## **DECLARATION OF SERVICE**

UNITED STATES DISTRICT COURT - ARIZONA CASE NO: CV-20-1277-PHX-JJT

STATE OF ARIZONA COURT DATE:

County of MARICOPA COURT TIME:

PLAINTIFF: DEFENDANTS:

INFORMED CONSENT ACTION NETWORK NATIONAL INSTITUTES OF HEALTH

TWO RENAISSANCE SQUARE, 40 N. CENTRAL AVE., #1800

PHOENIX, AZ 85004

The declarant, being duly sworn, states: I am fully qualified under Rule 4(d) Ariz.R.Civ.P. to serve process in this action, having been so appointed by the court; I received and served the following documents in the manner described below:

DOCUMENT TYPE: SUMMONS; ORDER; COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF;

EXHIBITS A THROUGH R; CIVIL COVER SHEET; CORPORATE DISCLOSURE STATEMENT; NOTICE OF AVAILABILITY OF A UNITED STATES MAGISTRATE JUDGE TO EXERCISE

**JURISDICTION** 

PERSON(S) SERVED: NATIONAL INSTITUTES OF HEALTH (Defendant)

PLACE OF SERVICE: USUAL PLACE OF BUSINESS

TWO RENAISSANCE SQUARE, 40 N. CENTRAL AVE., #1800

PHOENIX, AZ 85004

By delivering 1 SET(S) true copies to: AGUSTINE ARVIZO, ADMIN/SPECIALIST

THE ABOVE MENTIONED INDIVIDUAL WAS SERVED PERSONALLY AT THE ABOVE ADDRESS.

Notes: AUGUSTINE ARVIZO IS AUTHORIZED TO ACCEPT SERVICE FOR MICHAEL BAILEY UNITED STATES ATTORNEY FOR THE DISTRICT OF ARIZONA.

FILE #: 199686

REF #: 2020012427

DATE OF SERVICE: 7/9/2020

TIME OF SERVICE: 01:39 PM

Next Action: No Further Action

I declare under penalty of perjury that the foregoing is true and correct.

Signed on the 15th day of July, 2020

FEES: \$84.75 Service Fee

\$84.75 Total

**DECLARANT'S SIGNATURE** 

**Tom Zollars** 

Process server licensed in Maricopa County #5104

SUPERIOR PROCESS SERVICES, INC. 7701 E. Indian School Suite E Scottsdale, Arizona 85251 (480) 429-6886