

AO 440 (Rev. DC - September 2003) Summons in a Civil Action

UNITED STATES DISTRICT COURT
District of Columbia

VAIL VALLEY MEDICAL CENTER and
KALEIDA HEALTH

SUMMONS IN A CIVIL CASE

V.

MICHAEL O. LEAVITT, Secretary,
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Case: 1:08-cv-00942
Assigned To : Urbina, Ricardo M.
Assign. Date : 6/2/2008
Description: Admn. Agency Review

TO: (Name and address of Defendant)

MICHAEL O. LEAVITT, Secretary,
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Christopher L. Crosswhite
Duane Morris LLP
505 9th Street, N.W., Suite 1000
Washington, DC 20004-2166


an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on 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. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

NANCY M. MAYER-WHITTINGTON

JUN - 2 2008

CLERK

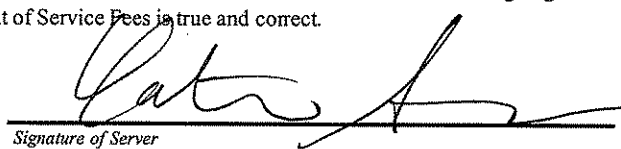
DATE



(By) DEPUTY CLERK

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RETURN OF SERVICE	
Service of the Summons and complaint was made by me ⁽¹⁾	DATE 6/9/2008
NAME OF SERVER (PRINT) Catrina M. Armendariz	TITLE Legal Assistant
<i>Check one box below to indicate appropriate method of service</i>	
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____	
<input type="checkbox"/> 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: _____	
<input type="checkbox"/> Returned unexecuted: _____ _____	
<input type="checkbox"/> Other (specify): <u>Certified Mail/Return Receipt</u> _____ _____	

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 <u>Sept 4, 2008</u> <small>Date</small>	 <small>Signature of Server</small>
505 9th Street, N.W., Suite 1000, Washington, DC 20004 <small>Address of Server</small>	

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. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Lawrence</u> C. Date of Delivery <u>6-9-08</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <u>MICHAEL O. LEAVITT, SEC.</u> <u>US DEPT. OF HEALTH + HUMAN SVCS</u> <u>200 INDEPENDENCE AVE, S.W.</u> <u>WASHINGTON, DC 20201</u>	3. Service Type <input 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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes