

Curriculum Vitae of Robert B. Thorne, M.D.

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Brief Summary: medical doctor with **board certification in physical medicine and rehabilitation**, college at Johns Hopkins (general honors), medical school at UMDNJ-Rutgers/Robert Wood Johnson Medical School, PM&R residency at UMDNJ-New Jersey Medical School in Newark, board certification by the American Board of Physical Medicine and Rehabilitation, **Certificate: #2529, 21 May, 1986** after taking Parts 1 & 2 of the exams at the Mayo Clinic in Rochester, Minnesota. Scanned copies of letters of reference and evaluations are attached in this two part e-mail; more available. Feel free to contact anyone about me. I believe in **freedom**, and **free market** medicine. I belong to **AAPS** (Association of American Physicians and Surgeons) which I believe is **the best** organization; reasons for this are many. George Washington's personal doctor, **Dr. Benjamin Rush**, talked about the need for medical freedoms to be in the Constitution, equal to religious freedoms; very relevant today: http://www.conservapedia.com/Benjamin_Rush

I've had **one lawsuit**, which I describe **below**. I **saw** the patient **twice in 1995**, **found out about the lawsuit in 1997**, and we showed up for trial on **21 January 2001 in Flemington, NJ**. The patient fell in the parking lot that morning and broke his tibia and fibula. A decision was made later that day to **settle** the lawsuit. I had discussed with the patient that it was **not definite** that he'd had a “**seizure**”, that the **Depakote** anticonvulsant had **substantial liver toxicity**, and I showed him the **bold faced warning** in the PDR showing this, that some people had **died** from **cirrhosis** from this medicine, and that some patients had needed **liver transplants** because of it. Although the patient had admitted **only** to **depression** in the initial **history**, when we found out about the lawsuit 2 years later it turned out that he **did have a history of chronic alcoholism**. I'll say that **many** patients, including young ones, **do** wind up with **cirrhosis** and **liver transplants** when they take Depakote. Other anticonvulsants **also** have **significant liver toxicity**, patients wind up with **cirrhosis and liver transplants**, and this is **not good**. These medicines are used widely in England and the U.S., and a lot of people damage their livers, but Germany tends to **avoid toxic medications** a lot more in favor of safer alternatives, especially natural means such as **intermittent fasting** (which causes **ketosis** which is pretty much the **most effective**, and **safest**, ways of dealing with seizures). Most U.S. medical textbooks **don't** talk about these alternatives (because of **pharmaceutical company profits** being a driving force behind U.S. medicine), but people in Europe (**except England**) are **aware** of these matters, as are people in **Asia**, they generally **don't** take these medications, and they tend to be **healthier**, and **not die as frequently** of medication related side effects from synthetic and semi-synthetic medications. I will say that surgery in the U.S. is good, but there needs to be a lot more reliance on **alternative/inexpensive** methods of treating **cancer**, **and many other illnesses**, that are **far more effective**, and **far less expensive**. The **love of money** has caused certain aspects of the U.S. economy to do **much** more harm than good to the people; this has become apparent to **many people** since the Internet. Anyhow, the best doctors in medical school, in my opinion, were the ones who **knew of these dangers**, tended to get patients off of all but the **absolutely necessary medications**, and were aware of the **profit motive of powerful corporations** as a driving force behind U.S. medicine, but **not so** in a lot of other countries.

Education: 1982-1984: Physical Medicine and Rehabilitation Residency, UMDNJ New Jersey Medical School

1981-1982: Physical Medicine and Rehabilitation Residency, Robert Wood Johnson Rehabilitation Institute, JFK Medical Center, Edison, New Jersey

1980-1981: Pathology Residency, Rutgers Integrated Pathology Residency Program

1976-1980: M.D., Rutgers/Robert Wood Johnson Medical School, Piscataway, New Jersey **1972-1976:** B.A. Natural Sciences (Honors), Johns Hopkins University, Baltimore, Maryland

1968-1972: Kinnelon High School, Kinnelon, New Jersey

Personal: born 8 July, 1954, St. Alban's Naval Hospital, Queens, N.Y., U.S. Army Reserves (1983-1994), Major, Medical Corps, Army Flight Surgeon Primary Course at Fort Rucker, Alabama, Honorable Discharge, letters of commendation for various assignments (attached). National Boards Certificate #**228083** (On National Boards Part 1, got overall score between the **95th and 96th percentiles with 695 physiology, 690 pharmacology, 680 biochemistry**, etc. Did pretty well on Part 2 and on the PM&R specialty board exams (oral and written), which I took at the Mayo Clinic, Rochester, Minnesota in May, 1986. Dr. Sullivan, Medical Director at Kessler Institute, and Acting Chairman at UMDNJ-New Jersey Medical School, told me, as I recall, that I got in the **top quarter on all parts**.

Licensure: New York: 161429 (active), **New Jersey: MA39922** (active), **DEA: AT1851749**

The **best** medical literature, in **my opinion**, is the **scientific** medical literature as in **PubMed of the National Library of Medicine, Journal of Orthomolecular Medicine** (founded by 2 time Nobel Prize winning chemist, Dr. Linus Pauling and

Dr. Abraham Hoffer). There is no question that this is more effective:

<http://www.ncbi.nlm.nih.gov/pmc/>

<http://www.orthomed.org/>

Vladimir Lenin said that to control a country, you need to control the medical system of that country. Dr. Benjamin Rush, in 1787, predicted that all of this was going to happen if medical freedoms were **not** granted equal importance to religious freedoms in the U.S. Constitution. There are many scientific treatments from the ancient world that are far more effective, nontoxic, and much less expensive than conventional treatments for **very sophisticated scientific reasons**. Patients are coming to realize this since the Internet:

<http://www.mwt.net/~drbrewer/canart1.htm>

<http://www.ncbi.nlm.nih.gov/pubmed/15330172>

Toward the end of I am including what I believe are some examples of very good scientific medicine, and excellent doctors and organizations that are doing this type of medicine; this is the way of the future. Doctors and patients are realizing how many dangerous, toxic, and deadly side effects there are with many highly profitable, patentable synthetic and semi-synthetic pharmaceuticals, and how much more effective are so many inexpensive natural compounds and treatments, which have been widely used in Asia, and the rest of the world, for thousands of years, and were being used in the United States up until ~ 1910 when they became "**non approved**" with the Flexner Report. This is a long history involving wealthy, powerful elements that would come to control U.S. medicine, as Dr. Rush foresaw, in a way that was detrimental to patients, doctors, and freedom.

Occupational Experience:

- 1) 1985-1986-attending physiatrist, Rehab Hospital for Special Services of Nittany Valley, Pleasant Gap, Pennsylvania and Rehabilitation Hospital of Altoona, Altoona, Pennsylvania; also had consulting privileges at Center Community Hospital, State College, Pennsylvania
- 2) 1986-1987-attending physiatrist and medical director, DCH Rehabilitation Pavilion, Tuscaloosa, Alabama
- 3) 1987-1988-Instructor, Department of Rehabilitation Medicine, Johns Hopkins School of Medicine, Baltimore, Maryland
- 4) February, 1989-July, 1989-Chief of Rehabilitation Medicine, John E. Runnels County Hospital, Berkeley Heights, New Jersey and attending physiatrist, Mount Kemble Rehabilitation Institute of Morristown Memorial Hospital, Morristown, New Jersey
- 5) July, 1989-February, 1990-Medical Director, New Jersey Division of Vocational Rehabilitation Services, Trenton, N.J.
- 6) April, 1990-October, 1990-Avery Laboratories, Farmingdale, N.Y.
- 7) December, 1990-March, 1991-Locum tenens work as a town doctor in Thompsontown, Pennsylvania
- 8) December, 1991-July, 1992 and March, 1991-August, 1992-Locum tenens physiatrist at Welkind Rehabilitation Hospital, Chester, New Jersey
- 9) July-August, 1992; Fall, 1992-February, 1993; June-August, 1993-Locum tenens physician, U.S. Public Health Service (Indian Health Service), Fort Peck Indian Reservation, Poplar, Montana and Rocky Boy Indian Reservation, Havre, Montana
- 10) August, 1993-May, 1994-U.S. Public Health Service (Indian Health Service), Fort Peck Indian Reservation, Poplar, Montana 59255
- 11) November, 1994-April, 1995-worked in a small group practice, 460 Franklin Avenue, Nutley, New Jersey 07110
- 12) Summer, fall, and early winter of 1995-some part time work and worked in a neurology office in Lawrenceville, New Jersey
- 13) Winter-June, 1996-worked in an outpatient rehab/sports medicine facility in Cedar Grove, New Jersey
- 14) July, 1996-January 31, 1997- locum tenens at St. Charles Hospital and Rehab Center, Port Jefferson, Long Island
- 15) February, 1997-October, 1997- part time outpatient rehab work and rehab evaluations at various offices in Brooklyn, Queens, Nassau and Suffolk counties, Long Island
- 16) October, 1997-August, 1998- Set up a little practice of my own on Long Island
- 17) April, 1999-December, 2006 worked in Newark Rehab Center, Newark, NJ and Rehab Medicine Associates, West Orange, NJ; also worked on Thursdays at third office that was part of these practices, Rehab Center of New York, up until 9/11
- 18) July, 2007 – October, 2007, Nassau County Pain Management and Rehabilitation, outpatient office work dealing with Worker's Compensation and auto accident patients
- 19) Carteret Comprehensive Medical Care, outpatient office work dealing primarily with Workers Compensation, auto accident work, and a little primary care
- 20) October, 2009-August, 2010, office of my own in downtown Manhattan; doctor I'm renting space from closed this office
- 21) Fall-Winter of 2010: worked a certain number of days over 1-2 months in an occupational medical clinic in Mt. Laurel, New Jersey
- 22) Winter, Spring, Summer, Fall, 2011, did some locum tenens assignments doing physicals/medical exams for a locum

