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Label/Receipt Number: **7006 2760 0004 0620 9290**
Status: **Delivered**

Your item was delivered at 12:30 pm on November 23, 2007 in CHICAGO, IL 60612. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

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Label/Receipt Number: **7006 2760 0004 0620 9283**
Status: **Delivered**

Your item was delivered at 12:30 pm on November 23, 2007 in CHICAGO, IL 60612. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

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Samuel Person

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X K. Felony</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Bo Rollins c/o Veterans Service Center Dept of Veterans Affairs Regional office 2122 W. Taylor Chicago, IL 60612</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p><i>(Transfer from serv)</i> 7006 2760 0004 0620 9283</p>	<p style="text-align: right;">102595-02-M-1510</p>

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

SAMUEL L. HENNON

v.

BO ROLLINS, CHARLES ED ROGERS, and
MICHAEL STEPHENS

CASE NUM 07CV5235
ASSIGNED JUDGE GOTTSCHALL
DESIGNATED MAG. JUDGE MASON
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

CHARLES ED ROGERS, c/o Paralyzed Veterans of America, Hines VA Hospital,
Building 200, Room C-215 B, Hines, Illinois 60141

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

ARMAND L. ANDRY & ASSOCIATES
One South Dearborn, Suite 2100
Chicago, Illinois 60603
773/626-3058

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon 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. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

NOTE: When the print dialogue box appears, be sure to uncheck the Annotations option.

MICHAEL W. DOBBINS, CLERK

SEP 17 2007

(By) DEPUTY CLERK

DAVID JOZWIAK

DATE

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CA 07CV5235
AS JUDGE GOTTSCHALL
DE MAG. JUDGE MASON
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SEP 17 2007

DATE

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles Ed Rogers
 c/o Veterans Service Ct
 Dept of Veterans Affairs
 Regional
 2122 W. Taylor Street
 Chicago, IL 60612

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R. Filmer

Agent

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

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 label)

7006 2760 0004 0620 9290