

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety (90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

CLERK

DATE

STEVIE J. PERRY

(By) DEPUTY CLERK

07 07 2007

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

Address of Server

P.O. Box 129 Dover, ID 83825



7007 0220 0004 3524 4215

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40



Sent To: MCI/Worldcom

Street, Apt. No., or PO Box No.: 205 N Michigan Av Ste 2700

City, State, ZIP+4: Chicago, IL 60601-5924

PS Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

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James R. Larsen

01/01/2007

CLERK

STEVIE J. PERRY

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

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- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007
Date

[Signature]
Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

U.S. Postal ServiceTM
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 4.60
Certified Fee 2.65
Return Receipt Fee (Endorsement Required) 2.15
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 9.40



Sent To Brian Koch SPD
Street, r/v. or PO Box No. 1123 Lake St
City, State, ZIP+4 Sandwich, ID 83884

PS Form 3800, August 2001

See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

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James R. Larsen

OCT 09 2007

CLERK

DATE

STEVIE J. PERRY

(By) DEPUTY CLERK

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Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

7007 0220 0004 3524 4356

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ <u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>

DOVER, IDAHO
OCT 05 2007

Sent To ID State Govt / Statehouse
Street, Apt. No., or PO Box No. Statehouse
City, State, ZIP+4 Boise, ID 83720-1000

PS Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

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James R. Laree

OCT 09 2007

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STEVIE J. PERRY

DATE

(By) DEPUTY CLERK

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Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$ <u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>

Sent to US Dept of HHS
Street Apt No. or PO Box No. 200 Independence Ave SW
City, State, ZIP+4 Washington, DC 20201

PS Form 3800, August 2006 See Reverse for Instructions



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UNITED STATES DISTRICT COURT

EASTERN

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United States of America,
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SUMMONS IN A CIVIL CASE

CASE NUMBER:

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TO: (Name and address of Defendant)

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Michael Swenson
P.O. Box 129
Dover, ID 83825

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James R. Larsen

OCT 09 2007

CLERK

STEVIE J. PERRY

DATE

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DECLARATION OF SERVER

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Executed on

10/05/2007
Date

[Signature]
Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4370

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 4.60

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 9.40

Sent To USG, Attorney General DOJ

Street, Apt. No., or PO Box No. 950 Pennsylvania Ave NW

City, State, ZIP+4[®] Washington, DC 20530-0001

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
Postmark
08
05
7107
83825

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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EASTERN

District of

WASHINGTON

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James R. Larsen

OCT 03 2007

CLERK

STEVIE J. PERRY

DATE

(By) DEPUTY CLERK

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Executed on 10/05/2007 _____
Date Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4233

U.S. Postal Service[®]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

Sent To: Stephen Puffer
 Street, Apt. No.: 502 N 2nd Av
 or PO Box No.:
 City, State, ZIP+4: Sandpoint, ID 83864

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
 OCT 05 2007
 83825

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UNITED STATES DISTRICT COURT

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OCT 09 2007

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Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4301

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

Postage	\$ <u>4.60</u>
Certified Fee	<u>2.05</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>

Sent to: City of Bonners Ferry 83825

Street, Apt. No., or PO Box No.: 7232 Main St.

City, State, ZIP: BF, ID 83805

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
OCT 05 2007

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UNITED STATES DISTRICT COURT

EASTERN

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James R. Larson

OCT 03 2007

CLERK

STEVIE J. PERRY

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Executed on

10/05/2007
Date

Signature of Server

R.O. Box 129 Doney, ID 83825
Address of Server

7007 0220 0004 3524 4226

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ <u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>

Sent To Lincoln Nat'l Bank
Street, Apt. No., or PO Box No. 350 Church St.
City, State, ZIP+4 Hartford, CT 06103-1106

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
Postmark Here
OCT 05 21 1
83825

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

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Michael Eugene Swenson

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United States of America,
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P.O. Box 129

