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

# UNITED STATES DISTRICT COURT

for the

District of Oregon -

Bark	) ~
Plaimiff	
V.	Civil Action No. 3:12-cv-1656-AC
Bureau of Land Management	)
Defendant	

### SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Mike Pool, Acting Director Bureau of Land Management 1849 C Street, NW, Room 5665 Washington, D.C. 20240

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:

Brenna Bell, Attorney Bark P.O. Box 12065 Portland, OR 97212

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: 09/14/2012

MARY L. MORAN, Clerk of Court

By: s/ddesjardins, Deputy Clerk

Civil Action No.

## PROOF OF SERVICE

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

		on (date)	; or	
☐ I left the summ	ons at the individual's residence or usual pla	ace of abode with (na	me)	
	, a person of suital	ble age and discretion	n who resides there,	
on (date)	, and mailed a copy to the indi	vidual's last known	address; or	
☐ I served the sur	nmons on (name of individual)			, who
designated by law	to accept service of process on behalf of (no	ame of organization)		
		on (date)	; or	
<u> </u>				
	I sent the summers and complested, as per FRCP 4(1)	plaint Via cer	tified Mail, wi	; th,
Other (specify):	I sent the summers and compested, as per FRCP 4(i)		4 4 1 60	tn,
		plaint via cer (2). for services, for a		fn,
Other (specify):  [etcip+ requ  My fees are \$	I sent the summers and compested, as per FRCP 4(i)	for services, for a	4 4 1 60	tn,
Other (specify):  [etcip+ requ  My fees are \$	I sent the summers and comples ted, as per FRCP 4(i)  for travel and \$  malty of perjury that this information is true.	for services, for a	total of \$	fn,

Additional information regarding attempted service, etc:

Civil Action No.

## PROOF OF SERVICE

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

☐ I personally serv	ved the summons on the individual at (place)			
	or	1 (date)	; or	
☐ I left the summo	ons at the individual's residence or usual place	of abode with (na	me)	
	, a person of suitable	age and discretion	n who resides there,	
on (date)	, and mailed a copy to the individ	ual's last known a	address; or	
☐ I served the sum	nmons on (name of individual)			, who
designated by law	to accept service of process on behalf of (name	of organization)		
		(date)	· or	
	or .	(date)	; or	
	immons unexecuted because			ail,
Tother (specify): -	Immons unexecuted because  I Sent the Summons and compilet regulated, as per FRCPCI	plaint via (1)(B).	certified Mo	ail,
	Immons unexecuted because  I Sent the Summons and compilet regulated, as per FRCPCI		certified Mo	ail,
Other (specify): -  [efun (ecc  My fees are \$	Immons unexecuted because  I Sent the Summons and compilet regulated, as per FRCPCI	plaint via (1)(B).	certified Mo	ail,
Other (specify): -  [efun (ecc  My fees are \$	immons unexecuted because  I Sent the Summons and complet regulated, as per FRCP(intervel and \$ for travel \$ for trave	plaint via (1)(B).	certified Mo	ail,

Additional information regarding attempted service, etc:

Civil Action No.

## PROOF OF SERVICE

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

		(place)	
		on (date)	; or
I left the summons	at the individual's residence or us	ual place of abode with (nat	ne)
	, a person of	f suitable age and discretion	who resides there,
on (date)	, and mailed a copy to the	ne individual's last known a	ddress; or
I served the summo	ons on (name of individual) The	Front desk Clerica	l worker, who is
designated by law to a	accept service of process on behal	f of (name of organization)	The Oregon
DISNICT AH	torney's office	on (date) Sept.	16, 2012 For
I returned the summ	nons unexecuted because	·	; or
☐ Other (specify):			
My fees are \$	for travel and \$	for services, for a t	otal of \$ 0.00
I declare under penalty	y of perjury that this information i	s true.	
I declare under penalty $0/31/12$			
		s true.  Server's signatur  Printed name and	е

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. J. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Richardson  D. Is delivery address different from item 1?  If YES, enter delivery address below:
Mike Pool, BLM 1849 C. St. N.J. Room 5665	
Washington, D.C. 20240	3. Service Type  Certifled Mail  Registered Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Transfer from service label) 7012 101	
SENDER: COMPLETE THIS SECTION  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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  Agent  Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
Eric Holder, US DOJ 950 Pennsylvania Ave NW Washington, D.C. 20530-0001	If YES, enter delivery address below: ☐ No
Washington, D.C. 20530-0001	3. Service Type  Certified Mail Registered Insured Mail C.O.D.
2. Article Number  (Transfer from service label) 7012 1010	4. Restricted Delivery? (Extra Fee)
PS Form 2011 File 2001	0001 8510 6533
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540