

AO 440 (Rev. 06/12) Summons in a Civil Action

### Summons and Complaint Return of Service

Case No. 19-10488  
Hon. David M. Lawson

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

This summons for *(name of individual and title, if any)* Janssen Pharmaceutica, Inc.  
was received 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)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or


I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify):* via Certified Mail

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

I declare under penalty of perjury that this information is true.

Date: 02/27/2019

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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> </ul>		<b>A. Signature</b> <u>THE CORPORATION COMPANY</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>B. Received by (Printed Name)</b> _____		<b>C. Date of Delivery</b> <u>2/22/19</u>	
address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No or delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Janssen Pharmaceuticals, Inc. c/o The Corporation Company 40600 Ann Arbor Road East Suite 201 Plymouth, Michigan 48170			
 9590 9402 4128 8092 1846 92		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery			
Article Number (Transfer from service label) <u>7017 3040 0000 0878 7710</u>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

Additional information regarding \_\_\_\_\_