

H-SCADA ASSESSMENT PROTOCOLS REPORT

September 18, 2016

The following was conducted by National Registry of Environmental Professionals Certified Environmental Safety Compliance Officer; Former NREP SCADA Committee Member; IEIA H-SCADA Bio-Energy Field Professional; and IEIA Fellow in Bio-Engineering, Advanced Materials, and Nanotechnology in Applied Science and Engineering: Melinda Kidder in Los Angeles, CA, United States:

INTRODUCTION

I was contacted in January 2016 by Bonnie Kellerby (hereafter referred to as "Kellerby") in regard to performing scans to test for presence of RFID chips, nanomaterials or similar technology implanted in Kellerby's body without her consent. After further communication we scheduled the date of Monday, September 5, 2016 and I met with Kellerby in Los Angeles, CA, United States.

DATE OF TEST

All scanning equipment was tested prior to use with Kellerby to confirm proper function and all equipment tested positive to proceed with the scans as scheduled.



Kellerby was interviewed and stated that she is a sixty-three year old white American Citizen and protestant who is currently a housewife. Kellerby stated that she has no military experience but her father is a USNavy Chief PO Retired. She said that in approximately 2003 she began experiencing ringing in her ears which led to a high pitched whine, the sound of having a seashell to her ear, and eventually V2K. Kellerby related an incident where she visited an ENT who refused to look at her imaging, yet stated, "These black objects will not come out." Kellerby experiences a variety of symptoms which she states are a result of electronic harassment and gangstalking including, but not limited to: ringing, popping, burning in ears; pressure in jaw; nausea; needle like pains in head; heart palpitations and slowing of heart beat; tightening of chest and neck; fluttering in rectum; pain in dental fillings; thought insertion while awake; etc.

Kellerby was an intelligent and educated woman, appropriate in demeanor for the situation. Overall, applying micro and macro expression evaluation and REID interviewing techniques, Kellerby believes what she stated to be true and there was no reason to doubt the veracity of her claims.

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EQUIPMENT

The equipment used during this testing/scanning is the following:

Method Standard One: ELF/EMF Field Meter

- Measures electromagnetic field radiation
- LCD Display of EMF level in milliGauss or microTesla
- Provides accurate measurements to 4% over a measuring range of 0.1 to 199.1 mGauss (0.01 to 19.99µTesla)
- ELF Frequency bandwidth of 30 to 300 Hz
- Single axis – sampling 2.5 times per second

Method Standard Two: RF Frequency Detector with Bargraph

- Frequency range of 1MHz-3GHz
- Sensitivity: Less than 5 mV
- Microprocessor filtration circuitry allowing squelch adjustment to diminish RF noise
- High sensitivity LCD bar graph
- Used both with and without "rubber duck" antenna during this testing

Method Standard Three: UHF Wireless RFID Scanner/Reader/Writer

- Frequency Range: EU865-868MHz; US902-928MHz
- Standards Supported: EPC Class 1 Gen 2
- Antenna: Detachable, Circularly Polarized with Optional 2D Scanner
- Nominal Read Range: Up to 13'/4m
- Nominal Write Range: Up to 4'/1.22m
- Field: 150 ° Forward Facing (approx.) Measured From Front of Device

Method Standard Four:

- UV Light, 385 nm & 400 nm

Method Standard Five: Night Vision Scope

- Image capture capability
- Infrared intelligence

Method Standard Six: Metal Detector

- Operating Temperatures -35° F (-37° C) to 158° F (70° C)
- Operating Frequency: 95 kHz
- Tuning: Automatic
- Scan Area: 3.5" and 360° plus tip
- Ultra-sensitive response to metal objects up to 4" depth
- Accurate detection of all ferrous, non-ferrous and stainless steel objects

Method Standard Seven: Portable Spectrum Analyzer

- Frequency Range: 15 – 2700 MHz
- Sensitivity: typ. ± 10 ppm
- Sensitivity Level: typ. ± 3 dBm
- Resolution f: min. Bandbreite/112 typ.
- Resolution Level: 0.5 dBm typ.
- Setting Accuracy f: 1 kHz
- Broadband Displayed: 112 kHz - 600 MHz
- Antenna Jack: 2x SMA
- Antenna Impedance: 50Ω
- Display: LCD w/background light, 128 x 64 px
- Dynamic Range: -115 – 0 dBm typ.
- Noise Floor: -115 dBm typ.
- Max Input Level: +5 dBm
- Weight: 185 grams
- Dimension w/out antennas: 113 x 70 x 25m

Method Standard Eight: Thermal Imaging Camera

- True Thermal Sensor
- 240 x 320 Display Resolution
- 32,136 Thermal Pixels
- 12µ Pixel Pitch
- Vanadium Oxide Microbolometer
- 36° Field of View
- Magnesium Housing
- Long Wave Infrared 7.2 – 13 Microns
- -40C to 626F Detection
- Chalcogenide Lens

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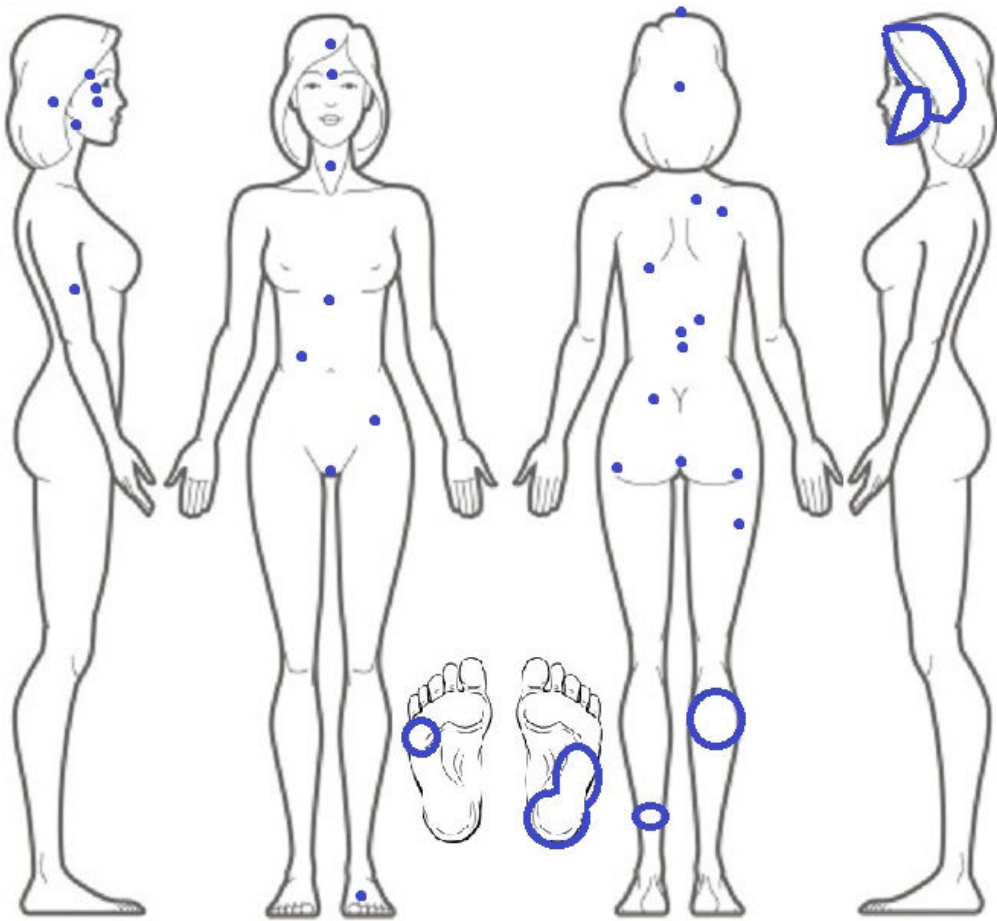
MINOR NOTATIONS

Scans were conducted repeatedly, at intervals, over a period of approximately one to two hours in order to allow for intermittent signals either being transmitted or received if any devices were present in Kellerby's body. Equipment was tested throughout the appointment to ensure proper function. Scans were conducted over the entirety of Kellerby's body and then again if requested, after the initial scans, with special focus on points of concern to her, to avoid any scan bias.

