

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.

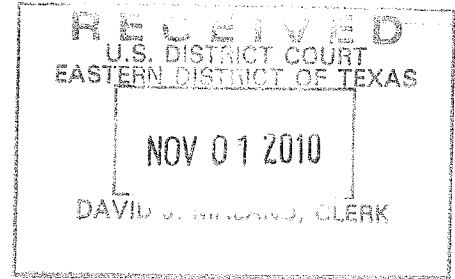
ADIDAS AMERICA, INC., et al.

Defendant

Civil Action No. 6:10-cv-00491

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Mattel, Inc.
c/o The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801



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)* Mattel, 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 10/4/2010 .

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	COMPLETE THIS SECTION ON DELIVERY
<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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery OCT 04 2010</p>
<p>1. Article Addressed to:</p> <p>Mattel, Inc. c/o The Corporation Trust Company Corporation Trust Center 1209 Orange Street Wilmington, DE 19801</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 <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1410 0002 1323 2113</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7009 1410 0002 1323 2113

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com ®	
WILMINGTON DE 19801	
Postage	\$ 7.50
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 12.60
<p>Sent To</p> <p>Street, Apt. No or PO Box No.</p> <p>City, State, Zip</p>	<p>Mattel, Inc. c/o The Corporation Trust Company Corporation Trust Center 1209 Orange Street Wilmington, DE 19801</p>

PS Form 3800

OFFICIAL USE

MERCANTILE MART ST. CHICAGO, ILL.

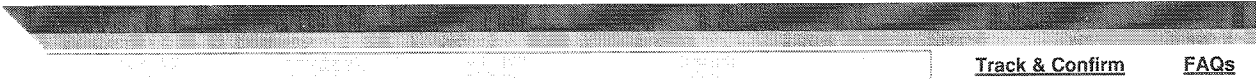
07

Postmark Here

09/29/2010



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Track & Confirm

Search Results

Label/Receipt Number: **7009 1410 0002 1323 2113**
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 7:10 am on October 04, 2010 in WILMINGTON, DE 19801.

Detailed Results:

- **Delivered, October 04, 2010, 7:10 am, WILMINGTON, DE 19801**
- **Arrival at Unit, October 01, 2010, 10:40 am, WILMINGTON, DE 19801**
- **Acceptance, September 29, 2010, 11:56 am, 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. [Go >](#)

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No FEAR Act EEO Data

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