

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

# UNITED STATES DISTRICT COURT

for the  
Eastern District of Texas

PARALLEL NETWORKS, LLC

\_\_\_\_\_  
*Plaintiff*

v.

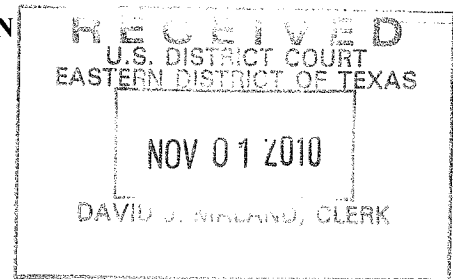
ADIDAS AMERICA, INC., et al.

\_\_\_\_\_  
*Defendant*

Civil Action No. 6:10-cv-00491

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Aeropostale, Inc.  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808



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:

Craig Tadlock  
Tadlock Law Firm PLLC  
400 E. Royal Lane, Suite 290  
Irving, Texas 75039  
Telephone: (214) 785-6014  
Email: craig@tadlocklawfirm.com

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: 9/28/10



CLERK OF COURT

*David Malone*

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 6:10-cv-00491

**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)* Aeropostale, Inc.  
was received by me on *(date)* 09/28/2010 .

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)*: Delivered via Certified Mail (see attached) on 9/30/2010

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: 10/14/2010

\_\_\_\_\_  
*/s/Timothy Willette*  
*Server's signature*

\_\_\_\_\_  
**Timothy Willette, Legal Assistant**  
*Printed name and title*

\_\_\_\_\_  
**Bosy & Bennett**  
**300 N. LaSalle Street, 49th Floor**  
**Chicago, IL 60654**  
*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		ADDRESSEE: 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 <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Aeropostale, Inc. c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7009 1410 0002 1323 1871		<input checked="" 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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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)

WILMINGTON DE 19808

Postage	\$ 7.50	
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 12.60</b>	

09/28/2010

Sent To: Aeropostale, Inc.  
 Street, Apt. or PO Box: c/o Corporation Service Company  
 2711 Centerville Road, Suite 400  
 City, State: Wilmington, DE 19808

PS Form 3811



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## Track & Confirm

### Search Results

Label/Receipt Number: **7009 1410 0002 1323 1871**  
Expected Delivery Date: **October 1, 2010**  
Class: **Priority Mail®**  
Service(s): **Certified Mail™**  
**Return Receipt**  
Status: **Delivered**

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Your item was delivered at 8:46 am on September 30, 2010 in WILMINGTON, DE 19808.

#### Detailed Results:

- **Delivered, September 30, 2010, 8:46 am, WILMINGTON, DE 19808**
- **Arrival at Unit, September 30, 2010, 8:12 am, WILMINGTON, DE 19808**
- **Acceptance, September 28, 2010, 5:21 pm, CHICAGO, IL 60654**

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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No FEAR Act EEO Data

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