

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.

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

TO: (Name and address of Defendant)

The Honorable Eric Holder  
United States Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

**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

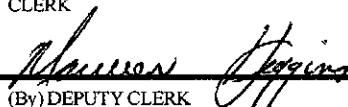
an answer to the complaint which is served on you with this summons, within 60 days after service  
of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for  
the relief demanded in the complaint. Any answer that you serve on the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

<b>RETURN OF SERVICE</b>		
Service of the Summons and complaint was made by me <sup>(1)</sup>	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>		
<b>STATEMENT OF SERVICE FEES</b>		
TRAVEL	SERVICES	TOTAL
<b>DECLARATION OF SERVER</b>		
<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 <span style="font-size: small;">Signature of Server</span></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;"><span style="font-size: small;">Address of Server</span></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:

Eric Holder  
U.S. Attorney General  
U.S. Dept. of Justice  
950 Pennsylvania Ave. NW  
Washington, D.C. 20530

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

NO 2000

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 7009 0080 0001 4055 5404  
(*Transfer from service it*)