Kellerby's person was voluntarily searched or observed for any personal property containing electronic devices and none were found. She emptied her pockets of all personal property and removed extraneous jewelry and footwear.

SCAN OBSERVATIONS OF NOTE

Using Method Standard One, with Kellerby lying down, the ELF/EMF Scan readings varied. Measurements are in microTesla (mT or μT). The standard for the room was 0.00-0.01 μT . Testing on a miniature refrigerator showed 0.05 μT . With equipment showing readings within normal limits, testing proceeded. Normal for Kellerby was 0.00-0.01 μT except at the following locations: 0.02-0.03 μT at the \textcircled{R} lateral superior sphenoid bone; 0.02-0.03 μT at the \textcircled{R} superior zygomatic bone; 0.02 μT at the \textcircled{R} zygomatic bone; 0.02-0.03 μT at the \textcircled{R} lateral mandible; 0.02 μT at the \textcircled{R} temporal bone; 0.02 μT at the \textcircled{R} lateral biceps; 0.02-0.03 μT at the frontal bone; 0.02 μT at the glabella; 0.02-0.03 μT at the glabella; 0.02-0.03 μT at the xiphoid process; 0.02 μT at the RLQ of the abdomen; 0.02-0.03 μT at the \textcircled{L} inguinal ligament; 0.02 μT at the mons pubis; 0.02-0.03 μT at the second metatarsal of the \textcircled{L} foot; 0.02 μT at the fourth and fifth metatarsals heads of the \textcircled{R} foot; 0.02 μT at the \textcircled{L} calcaneus and intrinsic muscles; 0.02 μT at the posterior crown of skull; 0.02 μT at the occipital bone; 0.02 μT and 0.04 μT at two points on the \textcircled{R} superior scapula; 0.02-0.03 μT at the \textcircled{L} inferior scapula; 0.02-0.05 μT at the \textcircled{R} latissimus dorsi; 0.02 μT at about L1 of the spine; 0.03-0.05 μT at about L2 of the spine; 0.02 μT at the \textcircled{L} superior gluteus maximus; 0.02-0.03 μT at the \textcircled{L} inferolateral gluteus maximus; 0.02 μT at the rectum; 0.02-0.03 μT at the \textcircled{R} inferolateral gluteus maximus; 0.02-0.05 μT at the \textcircled{R} biceps femoris; 0.02 μT at the \textcircled{R} gastrocnemius; 0.02 μT at the \textcircled{L} posterior lower extremity; 0.02 μT at the \textcircled{L} lateral mandible; 0.02-0.10 μT (oscillating) at the \textcircled{L} lateral skull. An illustration reflecting these points is shown on the following page:



Using Method Standard Two at 12:24PM PT, The RF Signals scan for Kellerby initially showed 2538.921MHz at the 2.86GHz switch range. There was no specific point of the body being scanned. Further testing showed the following signals: 2476.490MHz, 2469.847MHz, 2464.186MHz, and 2471.616MHz. Holding the unit at certain points of the body did not seem to impact a change in the signal. It should be noted that these signals were ambient at the time of the scan and were not coming FROM Kellerby, but may have been directed towards her. These signals were not present prior to her arrival, nor after her departure from the assessment location. I was able to press the hold button on the meter and then captured the images using an iPhone 6s and employing the EvidenceCam Application which allows geolocation imprinting on the images using the phone's location services. These images are included below:



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05-Sep-2016 1926 UTC | 34.078068, -118.323906
417 1/4 N Larchmont Blvd, Los Angeles, CA 90004, USA



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05-Sep-2016 1927 UTC | 34.078045, -118.323967
417 1/4 N Larchmont Blvd, Los Angeles, CA 90004, USA



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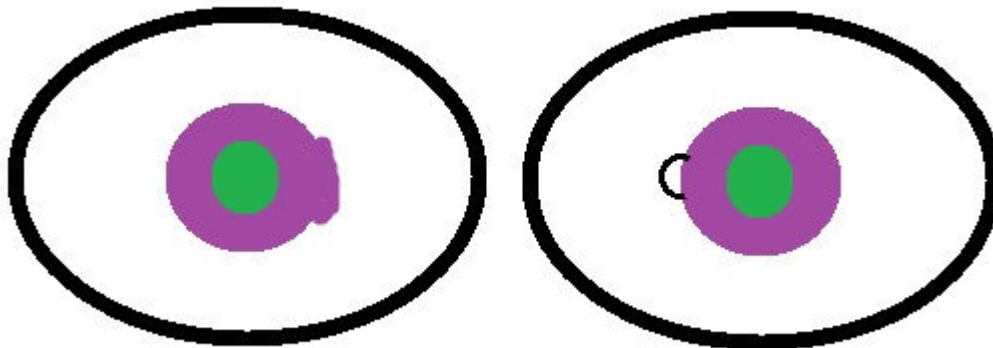
05-Sep-2016 1929 UTC | 34.078045, -118.323982
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An RFID Chip test was performed using Method Standard Three and no signals were detected within the range of the equipment.

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Under UV lighting Kellerby's naturally brown eyes were green at the pupil and purple throughout the iris bilaterally. In addition, there was a purple structure attached to the medial edge of the iris of the right eye and a small clear structure surrounded by a membrane which was attached to the medial iris of the left eye. An illustration representing what was seen in the eyes is shown below:



Using Method Standard Five, infrared scope, black spidering lines were visible on Kellerby's arms on the palmar surfaces. Images were taken with the infrared scope camera and are included below:



Left Arm Palmar View, Infrared

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Left Arm Palmar View, Infrared (Image Two)



