## UNITED STATES DISTRICT COURT

|  | tile   |  |  |  |  |
|--|--|--|--|--|--|
| District of  | of Arizona   |  |  |  |  |
| INFORMED CONSENT ACTION NETWORK  Plaintiff(s) v.  NATIONAL INSTITUTES OF HEALTH  Defendant(s)  | ) ) ) ) ) Civil Action No. CV-20-1277-PHX-JJT ) ) )          |  |  |  |  |
| SUMMONS IN A CIVIL ACTION  |  |  |  |  |  |
| To: (Defendant's name and address)  National Institutes of Health 9000 Rockville Pike Bethesda, Maryland 20892   |  |  |  |  |  |
| are the United States or a United States agency, or an officer   |  |  |  |  |  |
| P. 12 (a)(2) or (3) — you must serve on the plaintiff an answ<br>the Federal Rules of Civil Procedure. The answer or motion<br>whose name and address are:<br>Aaron Siri<br>Siri & Glimstad LLP<br>11201 North Tatum Boulevard<br>Suite 300<br>Phoenix, AZ 85028 |  |  |  |  |  |
| If you fail to respond, judgment by default will be en You also must file your answer or motion with the court.  | ntered against you for the relief demanded in the complaint. |  |  |  |  |
| Date:  | CLERK OF COURT   |  |  |  |  |
|  | Signature of   |  |  |  |  |

ISSUED ON 2:55 pm, Jun 29, 2020 s/ Debra D. Lucas, Acting Clerk AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. CV-20-1277-PHX-JJT

## PROOF OF SERVICE

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

|         | This summons for (nam  | e of individual and title, if an | ny)                             |           |  |  |
|---------|--|----------------------------------|---------------------------------|-----------|--|--|
| was red | ceived 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 usual place of abode with (name) |                                  |                                 |           |  |  |
|         |  |                                  |                                 |           |  |  |
|         |  |                                  |                                 |           |  |  |
|         |  |                                  |                                 |           |  |  |
|         |  |                                  |                                 |           |  |  |
|         |  |                                  | on (date)                       | ; or<br>- |  |  |
|         | ☐ I returned the summ  | 2                                | ; or                            |           |  |  |
|         | ☐ Other (specify):   |                                  |                                 |           |  |  |
|         | My fees are \$   | for travel and \$                | for services, for a total of \$ | 0.00      |  |  |
|         | I declare under penalty of perjury that this information is true.                    |                                  |                                 |           |  |  |
| Date:   |  | _                                |                                 |           |  |  |
|         |  |                                  | Server's signature              |           |  |  |
|         |  | _                                | Printed name and title          |           |  |  |
|         |  | _                                | Server's address                |           |  |  |

Additional information regarding attempted service, etc: