

EXHIBIT B

PROOF OF SERVICE OF PROCESS

UNITED STATES DISTRICT COURT

for the

Southern District of New York

Natural Resources Defense Council, Inc., et al.

Plaintiff

v.

United States Food and Drug Administration et al.

Defendant

JUDGE BERMAN

11 CV

3562

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Kathleen Sebelius, Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

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: Mitchell S. Bernard, Natural Resources Defense Council, 40 West 20th Street, New York, NY 10011

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.

MAY 25 2011

RUBY J. KRAJICK
CLERK OF COURT

[Handwritten signature]

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

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) Defendant Kathleen Sebelius, Secretary of the ^{U.S. Department of Health} and Human Services
was received by me on (date) 5-25-11.

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): I served the summons by certified mail on defendant Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services, the U.S. Attorney General, and the Civil Process Clerk for the U.S. Attorney's office for the S.D.N.Y.

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: 7-26-11

Lucia Roibal

Server's signature

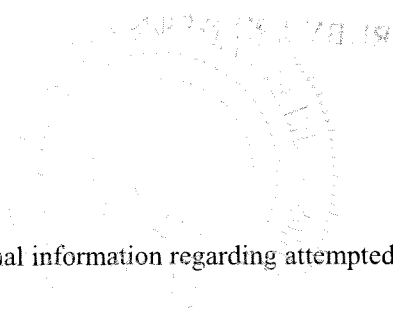
Lucia Roibal, Litigation Assistant

Printed name and title

40 West 20th Street, 11th Floor
New York, NY 10011

Server's address

Additional information regarding attempted service, etc:



UNITED STATES DISTRICT COURT

for the

Southern District of New York

Natural Resources Defense Council, Inc., et al.

Plaintiff

v.

United States Food and Drug Administration et al.

Defendant

11 CV 3562

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

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:

Mitchell S. Bernard
Natural Resources Defense Council
40 West 20th Street
New York, NY 10011

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.

RUBY J. KRAJICK

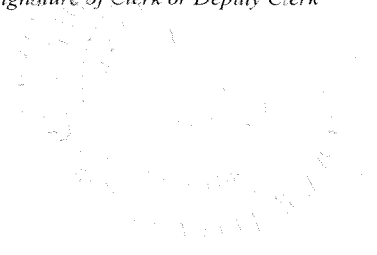
CLERK OF COURT

Handwritten signature of Ruby J. Krajick

Signature of Clerk or Deputy Clerk

MAY 25 2011

Date:



Civil Action No. _____

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) Defendant U.S. Department of Health and Human Services
was received by me on (date) 5-25-11.

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): I served the summons by certified mail on defendant U.S. Department of Health and Human Services, the U.S. Attorney General, and the Civil Process Clerk for the U.S. Attorney's office for the S.D.N.Y.

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: 7-26-11

Lucia Roibal

Server's signature

Lucia Roibal, Litigation Assistant

Printed name and title

40 West 20th Street, 11th Floor

New York, NY 10011

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Kathleen Sebelius, Secretary
United States Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

2. Article Number
(Transfer from service label)

7011 0110 0000 5613 4149

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

Lawrence

C. Date of Delivery

5-31-11

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

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Kathleen Sebelius, Secretary
United States Department of Health
and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

2. Article Number
(Transfer from service label)

7011 0110 0000 5613 4132

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

Lawrence

C. Date of Delivery

5-31-11

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