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James R. Larsen

OCT 08 2007

CLERK

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Date

[Signature]
Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

7007 0220 0004 3524 4318

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40
Sent To <u>Glenn & Katherine Westbrooke c/o Brigitte</u>	
Street, Apt. No., or PO Box No. <u>3163 N 12th St.</u>	
City, State, ZIP+4 <u>CIA, ID 83814</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

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Address of Server

7007 0220 0004 3524 4446

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No insurance coverage provided.)
For delivery information visit our website at www.usps.com

Postage	\$ <u>11.25</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>\$26.85</u>

Sent to US Atty General DC
Street, Apt. No.,
or PO Box No. 950 Pennsylvania Ave NW
City, State, ZIP+4 Washington, DC 20530-0001

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
OCT 06 2007
83825

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UNITED STATES DISTRICT COURT

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et al.

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James R. Larsen

OCT 09 2007

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(By) DEPUTY CLERK

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NAME OF SERVER (PRINT)

Michael Swenson

TITLE

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 4.60
 Certified Fee 2.65
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 9.40



Sent To Dover Court General Hospital Admin
 Street, Apt. No. 520 N 3rd Av
 or PO Box No. Sandpoint, ID 83864
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 08 2007

CLERK

STEVIE J. PERRY

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

2007 0220 0004 3524 4344

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

Sent To KMC/NIBH Admin

Street, Apt. No., or PO Box No. 2023 Lincoln Way

City, State, ZIP+4 IDA, ID 83815

PS Form 3800, August 2006

DOVER, IDAHO
Postmark
OCT
05
2007
83825

See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

SUMMONS IN A CIVIL CASE

V.

United States of America,
et al.

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. Frank Joy, 1415 N Houk Rd Ste A, Spokane, WA 99210 509-924-1990

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

OCT 09 2007

James R. Larson

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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Name of person with whom the summons and complaint were _____

- ☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

P.O. Box 129 Dover, ID 83825

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage	\$ <u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>

Sent To Frank Jay
 Street, Apt. No., or PO Box No. 1415 N Hawk Rd Ste A
 City, State, ZIP+4 Sedro Woolley, WA 99210

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
 Postmark
 Date
 05
 2007
 83825

7007 0220 0004 3524 4396

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SPOKANE, WA 99210

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Deaconess Medical Center, 800 W. Fifth Av., Spokane, WA 99204 509-458-5800 and owned
Johnson-Roundtree Collection Agency, 711 E. 3rd Av, P.O. Box 264, Spokane, WA 99210-0264
800-729-8111 or 509-473-4260 fax 509-473-4262

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety (90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007 Date
Signature of Server [Signature]

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4172

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

Sent To Deaconess
Street, Apt. No., or PO Box No. 800 W 5th AV
City, State, ZIP+4 Spokane, WA 99204

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
Postmark
OCT
05
2007
83825

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. William Corell, 3424 S Grand Av, Spokane, WA 99210 509-838-5800

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

OCT 09 2007

James R. Larson

CLERK

Steven J. Ruggie

DATE

ORIGINAL

(By) DEPUTY CLERK

RETURN OF SERVICE

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

- ☐ Returned _____

☒ Other (specify):Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4158

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

Sent To William Correll
Street, Apt. No. 3424 S Grand Av
PO Box No. Spokane, WA 99210
City, State, ZIP+4

DOVER, IDAHO
OCT 05 2007
83825

Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007
Date

[Signature]
Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4165

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

DOVER, IDAHO
OCT 05 2007
83825

Sent To: Michael Crue
Street, Apt. No. or PO Box No.: 217 W Cataldo Av
City, State, ZIP+4: Spokane, WA 99210

PS Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. Michael Cruz, 217 W Cataldo Av, Spokane, WA 99210 509-624-2326

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Laisner

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. Timothy Chestnut, 801 W 5th Ste 504, Spokane, WA 99210 509-625-1915