tenens agency; also some photography and videography

23) December 2011-March 2012, was in India; subsequently have done some videography-photography

24) Some locum tenens assignments with Examinetics through Medical Doctor Associates, Inc. including physicals on Rolls Royce employees in Williamson, NY, various electric power utilities in upstate New York, and the Estee Lauder facility in Melville, Long Island

Academic Appointments: I had the rank of Instructor while at Hopkins; this included resident and student supervision and teaching.

Publications:

1) "Mineral Balance in Total Parenteral Nutrition"-published in a book of summer research projects at Rutgers Medical School after having spent the summer of 1978 working in a lab in the department of physiology

2) Silver KH, Thorne RB, van Nostrand D: A New Scintigraphic Technique for the Detection of Silent Aspiration. Archives of Physical Medicine and Rehabilitation, vol 69, no 9, page 714, September, 1988

3) Siebens AA, Thorne RB, Stupp G, Kirby NA: Positive Pressure Ventilation by Face Mask in the Post Polio Syndrome. Archives of Physical Medicine and Rehabilitation, vol 69, no 9, page 720, September, 1988

4) Thorne RB: Early Parkinson's Disease in Aviators. Society of United States Army Flight Surgeons Newsletter, volume 3, no 1, Winter 1989

5) Physicians and Computers, Letter to the Editor: "Suggestion for the development of a government controlled, computerized, centralized, medical records storage system", vol 15, no 7, pages 6-7, March, 1998

6) 9/11 Was the Rollout Of Communism In The U.S., Issue 22, April 2011, The Sovereign, The World's Only Truth Newspaper!, TheSovNews.com

7) "Alternative to the Federal Reserve using Publius, High Level RSA Encryption, and Wireless Digital Transactions", Robert B. Thorne, 4 January 2010, End The Fed Network, <http://endthefedusa.ning.com/>

Interviews: 1) TWA Flight 800 and the Cover Up, fall of 2000, Archived Shows, www.blackopradio.com; I have Real Audio files of this interview, which can be forwarded attached to an e-mail.

2) Interviewed on the Meria Heller Show, www.meria.net, in about November, 2006. Areas discussed included bioweapons, mycoplasmas, AIDS, Gulf War Syndrome, and certain diseases in the U.S. (and elsewhere) related to this bioweapons research, testing, and deployment. Also discussed were the web site of Professor Garth Nicolson and the Institute for Molecular Medicine, www.immed.org and his book, **Project Day Lily**, the Common Cause Medical Research Foundation in Sudbury, Ontario (with chapters in Canada and the United States), and the Journal of Degenerative Disease. I consider these resources to be **invaluable** in knowing the origins, and treatments, of certain of these diseases.

