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

UNITED STATES DISTRICT COURT

for the

District of Nevada

Al Christopher Baker)		
Plaintiff)		
v.)	Civil Action No.	3:10-cv-00426-ECR-RAM
Leo Drozdoff, David K. Morrow, Steve Weaver, Eric Johnson, and Andrew Bass)		
Defendant)		

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Steve Weaver

Steve Weaver
Deputy Director of the Nevada State Parks
901 S. Stewart Street
Suite 5005
Carson City, Nevada 89701-5248

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:

James M. Manley, Esq. Mountain States Legal Foundation 2596 S. Lewis Way Lakewood, CO 80227

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.

Lance S. Wilson

08/27/2010

Date

Clerk

Lawes Mary



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Civil Action No. 3:10-cv-00426-ECR-RAM

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	ne of individual and title, if any)		
eceived by me on (date)	•	•	
☐ I personally served	the summons on the individual at	(place)	
		on (date)	; or
☐ I left the summons	at the individual's residence or us	sual place of abode with (name)	
	, a person o	f suitable age and discretion who r	esides there,
on (date)	, and mailed a copy to the	ne individual's last known address	; or
☐ I served the summe	ons on (name of individual)		, who i
	accept service of process on behal	f of (name of organization)	
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Additional information regarding attempted service, etc:

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Case 3:10-cv-00426-ECR-RAM Document 16 F SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A Signature X ClauChy PAgent Address
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.	B. Received by (Printed Name) G. Date of Delive (1014 SSA AUM) 7 2 10.
1. Article Addressed to:	D. Is delivery address different from item 1? Yes if YES, enter delivery address below:
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State of Nevuda	3. Service Type
Office of the Atty Gen. 100 North Corson St.	Certified Mail
Corses City, NV 89701- 4717	☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label): 7001 2510	0009 2593 5542
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