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson

P.O. Box 129

Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larson

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007
Date

[Signature]
Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

7007 0220 0004 3524 4141

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

DOVER, IDAHO
OCT 05 2007
Postmark Here
83825

Sent To: Timothy Chestnut
Street, Apt. No., or PO Box No. 801 W. 5th Ste 504
City, State, ZIP+4 Spokane, WA 99210

PS Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

P.O. BOX 1493

SPOKANE, WA 99210

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Cancer Care Northwest, Dr. Robert Laugan, assistant Linda Smith, 12615 E. Mission Av Ste.
200, Spokane, WA 99210 509-228-1200

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larson

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

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Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

Address of Server

7007 0220 0004 3524 4134

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

Sent to Cancer Care NW

Street, Apt. No. 12615 E Mission Ste 200

City, State, ZIP+4 Spokane, WA 99210

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
OCT 05 2007
83825

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

SUMMONS IN A CIVIL CASE

v.

United States of America,
et al.

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 9 2007

CLERK

STEVIE J. PERRY

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

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DECLARATION OF SERVER

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Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4202

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 4.60

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 9.40

Sent To Federation / State Dept Bonds

Street, Apt. No., or PO Box No. 619850

City, State, ZIP+4 Pallas, TX 75261-9850

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, IDAHO
OCT 05 2007

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

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OCT 05 2007

James R. Larsen

CLERK

STEVIE J. PERRY

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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- ☐ Returned _____
- ☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

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Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4189

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only, No Insurance or Fees Provided) For delivery information visit our website at www.usps.com</small>	
Postage	\$ <u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>
	
Sent To <u>WA State Govt Attorney General</u>	
Street, Apt. No. <u>Box 40100 / 1125 Washington St SE</u>	
City, State, ZIP+4 <u>Olympia WA 98504-0100</u>	
PS Form 3800 - August 2006 See Reverse for Instructions	

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson

P.O. Box 129

Dover, ID 83825

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James R. Larsen

OCT 9 5 2007

CLERK

STEVIE J. PERRY

DATE

RETURN OF SERVICE

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

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☐ Returned _____☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007
Date

[Signature]
Signature of Server

8 A Box 179 Dover, ID 83825

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage \$ 4.60

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 9.40

Sent To Mountain Life

Street, Apt. No. or PO Box No. 11015 N. Pennsylvania St.

City, State ZIP+4 Carroll, ID 46032

DOVER, IDAHO
OCT 05 2007
83825

See Reverse

7007 0220 0004 3524 4240

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety (90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 09 2007

CLERK

STEVIE J. PERRY

DATE

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NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

- ☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 3524 4257

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

Sent To Sandpoint Urgent Care
Street, Apt. No., or P.O. Box No. 302 S 1st
City, State, ZIP+4 Sandpoint, ID 83864

PS Form 3800, August 2006 See Reverse for Instructions

DOVER, ID
OCT 05 2007

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendants)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 9 2007

CLERK

STEVIE J. PERRY

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

7007 0220 0004 3524 4271

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40

DOVER, IDAHO
OCT 05 2007
Postmark Here
83825

Sent To Les Schwab
Street, Apt. No., or PO Box No. 279 Bower Mall Way
City, State, ZIP+4 Dover, ID 83825
PS Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety (90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 09 2007

CLERK

STEVIE J. PERRY

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service.

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

7007 0220 0004 4256 4924

U.S. Postal Service	
CERTIFIED MAIL - RECEIPT	
<small>(Domestic Mail Only. No Insurance Coverage Provided)</small>	
<small>For delivery information visit our website at www.usps.com</small>	
Postage	\$ <u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>9.40</u>

DOVER, IDAHO
 Postmark
 OCT
 05
 2007
 83825

Sent To <u>Verizon</u>
Street, Apt. No., or PO Box No. <u>1095 Av of Americas</u>
City, State, ZIP+4 <u>NY, NY 10036</u>

PS Form 3800, August 2006 See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson

P.O. Box 129

Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 05 2007

CLERK

STEVIE J. PERRY

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

P.O. Box 129 Dover, ID 83825

Address of Server

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For a complete description of the services provided, visit us at www.usps.com

Postage

\$ 4.60

Certified Fee

2.65

Return Receipt Fee
(Endorsement Required)

2.15

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 9.40

Sent To

Borgstahler

Street, Apt. No.