3) Conference call on "Restore the Republic", <http://restoretherepublic.com/> 10/25/2007, in which we received calls and I discussed issues with callers similar to those in 2) above, as had been discussed on the Meria Heller Show in about November, 2006.

Malpractice Lawsuit: I've had **one lawsuit**. I saw the patient and wife **twice in 1995**, found out about it in **1997**, he showed up at Hunterdon County Court, Flemington, NJ on ~ **21 January 2001**. While my lawyer was discussing pretrial issues with the Judge and plaintiff's lawyer, a court security officer came running into the courtroom calling out for the plaintiff's lawyer. They all ran and looked out the window; the plaintiff had fallen in the parking lot and fractured his tibia and fibula. I have wondered if this fall was deliberate to avoid the possibility of going to jail because of multiple perjury of he and his wife during their depositions, as well as both of them not telling me the truth during my initial and follow up evaluations with he and his wife. They both denied knowing how his head injury had occurred, and the wife suggested that someone might have "assaulted" him. I was a bit surprised, two years later when I got the lawsuit, to find out that he'd fallen off the roof of his house while taking down Christmas lights, and they'd known this all along. I recalled the patient telling me that he'd discontinued his health insurance and could not afford a lot of testing. It's very unfortunate that our health-care system, due to stifling over-regulation and lack of free market (that made the average cost of a doctor visit **\$2.00 before World War 2**, an appendectomy **\$20.00**, and a cholecystectomy **\$30 or \$40** as Andy Schlafly, Chief Legal Counsel for AAPS, pointed out in his talk), has become so expensive that people Patient had a head injury with trans-temporal skull fracture, spent a little while in the neuro intensive care center, and was discharged. He subsequently had a brief episode in a karate class, in which he saw "**stars**" while standing up quickly. This can happen to anyone, but would be a little more likely in someone with an occipital lobe-visual cortex contusion. The first doctor who saw him put him on Dilantin, he broke out in a skin rash (possible Stevens Johnson Syndrome which can be fatal), he was switched to Tegretol and had another episode of Stevens Johnson Syndrome, was discontinued from the Tegretol, and he was then put on Depakote which is one of the most hepatotoxic/liver toxic anticonvulsants in the "armamentarium", and a **lot** of patients wind up sustaining liver damage, having liver transplants, and dying. I discussed with the patient that this didn't sound like a seizure to me, I showed him the bold faced warnings in the PDR about potential liver transplants and death, and he was entirely in agreement with me about discontinuing the Depakote. He'd taught psychology at the college level, and knew what liver transplant meant. Although the patient had **only** admitted to a history of depression, it turned out he had a history of chronic alcoholism. Had I not recommended that he discontinue the Depakote, and had he continued with the alcohol, he quite likely would have died, or needed a liver transplant. I did also tell him not to drive, and documented this in the dictation that

was transcribed by an external transcription service. He later pleaded with me that this would severely limit his ability to get around, so I told him that local driving, at low speeds, would probably be OK. He did subsequently have a very minor car accident, went to Medical Center at Princeton, they did a CT scan of his brain which showed, “Old encephalomalacia; no new head injury”, and he was discharged home that evening. He tried to say that this caused a Sz, but it did not. Furthermore, one paper I retrieved showed that patients with true seizure disorders actually have better driving records because they don't want to lose their licenses, they can sense when a seizure is coming, and they pull off to the side of the road to avoid accidents, and possible loss of license. Furthermore, his lawyer wanted to prove that he had a seizure disorder, so an inpatient special was arranged at Hospital for Special Surgery, an NYU affiliate, for one week of attempts to document seizure disorder, including discontinuing the anticonvulsant (Depakote), photic stimulation to try to induce a seizure, and continuous camera monitoring for Sz activity. The report at the conclusion of the inpatient special was “No definite evidence of any seizure activity”. It's my opinion that if his Depakote were resumed, and especially if he continued the alcohol, he quite likely would eventually have damaged his liver severely, probably necessitating a liver transplant or dying, that would legitimately be worth a lawsuit, and that is what does happen to a lot of patients and doctors; I avoided that. I still think I did what was right, that the idea of “preventing” a seizure disorder from developing by giving anticonvulsants is absurd, and not supported by the literature, and that a book I'd read about a year before I first saw the patient on a big international conference on seizure disorders had concluded that the best anticonvulsant is having the seizure itself. It's something like throwing up/vomiting; when you vomit you feel relieved and no need to vomit again. It's the same thing with seizures, they concluded; having a seizure is the best anticonvulsant. Many people who take Depakote and Tegretol wind up getting cirrhosis, liver transplants, and/or dying, and he quite likely didn't even have a seizure, as was apparent from what he told me in the history, and was apparent from the week long inpatient special.

