SAO 440 (Rev. 8/01) Summons in a Civil Action

David Malano

CLERK OF COURT

UNITED STA	ATES DIST	TRICT COURT
EASTERN	District of	TEXAS
WI-LAN INC.		
V. ALCATEL-LUCENT USA INC., ET AL		SUMMONS IN A CIVIL ACTION
	CASE	NUMBER: 6:10-cv-521
TO: (Name and address of Defendant) Alcatel-Lucent USA Inc. 600-700 Mountain Avenue Murray Hill, New Jersey 07974	1	OCT 1 8 2010
YOU ARE HEREBY SUMMONED and red J. Wesley Hill WARD & SMITH LAW FIRM 111 W. Tyler Street Longview, Texas 75601 (903) 757-6400 (903) 757-2323 (fax)	equired to serve o	n PLAINTIFF'S ATTORNEY (name and address)
	ice. If you fail to	ns, within21 days after serving do so, judgment by default will be taken against ye on the parties to this action must be filed with

10/6/10

DATE

AO 440 (Rev. 8/01) Summons in a Civil Action	RETURN OF SERVICE
	DATE
Service of the Summons and complaint was made by me ⁽¹⁾	10/6/2010
AME OF SERVER <i>(PRINT)</i> Vendi Cavazos	IIILE
Check one box below to indicate appropriate method	d of service
☐ Served personally upon the defendant. Place v	where served:
discretion then residing therein.	g house or usual place of abode with a person of suitable age and
Name of person with whom the summons and	complaint were left:
☐ Returned unexecuted:	
Other (specify): Certified Mail, Return Receipt Request	ted 7010 0780 0001 6452 5666
STAT	EMENT OF SERVICE FEES
AVEL SERVICES	TOTAL \$0.00
DEC	CLARATION OF SERVER
	11 W. Tyler St., Longview, TX 75601
	areas of Gerver
The state of the s	
 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	A. Signature X Description by (Printed Name) Description of Police of Pol
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Alcatel-Lucent USA Inc. 600-700 Mountain Avenue Murray Hill, New Jersey 07974	3. Service Type
(☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
As to who may 10 Q	4. Restricted Delivery? (Extra Fee)
	010 0780 0001 6452 5666

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540