207 Church St

PO Box No.

City, State, ZIP+4

Sandpoint, ID 83864

PS Form 3800, August 2006

See Reverse for Instructions

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson

P.O. Box 129

Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety (90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 03 2007

CLERK

STEVIE J. PERRY

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

AVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

7007 0220 0004 3524 4295

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	<u>4.60</u>
Certification Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>\$ 9.40</u>

DOVER, IDAHO
OCT 05
PM 05
2007
83825

Sent to Regina Dawson
Street, Apt. No., or PO Box No. 501 N 4th Ave
City, State, ZIP+4 Sandwich, ID 83864

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES DISTRICT COURT

District of Idaho

Michael Eugene
Swenson

SUMMONS IN A CIVIL ACTION

v.

United States Gov't, et al.

CASE NUMBER:

TO: (Name and address of Defendant)

Brian Koch of Sandpoint Police Department, 1123 Lake St. Sandpoint, ID 83864 208-265-1482

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

UNITED STATES DISTRICT COURT

District of Idaho

Michael Eugene
Swenson

SUMMONS IN A CIVIL ACTION

v.

United States Gov't, et al.

CASE NUMBER:

TO: (Name and address of Defendant)

Dr. Scott Burgstahler, 207 Church St., Sandpoint, ID 83864 208-263-6876

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

UNITED STATES DISTRICT COURT

OCT 18 2007

EASTERN

District of

WASHINGTON
JAMES R. LARSEN, CLERK
DEPUTY
SPOKANE, WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. Michael Cruz, 217 W Cataldo Av, Spokane, WA 99210 509-624-2326

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/16/07</u>
NAME OF SERVER (PRINT) <u>Colleen Casey</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant. Place where
Cataldo, Spokane, WA 99210

Dr. Michael Cruz at 217 W

- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

- ☐ Returned _____

- ☐ Other (specify): _____

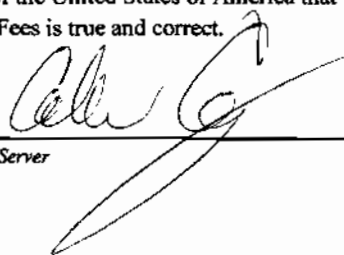
STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
-------------	----------------------------	-------------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/15/07
Date


Signature of Server

601 W. Main, 203A, Spokane, WA 99201
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/15/07</u>
NAME OF SERVER (PRINT) <u>Colleen Cussey</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where

Houk Rd., Ste. A, Spokane, WA

Dr. Lori Frank Joy at 1415 N.

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL <u>—</u>	SERVICES <u>\$ 40.00</u>	TOTAL <u>\$ 40.00</u>
--------------------	-----------------------------	--------------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/14/07
Date


Signature of Server

601 W. Main, 203A, Spokane, WA 99201
Address of Server

Wrong
Person

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT OCT 18 2007

EASTERN

District of

JAMES R. LARSEN, CLERK
WASHINGTON DEPUTY
SPOKANE WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. Frank Joy, 1415 N Houk Rd Ste A, Spokane, WA 99210 509-924-1990

James Joy!
See
attached

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety (90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

OCT 09 2007

James R. Larsen

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10-18-07</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE <u>Plaintiff</u>
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where _____	
<input checked="" type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were <u>Jamie Ragan for James Joy</u>	
<input type="checkbox"/> Returned _____	
<input checked="" type="checkbox"/> Other (specify): <u>Jamie Ragan at Deaconess Medical Center at 4:15 p.m. 805 W 5th Ave Spokane</u>	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10-18-07