Right Arm Palmar View, Infrared

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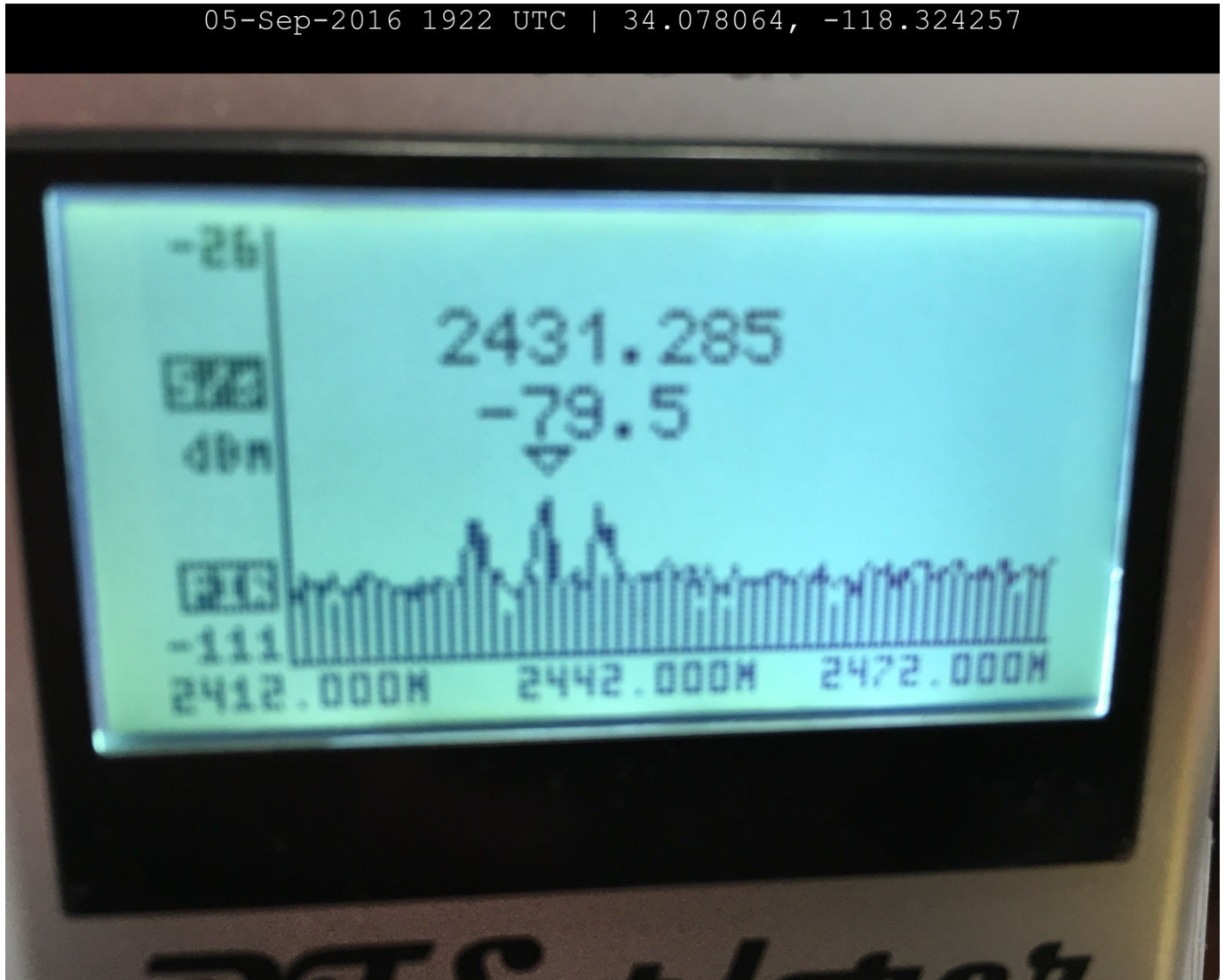


Right Arm Palmar View, Infrared (Image Two)

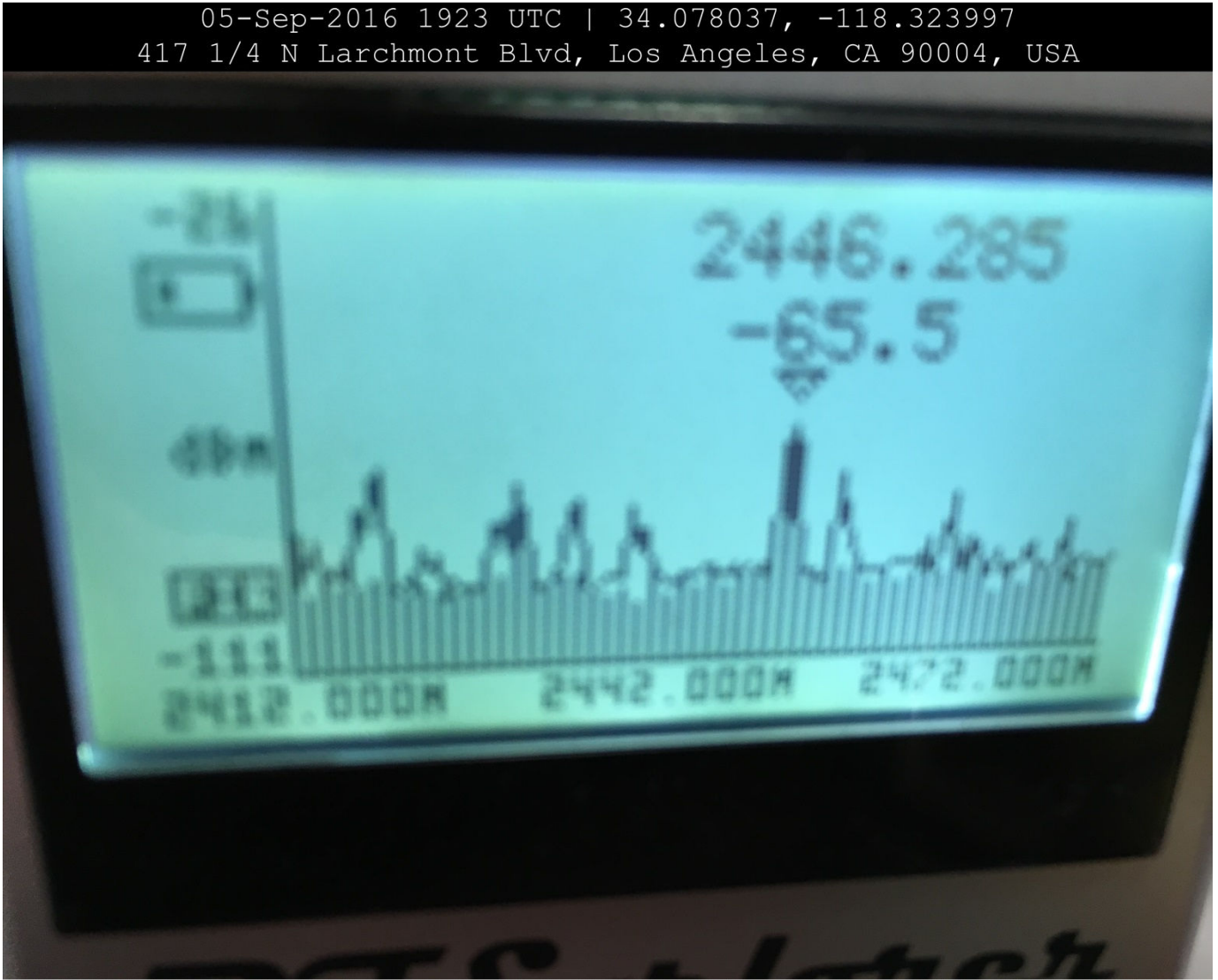
A scan for ferrous and non-ferrous materials was performed of Kellerby's entire body using Method Standard Six. Alerts were detected on possible known bridgework in the upper and lower right side of her mouth.

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Using Method Standard Seven, the spectrum analyzer detected signals ambient to Kellerby at 2431.285 and 2446.285MHz. These signals were not present prior to her arrival, nor after her departure from the assessment location. I was able to press the hold button on the spectrum analyzer before the signals traveled off of the unit's screen, and then captured the images using an iPhone 6s and employing the EvidenceCam Application which allows geolocation imprinting on the images using the phone's location services. These images are included below:



05-Sep-2016 1923 UTC | 34.078037, -118.323997
417 1/4 N Larchmont Blvd, Los Angeles, CA 90004, USA



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Using Method Standard Eight, Thermal Imaging showed the following:

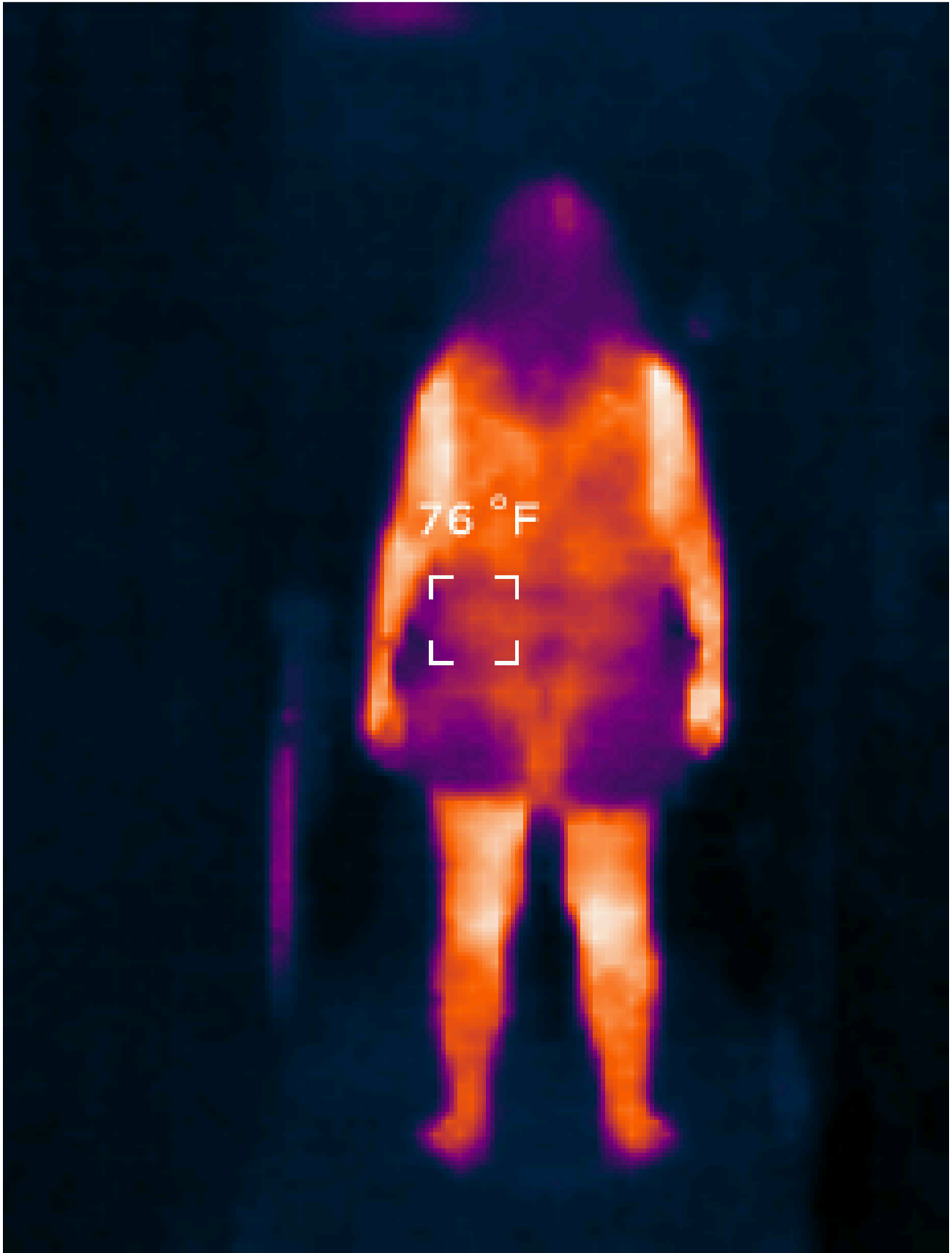


Full Body Anterior

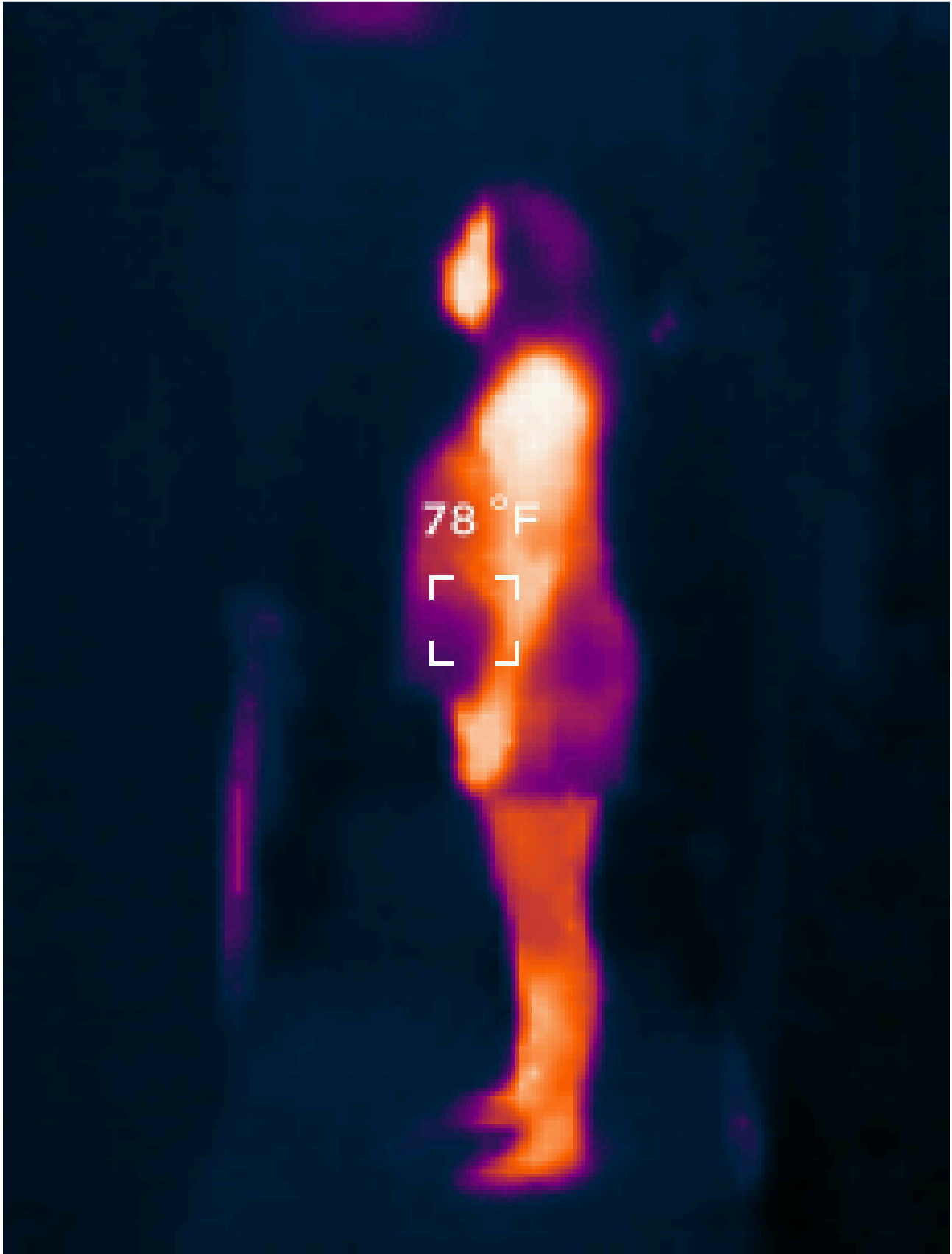
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**Full Body Posterior
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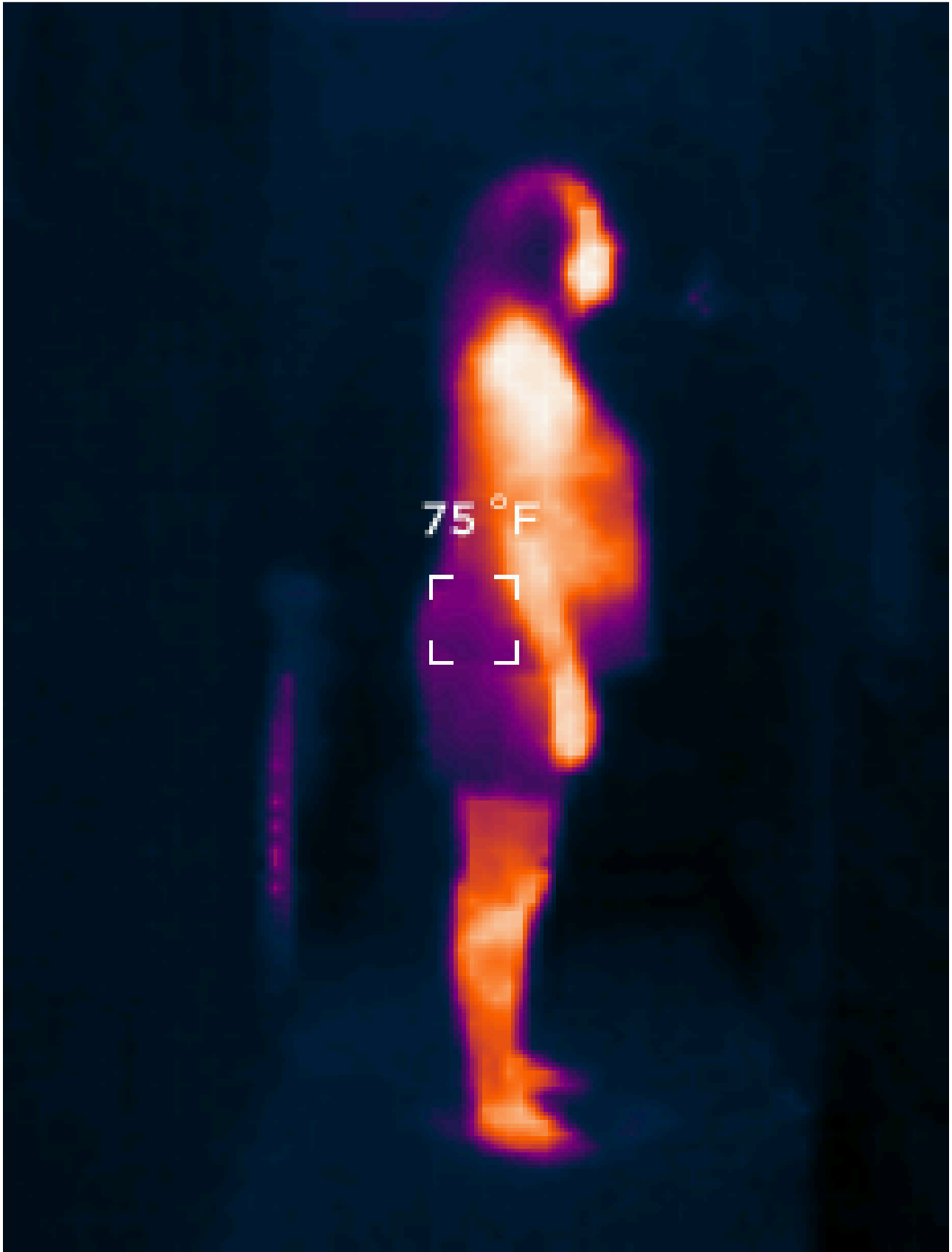


Full Body Left Lateral

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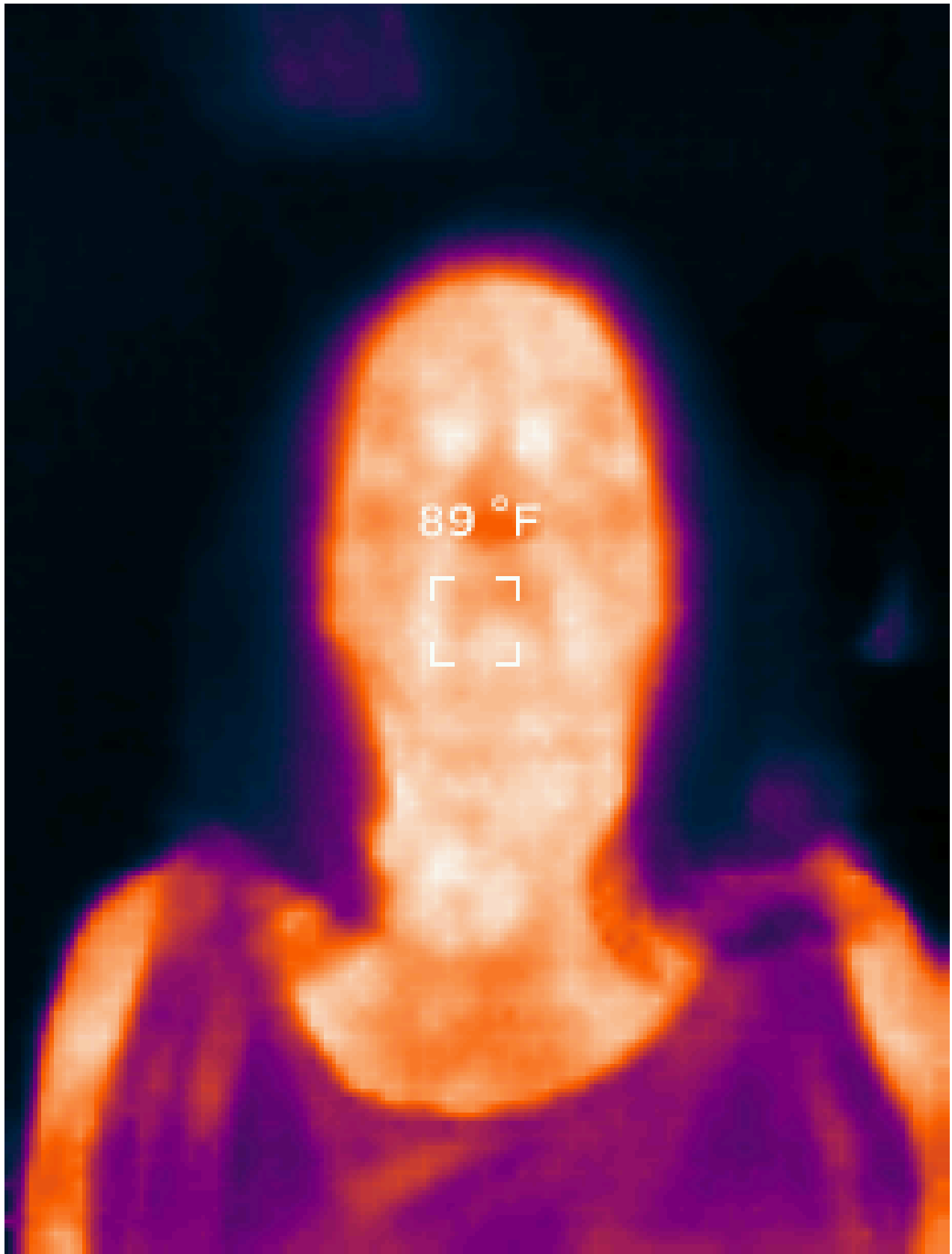


