UNITED STATES DISTRICT COURT

District of Columbia

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cagal DETERSP FUND	To at 1
()	1) -1/21 -1 911
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SUMMONS IN A CIVIL CASE

Un ited States	v. Department of Afrikutture, et al)
	7	′

CA'

Case: 1:08-cv-01546

Assigned To: Collyer, Rosemary M.

Assign. Date: 9/8/2008

Description: Admn. Agency Review

TO: (Name and address of Defendant) United States Department & Agriculture
seave Ed Schafer Secretary 1440 Independence Are, S.W.
Machinatar D-Li 20350

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

David 6. COX
Lane, Alton a Hord, LLC
Two mileground Place, Suite 500
Cal umbus, Ohio, 43215-7058

an answer to the complaint which is served on you with this summons, within

days after service
of this summons on 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. Any answer that you serve on the parties to this action must be filed with the Clerk of this
Court within a reasonable period of time after service.

DATE

NANCY M. MAYER-WHITTINGTON

SEP - 8 2008

(By) DEPUTY CHERK

AO 440 (Rev. 8/01) Summons in a Civil Action			
	RET	TURN OF SERVICE	
Service of the Summary and complaint was made	by me ⁽¹⁾	ATE 9/18/08	
NAME OF SERVER (PRINT)	T)	TTLE	
David G. Cox Check one box below to indicate appropria	to mothed a	Attorney	
XX Served personally upon the defendan 1440 Independence Ave.,	t. Place who SW, Wash	ere served: United States Dept. of Agriculture nington, DC 20250	
Left copies thereof at the defendant's discretion then residing therein.	dwelling ho	ouse or usual place of abode with a person of suitable age and	
Name of person with whom the summer	nons and cor	mplaint were left:	
☐ Returned unexecuted:			
☐ Other (specify):			
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	STATE	MENT OF SERVICE FEES	
TRAVEL SE	RVICES	TOTAL \$0.00	
	DECL	ARATION OF SERVER	
Executed on Date Signature of Server Lane, Alton & Horst LLC Two Miranova Place, Suite 500 Columbus, OH 43215 Address of Server			
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 	everse	A. Signature Agent Addressee B. Received by (Printer Name) C. Date of Delivery	
Article Addressed to:		D. Is delivery address different from item 1? If YES, enter delivery address below: No	
Ed Schafer, Secretary United States Departm 1440 Independence A Washington, DC 2025	nent of A ve., SW	3. Service Type 2. Certified Mail	
(1) As t		4. Restricted Delivery? (Extra Fee)	
Article Number (Transfer from service label)	7001	. 0810 0004 4790 4802	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540