

UNITED STATES DISTRICT COURT
for the

NBD International, Inc.
Plaintiff
v.
Robert Carhart
Defendant

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)
)
)
)

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 DelD #: 15

A. Signature Agent
 Addressee

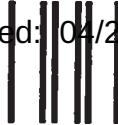
B. Received by (Printed Name) C. Date of Delivery
 Tiffani White 4-25

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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
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