Links to interesting scientific literature, videos, etc. regarding optimum, safe treatment of common medical problems, and other useful information: Beneath are some ideas that I've seen and heard about with regard to free market medicine, and better medicine, than what the current over-regulated structure is permitting. Many are aware that the biggest problem is over-regulation to stifle free market competition by those who are trying to control medicine as a monopoly. This is not what this country is about. A number of years ago I found out about various aspects of scientific, integrative-alternative medicine, and that some of the best medical literature is actually the scientific literature, as found in sources in addition to the conventional medical textbooks:

- 1) I know Dr. Rima Laibow and, in the first 10 minutes of this talk below, she explains what the enormous power was that came to control U.S. medicine, and German medicine in the early 1900s, to the detriment of everyone in the United States and Germany, to the defeat of Germany in World War 2, and to the detriment of the U.S. medical system ever since: Worth your time! Dr Rima Laibow Codex Alimentarius (how the medical system came to be controlled): <http://www.youtube.com/watch?v=wFIpvi5KfLQ>
- 2) 2 time Nobel Prize winning biochemist, Dr. Linus Pauling's book, How to Live Longer and Feel Better and the Journal of Orthomolecular Medicine: <http://www.amazon.com/How-Live-Longer-Feel-Better/dp/0870710966>
The Journal of Orthomolecular Medicine: <http://www.orthomed.org/jom/jom.html> <http://www.orthomed.org/> (founded by 2 time Nobel Prize winning chemist, Dr. Linus Pauling).
- 3) Dr. Michael Schachter's excellent website with his wellness center in Suffern, New York: <http://www.mbschachter.com/>
He has many useful things like supplemental iodine (instead of Synthroid-Levothyroxine) since it's estimated that 75% of the U.S. population is iodine deficient, plus we're getting fluoride in much of our drinking water. This can be supplied in the form of kelp/seaweed and/or Lugol's iodine solution, which used to be the most commonly prescribed "medication" at the beginning of the 20th Century. The levothyroxine doesn't have nearly as much of the necessary iodine, and the supplemental iodine is better: <http://www.mbschachter.com/Iodine.htm> and the Riordan Clinic in Kansas . There are getting to be more of these places around the country which do what works best , and they cross train doctors: <http://www.riordanclinic.org/>

Normal iodine and thyroid status also reverse fibrocystic disease of the breast. The Chief of Cardiothoracic Surgery from University of Washington, in Seattle gave a talk about this at the AAPS meeting in 2008, and results have been very impressive. Mayo Clinic used to cross train doctors like this, and the doctors were very happy in a superb learning environment, but now doctors have significantly been “divided and conquered” by Managed Care, overspecialization, and government. Doctors could share office space with each other, rotate through each others' offices to get this cross training, and work in a congenial, fee for service environment which would make third party involvement unnecessary and, as usual, counterproductive. In talking about medical freedoms, Nobel Prize winning economist, Dr. Milton Friedman (below) gave a talk before the doctors at the Mayo Clinic in which he suggested that the practice of medicine should be unlicensed. Freedom is what makes professional athletes so good at what they do, and freedom is what allowed Thomas Edison to become the #1 inventor in the history of the United States, after he was thrown out of school in the third grade. He was free to learn on his own, as are the athletes. This could be done with everything in the U.S., and the people could be provided

with a free, or minimally priced, system of examinations (written and practical) to be able to show what they know and can do. This was what was done in Germany before the Nazis destroyed their freedoms. I've seen superb physicians' assistants and nurse practitioners, and I believe that it should be the patients' choice as to who they want to see, or what treatments they want. People and doctors could work together, cross train each other as they did at the Mayo Clinic, and do phenomenal work because of freedom. Milton Friedman - Socialized Medicine: <http://www.youtube.com/watch?v=VPADFNKDhGM>

