

Fee Waiver Request

Superior Court of Washington

County of King

Case Number: FW25-000155 SEA

Case Title: SHANG VS AMAZON INC

I, the undersigned, hereby request a waiver of fees for the above-referenced case. I am currently receiving MA Medicaid benefits and am unable to pay the court fees without substantial hardship to myself and/or my dependents.

I declare that the following information is true and complete to the best of my knowledge:

1. Full Name of Applicant: Bo Shang
2. Address: 10 McCafferty Way, Burlington MA 01803
3. Phone Number: 781-999-4101
4. Date of Birth: 06/06/1988
5. Government Assistance Received: MA Medicaid (Active)

I understand that by requesting this fee waiver, the Court may require additional documentation in support of my financial situation and my receipt of government benefits. I agree to provide such documentation if requested.

Under penalty of perjury under the laws of the State of Washington, I certify that the information provided in this request is true and correct.

Signature (on behalf of Applicant): _____Bo Shang_____ Date: ____2/13/2025__

Signed By: /s/ Bo Shang