corvin Tarco*

Geburtsdatum *20. 6. 1972*

Der unterzeichnende Arzt bestätigt hiermit, dass der obgenannte Patient / die obgenannte Patientin in seiner ambulanten Behandlung steht.

Die Arbeitsunfähigkeit ist wie folgt:

100% vom *7. 2.* bis *6. 4. 2023*
vom bis
vom bis

Voll arbeitsfähig ab: *nach Aufh*
Der Patient ist nicht arbeitsfähig - und
Wir bitten um Kenntnisnahme. *verhandlungsfähig!*

Mit freundlichen Grüßen

Psychiatrie-Therapie-Stans
Dr. med. A. Walter
ZSR-Nr. 1001807
GLN-Nr. 7601000113092

Dr. med. A. Walter
FMH für Psychiatrie und Psychotherapie

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