

UNITED STATES DISTRICT COURT

for the

District of Columbia

R.J. REYNOLDS TOBACCO COMPANY et al.

Plaintiff

v.

UNITED STATES FOOD AND DRUG  
ADMINISTRATION et al.

Defendant

Case: 1:11-cv-01482

Assigned To : Leon, Richard J.

Assign. Date : 8/16/2011

Description: Admn Agency Review

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) UNITED STATES FOOD AND DRUG ADMINISTRATION  
10903 New Hampshire Avenue  
Silver Spring, MD 20993

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:           AUG 16 2011          

CLERK OF COURT

*Sherry R. Hain*  
Signature of Clerk or Deputy Clerk

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Margaret Hamburg, Commissioner, US FDA  
was received by me on *(date)* 08/16/2011 .

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

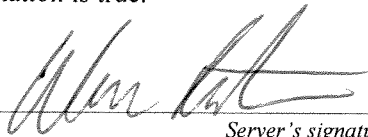
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: I caused copies of the summons and complaint to be sent by certified mail to Margaret Hamburg, Commissioner, United States Food and Drug Administration. The U.S. Post Office return receipt, attached, indicates that the materials were delivered on October, 25, 2011.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 01/23/2012



*Server's signature*

Warren Postman, Associate

*Printed name and title*

51 Louisiana Ave, NW  
Washington, DC 20001

*Server's address*

Additional information regarding attempted service, etc:

Copies of the summons and complaint were initially sent by certified mail on August 16, 2011; however, because no receipt was returned, a second set of the summons and complaint was mailed on October 14, 2011.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Margaret Hamburg, Commissioner  
 U.S. FDA  
 10903 New Hampshire Ave.  
 Silver Spring, MD 20993

4a. Article Number

4b. Service Type

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Registered                     | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured   |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD       |

7. Date of Delivery

OCT 25 AM

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.