

UNITED STATES DISTRICT COURT
District of Columbia

DR. JAMES L. SHERLEY; NIGHTLIGHT CHRISTIAN ADOPTIONS,
individually and as next friend for PLAINTIFF EMBRYOS; SHAYNE
AND TINA NELSON; WILLIAM AND PATRICIA FLYNN; CHRISTIAN
MEDICAL AND DENTAL ASSOCIATIONS; DR. THERESA DEISHER,
Plaintiffs,

SUMMONS IN A CIVIL CASE

V.

KATHLEEN SEBELIUS, in her official capacity as Secretary of the Department of
Health and Human Services; DEPARTMENT OF HEALTH AND HUMAN SERVICES;
DR. FRANCIS S. COLLINS, in his official capacity as Director of the National Institutes
of Health; NATIONAL INSTITUTES OF HEALTH; THE HONORABLE ERIC HOLDER,
in his official capacity as United States Attorney General; CHANNING D. PHILLIPS, in
his official capacity as Acting United States Attorney,

Defendants.

Case: 1:09-cv-01575
Assigned To : Lamberth, Royce C.
Assign. Date : 8/19/2009
Description: TRO/PI
CASE

TO: (Name and address of Defendant)

Kathleen Sebelius
Secretary of the Department of Health and Human Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

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

Thomas G. Hungar, D.C. Bar No. 447783
Bradley J. Lingo, D.C. Bar No. 490131
[REDACTED]
GIBSON, DUNN & CRUTCHER LLP
1050 Connecticut Avenue, N.W.
Washington, DC 20036

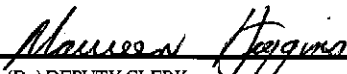
an answer to the complaint which is served on you with this summons, within 60 days after service
of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for
the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this
Court within a reasonable period of time after service.

NANCY M. MAYER-WHITTINGTON

AUG 19 2009

CLERK

DATE


(By) DEPUTY CLERK

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	August 19, 2009
NAME OF SERVER (<i>PRINT</i>) Lindsey Parker	TITLE	Legal Assistant
<i>Check one box below to indicate appropriate method of service</i>		
<p><input type="checkbox"/> Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p><input type="checkbox"/> 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.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> Returned unexecuted: _____</p> <p>_____</p> <p><input checked="" type="checkbox"/> Other (specify): <u>Sent via certified mail on August 19, 2009, return receipt attached.</u></p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>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.</p> <p>Executed on <u>August 31, 2009</u> <u><i>Lindsey Parker</i></u></p> <p style="margin-left: 200px;">Date Signature of Server</p> <p style="margin-left: 200px;">Alliance Defense Fund</p> <p style="margin-left: 200px;">801 G Street N.W., Suite 509</p> <p style="margin-left: 200px;">Washington, D.C. 20001</p> <p style="margin-left: 200px;">Address of Server</p>		

(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:

Kathleen Sebelius
 Secretary, Department of
 Health and Human Services
 200 Independence Ave SW
 Washington, D.C. 20201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Lawrence

C. Date of Delivery

8-24-09

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

2. Article Number

(Transfer from service)

7009 0080 0001 4055 5428