

UNITED STATES DISTRICT COURT  
for the

NBD International, Inc.  
Plaintiff  
v.  
Robert Carhart  
Defendant

)  
)  
)  
)  
)

Civil Action No. 5:09cv921  
Judge Adams  
Magistrate Judge Limbert

Summons in a Civil Action

To: *(Defendant's name and address)*

Robert Carhart  
1002 West Mission Ave.  
Bellevue, NE 68005-3944

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), 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's attorney, whose name and address are:

Donald W. Davis, Jr.  
75 East Market Street  
Akron, OH 44308

If you fail to do so, 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: 4/22/09



Geri M. Smith

Name of clerk of court

s/ Heidi L. Sultzbaugh

Deputy clerk's signature

*(Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States allowed 60 days by Rule 12(a)(3).)*

**Proof of Service**

I declare under penalty of perjury that I served the summons and complaint in this case on 4/25/09,  
by:

(1) personally delivering a copy of each to the individual at this place, \_\_\_\_\_;  
\_\_\_\_\_ ; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with \_\_\_\_\_  
who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is  
\_\_\_\_\_ ; or

(4) returning the summons unexecuted to the court clerk on \_\_\_\_\_ ; or

(5) other (*specify*) certified mail by clerk  
\_\_\_\_\_  
\_\_\_\_\_.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

Date: 4/28/09

s/ Sharon M. Romito

\_\_\_\_\_  
Server's signature

**Deputy Clerk, USDC**

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Server's address

SENDER: COMPLETE THIS SECTION Doc # 4

- 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.

1. Article Addressed to:

Robert Carhart  
 dba A.C.C.O.N.  
 1002 West Mission Ave  
 Bellevue, NE 68005-3944

5:09CV921

2. Article Number

(Transfer from service label)

7002 2030 0000 6934 7476

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY Del ID #: 15

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Tiffani White 4-25

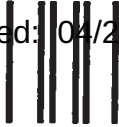
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Case: 5:09-cv-00821-JBA Doc #: 4 Filed: 04/28/09 4 of 4 PageID #: 16

UNITED STATES POSTAL SERVICE



First-Class Mail  
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Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Clerk, U.S. District Court  
568 United State Courthouse  
Two South Main Street  
Akron, OH 44308-1813