Full Body Right Lateral

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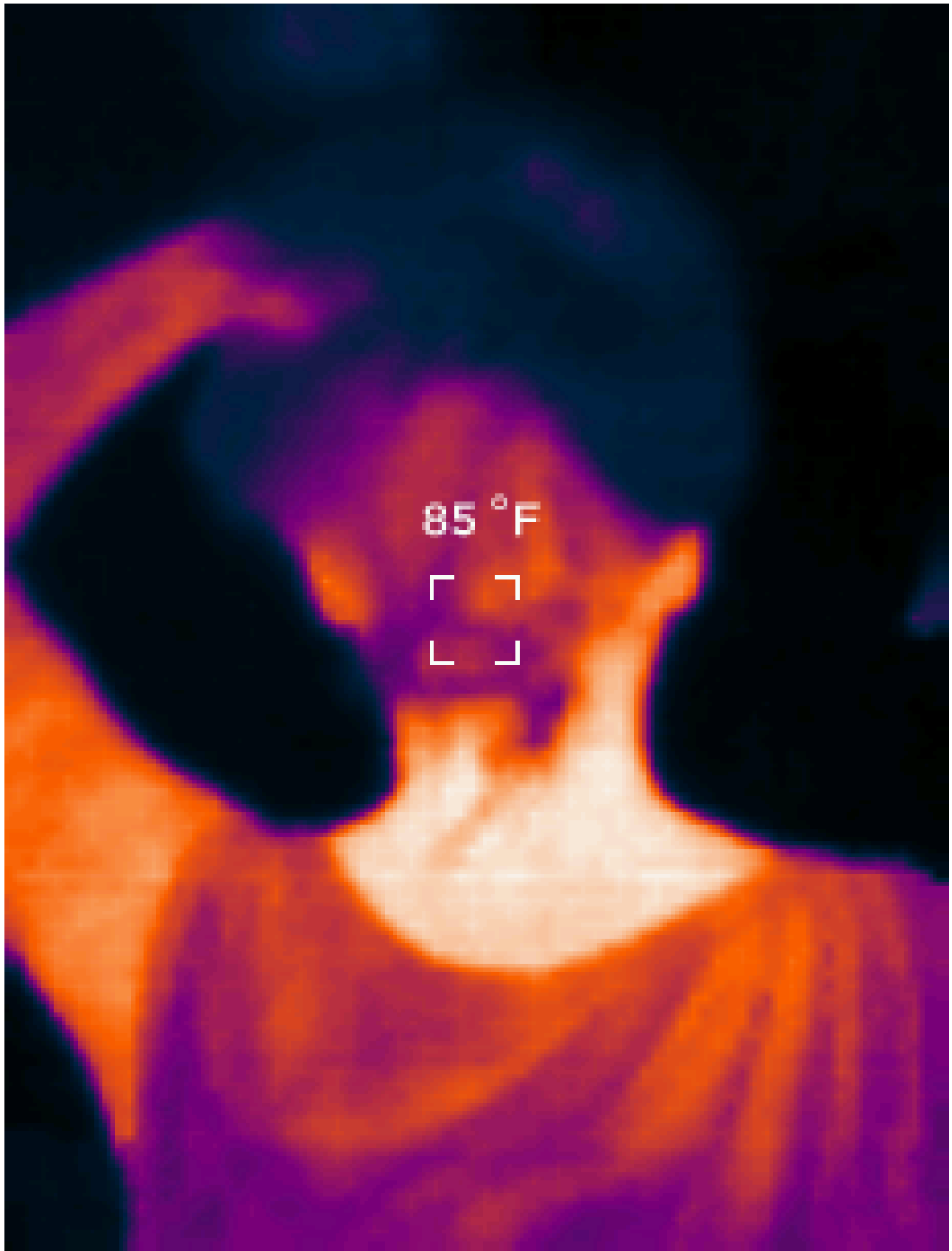
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Head & Neck Anterior
(Client states: No injuries, surgeries, Restalin or Botox to nose. No sinus problems.)

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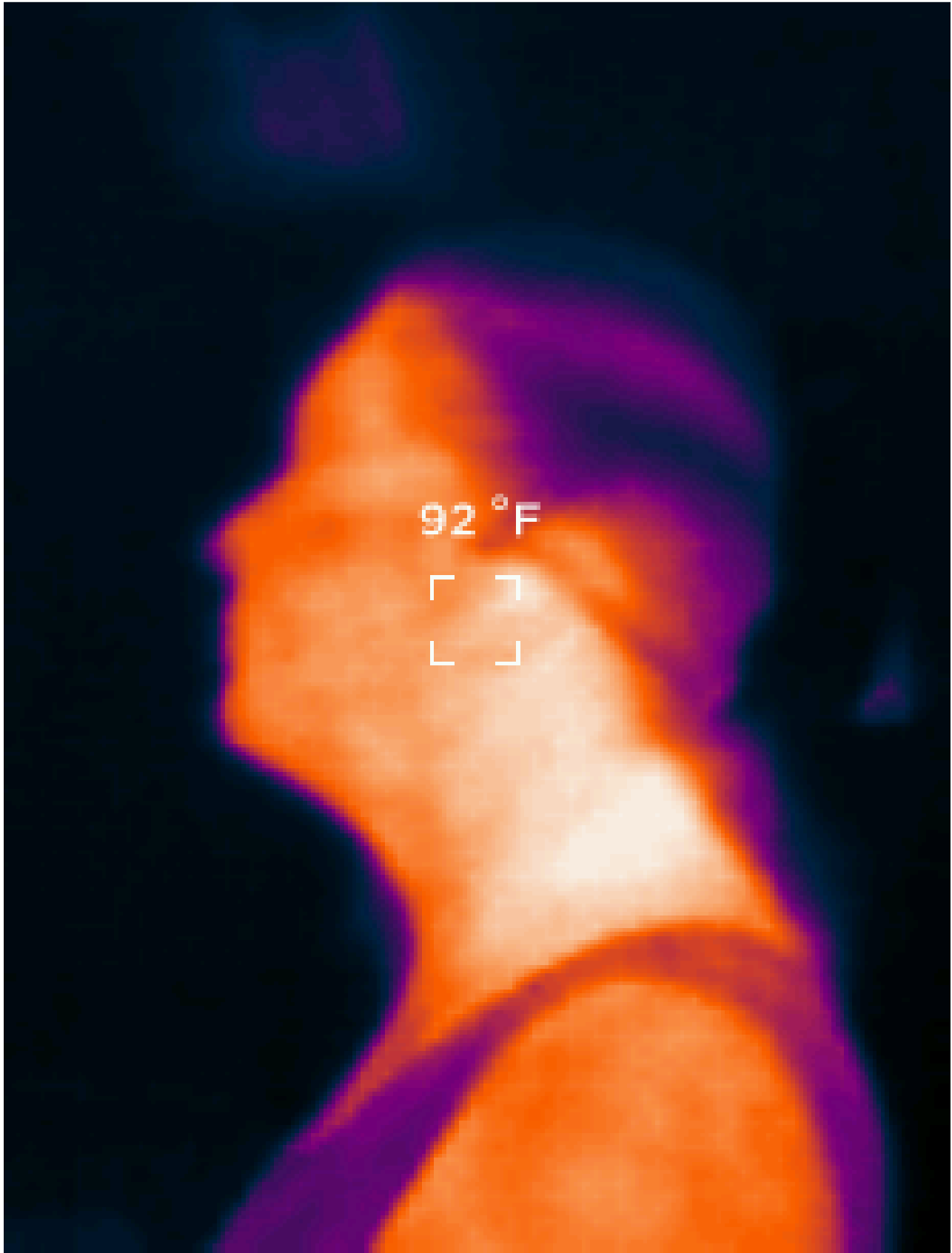