Date

Signature of Server

Address of Server

Box 129 Dover, ID 83825Correct Person

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

P.O. BOX 1493

U.S. DISTRICT COURT

EASTERN DISTRICT OF WASHINGTON

UNITED STATES DISTRICT COURT

SPOKANE, WA 99210

OCT 18 2007

EASTERN

District of

WASHINGTON

JAMES R. LARSEN, CLERK

DEPUTY

SPOKANE, WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Cancer Care Northwest, Dr. Robert Laugan, assistant Linda Smith, 12615 E. Mission Av Ste.
200, Spokane, WA 99210 509-228-1200

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson

P.O. Box 129

Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/15/07</u>
NAME OF SERVER (PRINT) <u>Colleen Casey</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Served Cancer Care Northwest by leaving paperwork
with Loralee Laramie, office manager at 12615 E. Mission, Spokane
Valley, WA

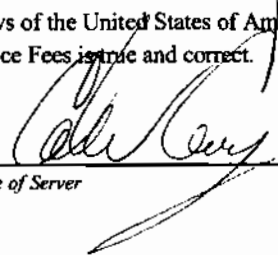
STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
-------------	----------------------------	-------------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/16/07
Date


Signature of Server

601 W Main St., Ste. 703A, Spokane, WA 99201
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SPOKANE, WA 99210

UNITED STATES DISTRICT COURT

OCT 18 2007

EASTERN

District of

WASHINGTON

CLERK US DISTRICT COURT
SPOKANE WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Defendants all.

Dr. William Corell, 3424 S Grand Av, Spokane, WA 99210 509-838-5800

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

OCT 09 2007

James R. Larsen

CLERK

Steven J. Rung

DATE

ORIGINAL

(or) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/12/07</u>
NAME OF SERVER (PRINT) <u>Jason Wilson</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant. Place where
Dr. William Corell at 3424 S.
Grand, Spokane, WA
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
-------------	----------------------------	-------------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/15/07
Date

[Signature]
Signature of Server

601 W. Main St., 203A, Spokane, WA 99201
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT

OCT 18 2007

EASTERN

District of

WASHINGTON

JAMES R. LARSEN, CLERK
DEPUTY
SPOKANE, WASHINGTON

Michael Eugene Swenson

v.

United States of America,
et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CV-07-305-EFS

TO: (Name and address of Defendant)

Deaconess Medical Center, 800 W. Fifth Av., Spokane, WA 99204 509-458-5800 and owned
Johnson-Roundtree Collection Agency, 711 E. 3rd Av, P.O. Box 264, Spokane, WA 99210-0264
800-729-8111 or 509-473-4260 fax 509-473-4262

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O. Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety(90) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

OCT 09 2007

CLERK

DATE

(By) DEPUTY CLERK

ORIGINAL

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/15/07</u>
NAME OF SERVER (PRINT) <u>Colleen Casey</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Served Deaconess Medical Center (800 W 5th Ave., Spokane, WA)
by leaving with Robert Wamsley

STATEMENT OF SERVICE FEES

TRAVEL <u>—</u>	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
--------------------	----------------------------	-------------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

 Executed on 10/15/07
 Date


 Signature of Server

601 W. Main, 203 A, Spokane, WA 99201
 Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

D. E. Marks

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only)
 For delivery information:
OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Sent To: Burgstahler
 Street, Apt. No., or PO Box No. 207
 City, State, ZIP+4 Sandport, ID

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- 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:

S Burgstahler
 207 Church St
 Sandport, ID
 87864

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4288

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Janel Marks

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-07

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

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

U.S. Postal S
CERTIFIED

(Domestic Mail Only)

For delivery information

OFF

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2003

SENDER: COMPLETE THIS SECTION

- 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:

