

AO 440 (Rev. 8/01) Summons in a Civil Action

United States District Court
District of Kansas

MARK MONSOUR, SHEILA MONSOUR and
MONSOUR'S INC.,

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER: 05-1204-MLB

MENU MAKER FOODS, INC.

TO: (Name and address of defendant)

John R. Graves
Registered agent of Menu Maker Foods, Inc.
913 Bighorn Dr.
PO Box 104507
Jefferson City, MO 64110-4507

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

Dustin L. DeVaughn
McDonald Tinker Skaer Quinn & Herrington
300 W. Douglas, Suite 500
Wichita, KS 67202

an answer to the complaint which is served on you with this summons, within 20 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.

~~Ralph L. DeLoach,
259 Robert J. Dole Courthouse
500 State Avenue
Kansas City, KS 66101-2480~~

Ralph L. DeLoach, Clerk
United States District Court
204 U. S. Courthouse, 401 N. Market
Wichita, Kansas 67202

CLERK

August 1, 2005
DATE



(BY) DEPUTY CLERK

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RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹	DATE
NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served: _____

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.
Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): Certified mail Return Receipt Requested to
John R. Graves, Registered Agent of Menu Maker Foods Inc.
913 Bighorn Dr., Jefferson City, MO 64110-4507 on 8-8-05

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

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.

Executed on _____ Date _____ Signature of Server _____

Address of Server _____

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 checked="" type="checkbox"/> <u>Kaci Greer</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>KACI GREER</u></p> <p>C. Date of Delivery <u>AUG 08 2005</u></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: <u>John R. Graves</u> <u>Registered Agent of Menu</u> <u>Maker Foods, Inc.</u> <u>913 Bighorn Dr.</u> <u>Jefferson City, MO</u> <u>64110-4507</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7004 1350 0005 5917 5949</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

(1) As to who r