Head & Neck Posterior

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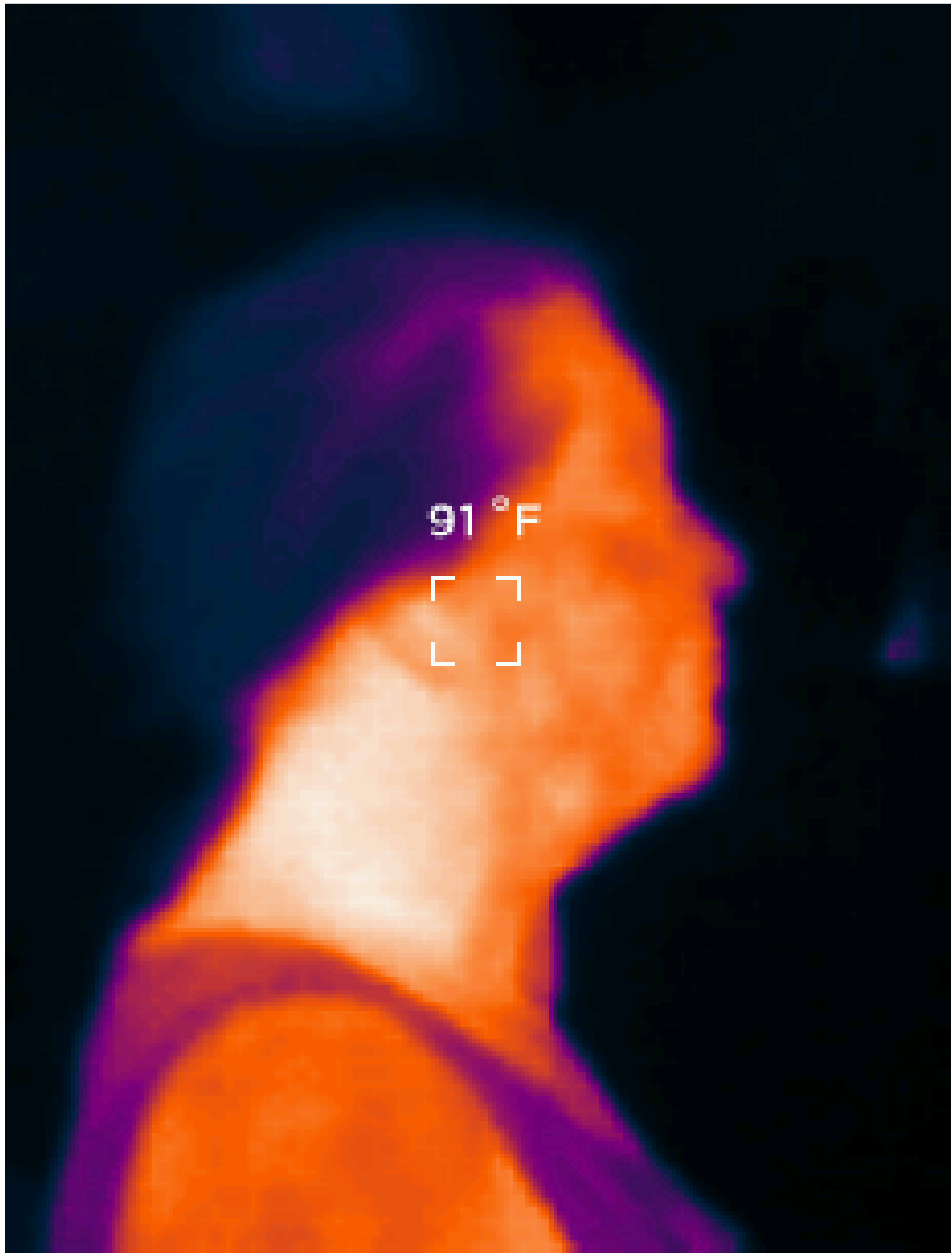