Venson
1095 Av of Americas
NY, NY 10036

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x R Terito

☐ Agent☐ Addressee

B. Received by (Printed Name)

R TERRITO

C. Date of Delivery

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☐ Signature Required

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

U.S. Postal
CERTIFIED
(Domestic Mail)

For delivery info:

OF

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2

SENDER: COMPLETE THIS SECTION

- 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:

Les Schwab
279 Bonner Mall Way
Ponderay, ID 83852

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betsy Ross S.A.P. ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Betsy Ross S.A.P. ☐ Date of Delivery

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

Domestic Return Receipt

102595-02-M-1540

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

U.S. Postal Service
CERTIFIED
(Domestic Mail Only)

For delivery information

OFF

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION

- 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:

Sandpoint Urgent Care
302 S 1st
Sandpoint, ID 83864

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4257

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x D. Bird

☐ Agent☐ Addressee

B. Received by (Printed Name)

D. Bird

C. Date of Delivery

10/9/07

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102585-02-M-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

U.S. Postal Service
CERTIFIED

(Domestic Mail Only)

For delivery information

OFF

7007 0220 0004 3524 4240

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No.,

or PO Box No.

City, State ZIP+4

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- 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:

Marathon Life
11815 N Pennsylvania St
Carmel, IN 46032

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 ☐ COD

4. Restricted Delivery? (End. Fee)

☐ Yes

7007 0220 0004 3524 4240

Domestic Return Receipt

102595-02-4-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

8 D Box 129 D

U.S. Postal
CERTIFIED
(Domestic Mail)

For delivery information

OFF

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Cancer

Street, Apt. No.,
or PO Box No.

1261

City, State, ZIP+4

Spokane

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- 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:

Cancer Care NW
12615 E Mission Ste 200
Spokane, WA

2. Article Number

(Transfer from service label)

99216

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

(1) As to who may serve a summons see

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 10/15/07
NAME OF SERVER (PRINT) Colleen Casey	TITLE Process Server

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Served Cancer Care Northwest by leaving paperwork
with Loralee Laramie, office manager at 12615 E. Mission, Spokane
Valley, WA

STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES \$40.00	TOTAL \$40.00
-------------	---------------------	------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

 Executed on 10/16/07
 Date


 Signature of Server

601 W. Main St., Ste. 203A, Spokane, WA 99201
 Address of Server

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

SENDER: COMPLETE THIS SECTION

- 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:

Timothy Chestnut
801 W 5th Ste 504
Spokane, WA 99210

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 41

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tim Book

☐ Agent☐ Addressee

B. Received by (Printed Name)

TIM BOOK

C. Date of Delivery

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 (RM)☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal
CERTIFIED
(Domestic Mail)

For delivery information

DEF

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Time

Street, Apt. No.,
or PO Box No.

80

City, State, ZIP+4

Spokane

PS Form 3800, August 2004

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Plaintiff: Michael Swenson P.O. Box 129 Dover, ID 83825

393 Flamingo Rd. Sandpoint, ID 83864 208-265-8762

DEFENDANT: Dr. Timothy Chestnut, 801 W 5th Ste 504,
Spokane, WA 99210 509-625-1915 (last known address
“no longer practicing; left no forwarding address” 10-15-
2007 per receptionist)

Dr. Timothy Chestnut C/O Spokane County Medical
Society, 104 S Freya St., Orange Flag Bldg. Ste. 114,
Spokane, WA 99202 (509) 325-5010 (leave with them,
they have his current contact information!)

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only; No

For delivery information, visit

OFFICE

Postage

\$ 2

Certified Fee

6

Return Receipt Fee
(Endorsement Required)

C

Restricted Delivery Fee
(Endorsement Required)

C

Total Postage & Fees

\$ 6

Sent To

WA State

Street, Apt. No.,

Box 40100

or PO Box No.

