

UNITED STATES DISTRICT COURT  
for the

|                          |   |                            |
|--------------------------|---|----------------------------|
|                          | ) |                            |
| TAYLOR SWIFT             | ) |                            |
| <i>Plaintiff</i>         | ) |                            |
| v.                       | ) | Civil Action No. 3:09-0442 |
| MALCOLM MATTHEWS, ET AL. | ) |                            |
| <i>Defendant</i>         | ) |                            |

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Robert Vincent Estronza  
1281 Brockett Road  
Clarkston, GA 30021

A lawsuit has been filed against you.

Within 20 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:

W. Michael Milom, David S. Crow, Natalya L. Rose  
MILOM JOYCE HORSNELL CROW PLC  
3310 West End Avenue, Suite 610  
Nashville, Tennessee 37203

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.

KEITH THROCKMORTON  
CLERK OF COURT

Date: JUN 19 2009

*H. Blaney*  
Signature of Clerk or Deputy Clerk

RETURN COPY

Civil Action No. 3:09-0442

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)*

This summons for *(name of individual and title, if any)* Robert Vincent Estronza  
was received by me on *(date)* 6/19/09.

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 mail, in accordance with  
Fed. R. Civ. P. 4(e)(1) and Tenn. R. Civ. P. 4.05(a), 4.04(10), on  
June 22, 2009, delivered to and received by Defendant on 6/24/09.  
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: of mailing Summons: 6/22/09  
of receipt of Return  
Receipt from Defendant: 6/26/09

Natalya L. Rose  
*Server's signature*

NATALYA L. ROSE  
*Printed name and title*

3310 West End Avenue, Ste 610  
Nashville, TN 37203  
*Server's address*

Additional information regarding attempted service, etc:

UNITED STATES POSTAL SERVICE

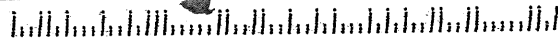


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

**Milom Joyce Horsnell Crow PLC**  
**3310 West End Avenue; Suite 610**  
**Nashville, TN 37203**

NLR/TS



**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:

Robert Vincent Estronza  
1281 Brockett Road  
Clarkston, GA 30021

2. Article Number

(Transfer from service label)

7006 2150 0004 7138 7281

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  Addressee  
*Robert V. Estronza*

B. Received by (Printed Name)

*Robert V. Estronza*

C. Date of Delivery

*6/26/09*

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