

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: Gaughan

Magistrate Judge:

TO: (Name and address of defendant)

Kerry Weems, Acting Administrator of the Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, DC 20201

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/Betty Childress
(By) Deputy Clerk



DATE: December 13, 2007

United States District Court

NORTHERN DISTRICT OF OHIO

Premier Medical Supplies, Inc.

SUMMONS IN A CIVIL CASE

V.

Case Number: 1:07cv3809

Michael O. Leavitt, et al.

Judge: Gaughan

Magistrate Judge:

TO: (Name and address of defendant)

Michael O. Leavitt, Secretary of the Department of
Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

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

DATE: December 13, 2007

s/Betty Childress
(By) Deputy Clerk



RETURN OF SERVICE

DATE

Service of the Summons and Complaint was made by me Deputy Clerk

Name of SERVER (PRINT) Clerk's Office TITLE

Check one box below to indicate appropriate method of service

Served Personally upon the Defendant. Place where served:

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:

Returned unexecuted:

Other (specify):
Certified Mail

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on: January 7, 2008
(Date)

s/Paulette Eberhardt
Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael O. Leavitt,
 Secretary of the Dept. of
 Health & Human Services
 200 Independence Ave., SW
 Washington, DC 20201

07-3809

2. Article Number

(Transfer from service label)

7003 2260 0002 6619 7735

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

Lawrence

C. Date of Delivery

12-26-07

- 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 •

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



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kerry Weems, Acting Adm.
of the Centers of Medicare
& Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

07-3809

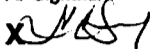
2. Article Number

(Transfer from service label)

7003 2260 0002 6619 7766

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent AddresseeB. Received by (*Printed Name*)

Lawrence

C. Date of Delivery

12-26-07

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 •

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

