

# UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN

## Summons in a Civil Case

Weather Underground,  
Incorporated,

Plaintiff(s),

v.

Case No. 2:09-cv-10756-MOB-VMM  
Hon. Marianne O Battani

Navigation Catalyst Systems,  
Incorporated, et al.,

Defendant(s).

---

### Notice to Defendant Firstlook, Incorporated

This summons is notification that you are being sued by the above named plaintiff(s). You are required to:

1. Serve upon the **plaintiff's attorney**:

Craig E. Schaefer  
810 Cottageview Drive  
Suite G-20  
Traverse City, MI  
49684

an answer to the complaint within twenty (20) days after receiving this summons, or take other actions that are permitted by the Federal Rules of Civil Procedure.

2. File with the court any answer that you serve on the parties to this action within the time limits specified.

Failure to answer or take other actions permitted by the Federal Rules of Civil Procedure may result in the issuance of a judgment by default against you for the relief demanded in the complaint.

David J. Weaver, Clerk of Court

By: s/ L. Behringer  
Deputy Clerk



Date of Issuance: February 27, 2009

### Summons and Complaint Return of Service

Case No. 2:09-cv-10756-MOB-VMM  
Hon. Marianne O Battani

A copy of the Summons and Complaint has been served upon the Defendant in the manner indicated below:

Name of Defendant Served: Firstlook, Incorporated

Date of Service: 3-5-09

#### Method of Service

Personally served at this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Left copies at defendant's usual place of abode with (name of person):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (specify): certified return receipt U.S. mail  
(see attached)

Returned unexecuted (reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Fees:** Travel \$ \_\_\_\_\_ Service \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

#### Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server: Catherine A Dittrich

Signature of Server: Catherine A Dittrich

Date: 3-9-09

Server's Address: Traverse Legal PLC  
810 Cottageview Drive Unit 620  
Traverse City MI 49684

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7006 0810 0006 1747 9369

Postage	\$ 4.95
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.85

Postmark  
Here

TWU - FIRSTLOOK

Sent To **FIRSTLOOK INC**  
**C/O PARACORP INCORPORATED**  
 Street, Apt. No.,  
 or PO Box No. **2804 GATEWAY OAKS DR #200**  
 City, State, ZIP+4 **SACRAMENTO CA 95833**

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>FIRSTLOOK INC                  C/O PARACORP INCORPORATED                  2804 GATEWAY OAKS DR #200                  SACRAMENTO CA 95833</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>SACRAMENTO CA MAR - 5 2009</p>
<p>PS Form 3811, February 2004</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>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7006 0810 0006 1747 9369</p> <p>102595-02-M-1540</p>