

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the

JEREMY SCHOEMAKER,

Plaintiff

v.

DAVID SULLIVAN, individually and
d/b/a BIG BLUE DOTS,

Defendant

Civil Action No. 8:09cv441

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) **DAVID SULLIVAN
BIG BLUE DOTS
9305 TRENHOLM DRIVE
ELK GROVE, CA 95758**

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:

**PATRICK S. COOPER
FRASER STRYKER PC, LLO
409 SOUTH 17TH STREET, SUITE 500
OMAHA, NE 68102**

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: 12/10/2009



CLERK OF COURT

[Handwritten Signature]
Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. **8:09cv441**

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)* _____
was received by me on *(date)* _____.

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)*: Sent by certified mail, return receipt requested December 10, 2009.
Green card signed for on December 14, 2009.

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: 12/17/09



Server's signature
Patrick S. Cooper #22399
Fraser Stryker PC LLO

500 Energy Plaza *Printed name and title*
409 South 17th Street
Omaha, NE 68102
(402) 341-6000

Server's address

Additional information regarding attempted service, etc:

| 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. | A. Signature <input checked="" type="checkbox"/> Margaret Sullivan <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: DAVID SULLIVAN BIG BLUE DOTS 9305 TRENHOLM DRIVE ELK GROVE, CA 95758 | B. Received by (Printed Name) <input type="checkbox"/> Margaret Sullivan C. Date of Delivery <input type="checkbox"/> 12/14/09 |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| | 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. |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| | Article Number: 7008 3230 0000 9577 8168 |
| PS Form 3811, February 2004 | Domestic Return Receipt |

102595-02-M-1540

| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--|---------|
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$ 0.95 |
| Certified Fee | 2.80 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | \$ 6.05 |
| Total Postage & Fees | \$ 6.05 |
| Sent To DAVID SULLIVAN Street, Apt. No., or PO Box No. 9305 TRENHOLM DR. City, State, ZIP+4 ELK GROVE, CA 95758 | |
| PS Form 3800, August 2006 See Reverse for Instructions | |

7008 3230 0000 9577 8168

