

AO 440 (Rev. 08/06) Summons in a Civil Action

United States District Court

NORTHERN DISTRICT OF OHIO

Premier Medical Supplies, Inc.

V.

Michael O. Leavitt, et al.

SUMMONS IN A CIVIL CASE

Case Number: 1:07cv3809

Judge: Judge Gaughan

Magistrate Judge:

TO: (Name and address of defendant)

Kerry Weems, c/o U.S. Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue N.W.
Washington, DC 20530-0001

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Michael J. Jordan
Amy S. Leopard
Susan Keating Anderson
Walter & Haverfield LLP
1301 E. 9th St., Ste. 3500
Cleveland, OH 44114

an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

GERI M. SMITH
Clerk

s/Natalie Jacobs
(By) Deputy Clerk



DATE: December 13, 2007

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DATE: December 13, 2007

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Kerry Weems, c/o US Atty.
 General, U.S. Dept. of
 Justice
 950 Pennsylvania Ave., NW
 Washington, DC 20530-0001

07-3809

2. Article Number

(Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY**A. Signature**

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Samuel Parkin

Agent

Addressee

B. Received by (Printed Name)

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Clerk, United States District Court
Northern District of Ohio
Carl B. Stokes U.S. Court House
801 West Superior Avenue
Cleveland, OH 44113-1830



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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael O. Leavitt, c/o
 U.S. Atty. General
 U.S. Dept. of Justice
 950 Pennsylvania Ave., NW
 Washington, DC 20530-0001

07-3809

2. Article Number

(Transfer from service label)

7003 2260 0002 6619 7568

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

Samuel Parker

Agent

Addressee

B. Received by (Printed Name)

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C. Date of Delivery**D. Is delivery address different from item 1?**

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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Northern District of Ohio
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Cleveland, OH 44113-1830

