UNITED STATES DISTRICT COURT District of Columbia

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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

TO: (Name and address of Defendant)

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

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

NANCY M. MAYER-WHITTINGTON

AUG 19 2009

CLERK

DATE

(By DEPLITY CLERK

AO 440 (Rev. DC - September 2003) Summons in a Civil	Action
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NO 440 (NOV. DC - September 2003) Summons in a Civil Action	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	mne Legal Assistant		
Check one box below to indicate appropriate method of service			
☐ Served personally upon the defendant. Place w	/here served:		
discretion then residing therein. Name of person with whom the summons and			
☐ Returned unexecuted:			
Other(specify): Sent via certiattached.	fied mail on August 19, 2009, return receipt		
	TATEMENT OF SERVICE FEES		
TRAVEL SERVICES	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.			
	Signature of Server Alliance Defense Fund 801 G Street N.W., Suite 509 Washington, D.C. 20001 Address of Server		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: Department of Health and Human Servius 200 Independent Avl Washingtm. D. L. 20201	A. Signature X
Washinghm, D.L. 20201	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Texpress Mail C.O.D.
	101 4055 5398
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540