Head Left Lateral View

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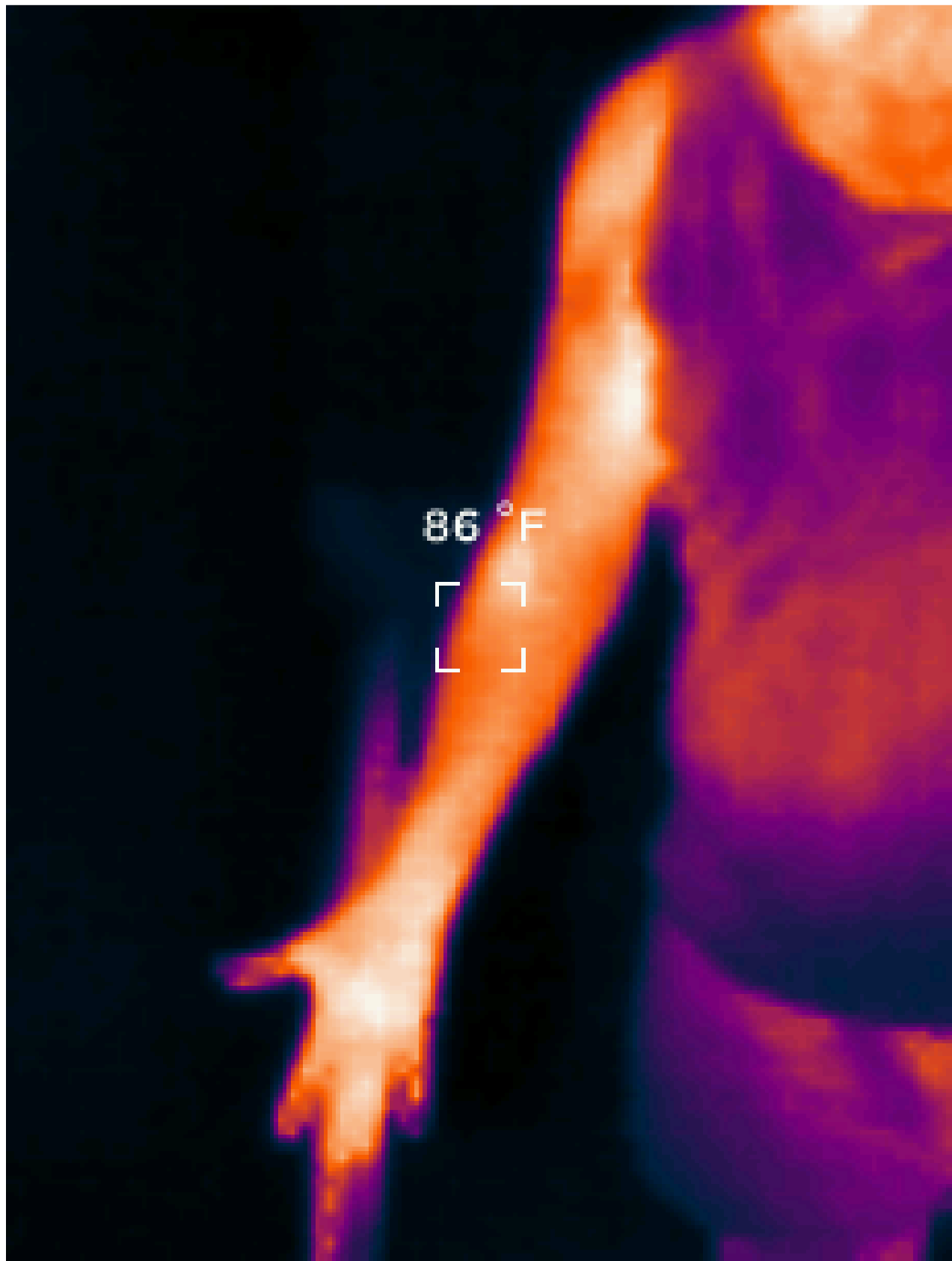


Head Right Lateral View

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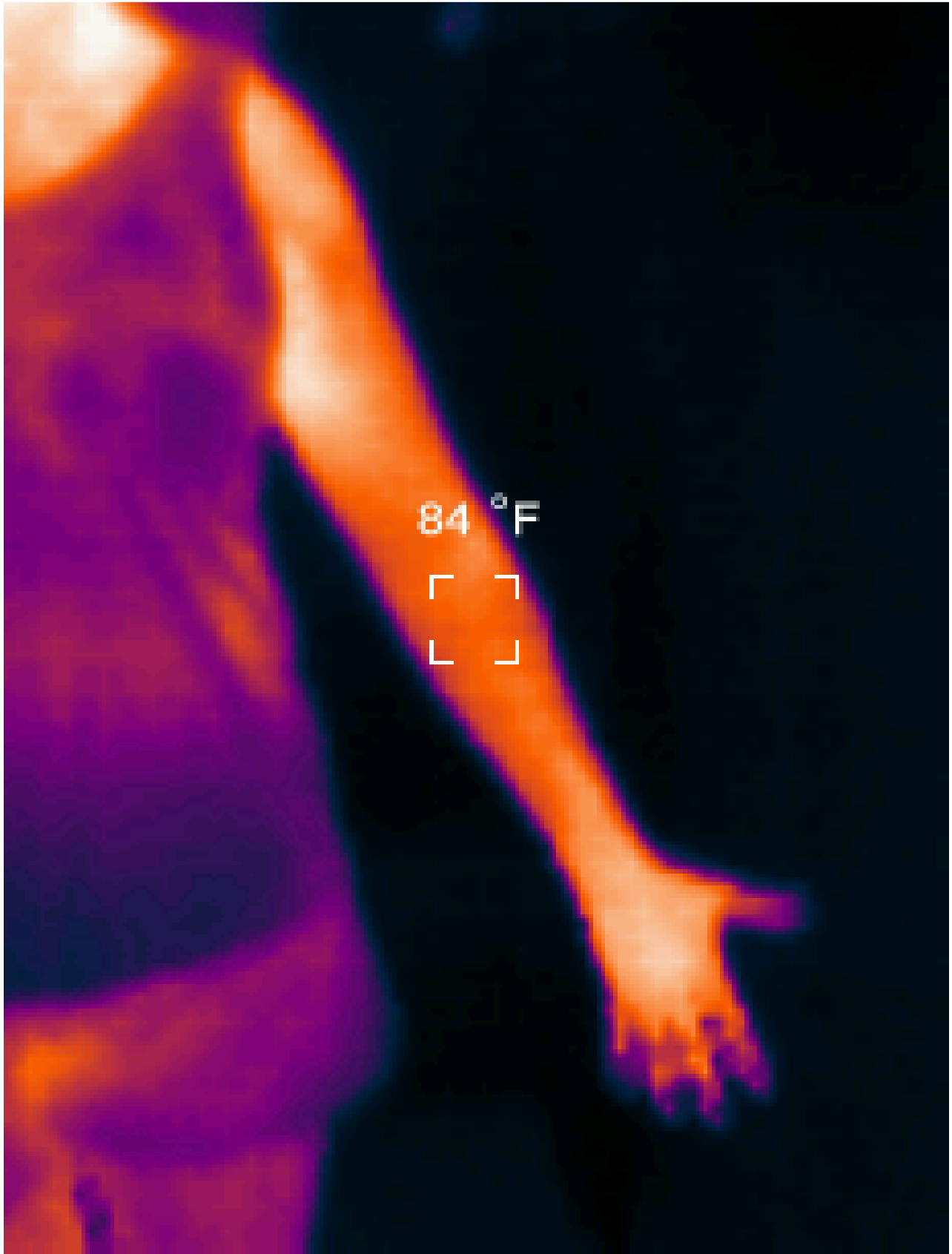
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Right Arm Palmar Surface

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Left Arm Palmar Surface

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SUMMATION AND RECOMMENDATIONS

All things are made up of atoms. Atoms emit ionizing and non-ionizing radiation. Atoms in the human body emit non-ionizing radiation which can be detected as electromagnetic frequency or EMF. Normal measurements of EMF from the human body are typically 0.00-0.01 μ T. Kellerby's evaluation for EMF revealed higher levels of EMF emissions from her body in specific areas. Kellerby has no recollection of agreeing to/authorizing any medical experiments or programs which would allow for implantation/ingestion of devices or materials which can cause increased EMF emissions from the human body.

Based on the evaluations, the points of concern for Kellerby's assessment are that her EMF readings are higher than normal in noted areas and there were ambient RF which were not present prior to or after her visit. In addition, her eyes reflected various hues under UV lighting and there were structures evident as noted. Finally, black spidering lines were evident on her body under infrared inspection.

If Kellerby chooses to undergo further testing, I would recommend these locations, frequencies and issues as focal points based on the observations contained within this report.

The above statements are true and accurate to the best of my recollection.



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