

U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
MARSHALL DIVISION

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United States District Court

EASTERN DISTRICT OF TEXAS
MARSHALL DIVISION

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SUMMONS IN A CIVIL ACTION

DATA TREASURY CORPORATION

VS.

CIVIL ACTION NO. 2:06CV72 (DF)
JURY DEMAND

WELLS FARGO & COMPANY ET AL

TO: Defendant, **Small Value Payments Company, LLC**, by serving its registered agent for service, The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFFS' ATTORNEY:

Edward L. von Hohn
Nix, Patterson & Roach, LLP
205 Linda Drive
Daingerfield, Texas 75638
903-645-7333

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon 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.

DAVID MALAND, CLERK

MAR 24 2006

Clerk

Date

By Deputy

AO 440 (Rev. 5/85) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹	DATE 3-28-06
NAME OF SERVER Moni King	TITLE Sr Paralegal

Check one box below to indicate appropriate method of service

- Served personally upon the defendant. Place where served: _____
- 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: _____
- Returned unexecuted: _____
- Other (specify): **CM RRR 7003 1680 0007 3529 3053**

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

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 **4-4-06** *[Signature]*
 Date Signature of Server
 MONI CELESTE KING
 SR PARALEGAL
 NIX PATTERSON & ROACH LLP
 Address of Server 205 LINDA DRIVE
 D.A. _____

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	USPS RECEIPT
<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"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>28 MAR 2006</u> Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	Insurance Coverage Provided Visit our website at www.usps.com SPECIAL USE Postmark Here mk
1. Article Addressed to: Small Value Payments Co., LLC Corporation Trust Center 1209 Orange Street Wilmington, DE 19801	3. Service Type <input 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	Payments Co., LLC Corporation Trust Center 1209 Orange Street Wilmington, DE 19801
2. Article Number (Transfer from service label)	7003 1680 0007 3529 3053	Instructions