4) **Benfotiamine** (the lipid soluble form of **thiamine**) and **pyridoxamine** (a vitamer (isomer of a vitamin) in the vitamin B6 family, which includes **pyridoxal and pyridoxine**) are extremely important in prevention of the advanced glycation end products that lead to diabetic retinopathy, neuropathy, neuropathy, and atherosclerosis: Prevention of arterial stiffening by pyridoxamine in diabetes is associated with inhibition of the pathogenic glycation on aortic collagen: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2765312/>

5) Or you can go to the **Life Extension Foundation** and get their free scientific reports:

http://www.lef.org/magazine/mag2007/jan2007_report_benfotiamine_01.htm There are many more examples on PubMed for other medical problems and found in books such as the Life Extension Foundation's thick textbook of medicine; this book is phenomenal for a large amount of useful information:

<http://www.lef.org/Vitamins-Supplements/Item33600/Disease-Prevention-and-Treatment-Book-4th-Edition.html?source=search&key=books> which discusses conventional medicine and the alternatives, or there's the book about the FDA and its attempts to suppress the truth and useful, inexpensive treatments:

<http://www.lef.org/Vitamins-Supplements/Item33816/FDA-Failure-Deception-Abuse.html?source=search&key=books>

A double-blind, randomized, placebo-controlled clinical trial on benfotiamine treatment in patients with diabetic nephropathy (it also helps prevent the retinopathy, neuropathy, atherosclerosis, and aortic stiffness):

<http://www.ncbi.nlm.nih.gov/pubmed/20413516> Predictably we have the FDA trying to ban it in order to protect the profits of Big Pharma and prevent people from getting better and having good health: FDA Seeks to Ban Pyridoxamine:

http://www.lef.org/magazine/mag2009/jul2009_FDA-Seeks-to-Ban-Pyridoxamine_01.htm Pyridoxamine improves

functional, structural, and biochemical alterations of peritoneal membranes in uremic peritoneal dialysis rats:

<http://www.ncbi.nlm.nih.gov/pubmed/16105068> In my opinion, people who try to restrict these freedoms should be put on trial for genocide. Benfotiamine protects against peritoneal and kidney damage in peritoneal dialysis:

<http://www.ncbi.nlm.nih.gov/pubmed/21511829>

<http://diabetes.diabetesjournals.org/content/52/8/2110.long>

<http://www.eurekaselect.com/60292/article>

Although a certain element makes it hard to get the full text, sometimes, you can click the links in the upper right hand corner to get the full text in the PubMed articles. Anti-inflammatory curcumins (from turmeric root) which are being studied in biochemistry labs around the world for their anticancer properties, as well as decreasing some of the inflammation in diabetes which prevents proper utilization of glucose in the inflamed tissues. Curcumins are helpful for many things:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288651/pdf/nihms-340487.pdf>

I believe that some of the best medicine and medical research are found on Pub Med of the National Library of Medicine in the scientific literature, and from doctors such as Dr. Andrew Weil and Dr. Dharma Singh Khalsa in his Brain Longevity book. <http://www.drddharma.com/Public/Books/BrainLongevity/index.cfm>

6) Interesting video beneath from an AAPS meeting in 2008:

<http://www.youtube.com/watch?v=ycQQrtDZskE&feature=gv&hl=en>

Interesting viewpoint from George Washington's personal doctor: http://www.conservapedia.com/Benjamin_Rush

"The **Constitution** of this Republic should make **special provision for medical freedom**. To **restrict** the art of healing to one class will constitute the **Bastille of medical science**. All such laws are **un-American and despotic**..... **Unless we put medical freedom into the Constitution** the time will come when medicine will organize into an **undercover dictatorship** and force people who wish doctors and treatment of their own choice to submit to only what the dictating outfit offers."

7) Last, but certainly not least, the indomitable Dr. Joseph Mercola: <http://www.mercola.com/>

Respectfully,

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