

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

# UNITED STATES DISTRICT COURT

Southern District of Ohio District of Western Division

Jill Giles, on behalf of herself and a class of persons

## SUMMONS IN A CIVIL CASE

V.

James Frey, et al

CASE NUMBER: 1:06 CV 058

RECEIVED

TO: (Name and address of Defendant)

Random House, VG Inc.  
Agent for service of Process:  
Katherin J. Trager  
1745 Broadway  
New York, New York 10019

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

Colleen M. Hegge  
2900 Chemed Center  
255 East Fifth Street  
Cincinnati, Ohio 45202

an answer to the complaint which is served on you with this summons, within 30 20 days 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.

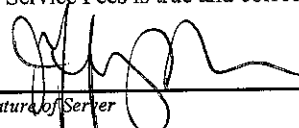
**James Bonini, Clerk**

2-2-06  
DATE

CLERK

*Shantel Jackson*  
(By) DEPUTY CLERK

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

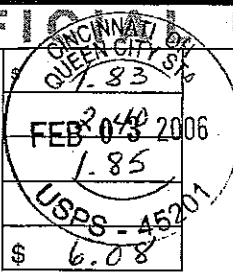
<b>RETURN OF SERVICE</b>		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	February 7, 2006
NAME OF SERVER (PRINT) Jeffrey P. Harris	TITLE	Attorney
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> 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: _____ _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>Certified Mail Receipt #7003 1680 0001 1294 1249</u> <u>(copy attached)</u>		
<b>STATEMENT OF SERVICE FEES</b>		
TRAVEL	SERVICES	TOTAL
<b>DECLARATION OF SERVER</b>		
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	February 17, 2006	
	Date	Signature of Server
	255 East Fifth Street, Ste. 2900 Cincinnati, Ohio 45202	
	Address of Server	

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**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**

Postage	\$ 4.00		Postmark Here
Certified Fee	\$ 1.85		
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage &amp; Fees</b>	<b>\$ 6.08</b>		

5421 4621 1000 0911 E002

*Billieen*


Send To  
 Random House 90 Katherine Trager  
 Street, Apt. No.;  
 or PO Box No. 1745 Broadway  
 City, State, ZIP+4  
 NY, NY 10019

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>J. Price</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>J. PRICE</i></p> <p>C. Date of Delivery</p> <p><i>2/20/06</i></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>1. Article Addressed to:</p> <p><i>Random House, VC Inc.</i>  <i>90 KATHERINE J. TRAGER</i>  <i>1745 BROADWAY</i>  <i>NEW YORK, NY 10019</i></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>2. Article (Title)</p> <p>PS Form</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

102595-01-M-2509

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

**Statman, Harris, Siegel & Eyrich, LLC**  
 2900 Chemed Center  
 255 East Fifth Street  
 Cincinnati, Ohio 45202

*C. HEGGE*