

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)* Brendan Schiff  
497 East California Boulevard  
Pasadena, California 91105

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



*Signature of Clerk or Deputy Clerk*

Date:         JUN 10 2009        

**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)* Brendan Schiff  
was received by me on *(date)* 6/10/09.

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 6/22/09, delivered to and received by the defendant on 6/26/09.

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: 7/1/09

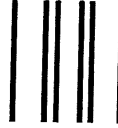
Natalya L. Rose  
\_\_\_\_\_  
*Server's signature*

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:

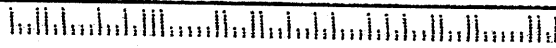
UNITED STATES POSTAL SERVICE



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**



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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>Brendan Schiff</i></p> <p>B. Received by (Printed Name) <span style="float: right;">Date of Delivery</span></p> <p style="text-align: center;">JUN 27 2009</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Brendan Schiff 497 East California Boulevard Pasadena, CA 91105</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7006 2150 0004 7138 7274</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	