

IN THE 21ST DISTRICT COURT OF RAVALLI COUNTY, STATE OF MONTANA
BEFORE HONORABLE JUDGE TOWNSEND, MISSOULA COUNTY FILED

DEBBIE HARMON, CLERK

* * * * *
Michael E. Spreadbury)
Plaintiff(s))
vs)
Dr. Bob Brophy)
Bitterroot Public Library)
Defendant(s))
* * * * *

APR 15 2011

SUMMONS

Gary Damped
DEPUTY

FOR AMENDED COMPLAINT

Case No.

DV-11-184 /12

Hon. Karen S. Townsend Dept. 4

THE STATE OF MONTANA, TO THE ABOVE NAMED DEFENDANT(S), GREETING(S):

YOU ARE HEREBY SUMMONED to answer the Complaint in this action, which is filed in the above entitled Court. A copy of same is served upon you. You must file your written answer with the above entitled Court and serve a copy upon the Plaintiff(s), or Plaintiff('s)(s') attorney within twenty (20) days after the service of this Summons, exclusive of the day of service. FAILURE TO APPEAR AND ANSWER will allow judgment to be taken against you by default, for the relief demanded in the Complaint. A filing fee must accompany the answer at the time of filing.

and this 5th day of April, 2011.



Plaintiff(s) Signature
PO Box 416
Hamilton, MT 59840-0416
Address
(406) 363-3877
Phone No.

DEBBIE HARMON, *clerk*
Gary Damped, Deputy
by: ~~Clerk~~

Plaintiff (Self Represented) Attorney Signature

STATE OF MONTANA)
: ss.
COUNTY OF RAVALLI)

I HEREBY CERTIFY that I received the within Summons on the 7th day of APRIL, 2011, and personally served the same on the 7th day of APRIL, 2011, upon DR. ROBERT BROPHY, in the County of RAVALLI. A copy of said Summons and Complaint, referred to in said Summons, was left with the Defendant(s).

DATED this 7th day of APRIL, 2011.

[Signature]
13-14
Sheriff / Deputy / Constable / Levying Officer



RAVALLI COUNTY SHERIFF'S OFFICE
RAVALLI COUNTY, MT



CIVIL RETURN OF SERVICE

Document Number: RCSO11CIV000343NON

Agency Number:

Court: RAVALLI COUNTY DISTRICT COURT

County: RAVALLI

Case Number: DV11184

Attorney/Agent:

MICHAEL SPREADBURY

700 S 4TH ST
HAMILTON, MT 59840

Plaintiff: MICHAEL SPREADBURY

Defendant: DR. ROBERT BROPHY-REGISTERED AGENT FOR
BITTERROOT PUBLIC LIBRARY

Type of Process: SUMMONS AND AMENDED COMPLAINT

I HEREBY CERTIFY THAT: I served the listed documents on the 7th day of April, 2011,

at 0930 A.m by delivering a true and correct copy of said document(s) to DR ROBERT BROPHY- REGISTERED AGENT FOR BITTERROOT PUBLIC LIBRARY

at the location of 1116 N. 1ST ST. HAMILTON, by placing said documents in hand personally and informing them of the contents there of.

OR THE SUBJECT NOT HAVING BEEN FOUND:

I HEREBY CERTIFY THAT: After due and diligent search and inquiry of diverse persons in sundry places, I am unable to locate DR ROBERT BROPHY- REGISTERED AGENT FOR BITTERROOT PUBLIC LIBRARY, in Ravalli County, State of Montana, for the following reasons and I therefore RETURN THE DOCUMENTS WITHOUT SERVICE:

Person no longer lives at address given and I am unable to locate a new address

Person is now living at _____, not in Ravalli County.

Address provided is not in Ravalli County

Address provided is not occupied

Other: _____

16929 13-14
Signature and Badge No.

KEVIN MCGONNELL
Printed Name