

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
Eastern District of Texas

STRAGENT, LLC and SEESAW FOUNDATION

Plaintiff

v.

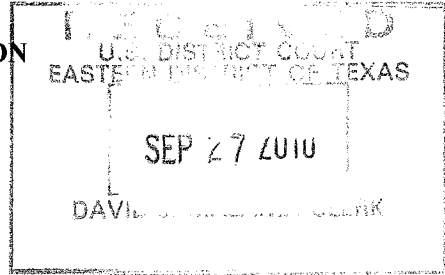
CLASSMATES ONLINE, INC., et al.

Defendant

Civil Action No. 6:10-CV-242

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) MySpace, Inc.
Gary D. Roberts
10201 W. Pico Blvd.
Los Angeles, CA 90035



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:

Eric M. Albritton
ALBRITTON LAW FIRM
111 West Tyler Street
Longview, Texas 75601

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.

Date: 8/20/10



CLERK OF COURT

David Malamon

Signature of Clerk or Deputy Clerk

Civil Action No. 6:10-CV-242

**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)* MySpace, Inc.  
was received by me on *(date)* 08/23/2010 .

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

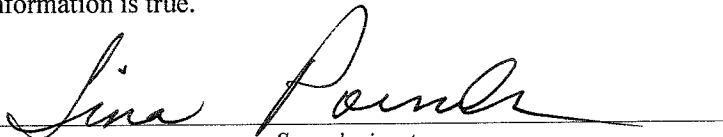
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: CM/RRR 7008 0500 0001 1806 4358

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: 9/23/10

  
\_\_\_\_\_  
*Server's signature*

Tina Pounds, Legal Assistant  
\_\_\_\_\_  
*Printed name and title*

111 West Tyler Street  
Longview, TX 75601  
\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

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>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <p style="text-align: center;">MySpace, Inc.            Gary D. Roberts            10201 W. Pico Blvd.            Los Angeles, CA 90035</p>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <p style="text-align: center;">V. Florio <span style="float: right;">8-26-07</span></p>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" 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
	7008 0500 0001 1806 4358

PS Form 3811, February 2004

Domestic Return Receipt


102595-02-M-1540

**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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.17</b>



<i>Sent To</i>	Gary D. Roberts
<i>Street, Apt. No., or PO Box No.</i>	10201 W. Pico Blvd.
<i>City, State, ZIP+4</i>	Los Angeles, CA 90035

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 1806 4358