City, State, ZIP+4

Olympia, WA

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- 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:

WA State Gov
Attorney General
Box 40100 / 1125 Washington St. SE
Olympia, WA 98504-0100

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4189

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Department of General Administration

C. Date of Delivery

Oct 08 2007

D. Is delivery address different from item 1? ☐ Yes

If Yes, enter delivery address below:

Consolidated Mail Services

P O Box 41050

Olympia, WA 98504

3. Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾		DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>		TITLE
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were _____		
<input type="checkbox"/> Returned _____		
<input checked="" type="checkbox"/> Other (specify): <u>Certified US Mail / Return Receipt</u>		

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

Michael Swenson

<p>U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only) For delivery information OFF</p> <p>Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$</p> <p>Sent To <u>Michael</u> Street, Apt. No., or PO Box No. <u>217</u> City, State, ZIP+4[®] <u>Spokane</u></p> <p>PS Form 3800, August 2005</p>	<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to: <u>Michael Cruz</u> <u>217 W Cataldo Av</u> <u>Spokane, WA</u> <u>99210</u></p> <p>2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4165</u></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <u>Kristina Abell</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Kristina Abell</u></p> <p>C. Date of Delivery <u>10-9-07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	---	--

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/16/07</u>
NAME OF SERVER (PRINT) <u>Colleen Casey</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant. Place where

Cataldo, Spokane, WA 99210

Dr. Michael Cruz at 217 W.

- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

- ☐ Returned _____

- ☐ Other (specify): _____

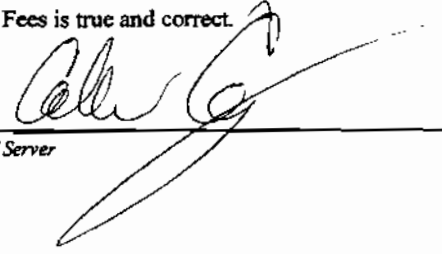
STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/15/07
Date


Signature of Server

601 W. Main, 203A, Spokane, WA 99201
Address of Server

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

808-170-0 10-00005

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only)

For delivery information

OFFICIAL

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees \$

Sent To

William C.

Street, Apt. No., or PO Box No.

3424 S

City, State, ZIP+4

Spokane, WA

Form 3811, August 2003

SENDER: COMPLETE THIS SECTION

- 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:

William Corell
3424 S Grand Ave
Spokane, WA

9420 99203

Article Number

Transfer from service label)

3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

B Thompson

C. Date of Delivery

10/11

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

3. Service Type

☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ G.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 0220 0004 3524 4158

Domestic Return Receipt

102595-02-11-15

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/12/07</u>
NAME OF SERVER (PRINT) <u>Jason Wilson</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant. Place where

Dr. William Corell at 3424 S.Grand, Spokane, WA

- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

- ☐ Returned _____

- ☐ Other (specify): _____

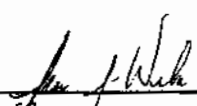
STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
-------------	----------------------------	-------------------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/15/07
Date


Signature of Server

601 W. Main St., 203A, Spokane, WA 99201
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were _____	
<input type="checkbox"/> Returned _____	
<input checked="" type="checkbox"/> Other (specify): <u>Certified US Mail / Return Receipt</u>	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server



U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only) For delivery information OFFICIAL 7007 0220 0004 3524 4202	SENDER: COMPLETE THIS SECTION ■ 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <u>Chanda Murphy</u> Agent Addressee B. Received by (Printed Name) _____ Date of Delivery <u>OCT 09 2007</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	1. Article Addressed to: <u>Federation of State Medical Review Boards</u> <u>Box 619850</u> <u>Dallas, TX 75261-2850</u>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Postage \$ _____ Certified Fee \$ _____ Return Receipt Fee (Endorsement Required) \$ _____ Restricted Delivery Fee (Endorsement Required) \$ _____ Total Postage & Fees \$ _____ Sent To <u>Federation</u> Street, Apt. No., or PO Box No. <u>6198</u> City, State, ZIP+4 <u>Dallas, TX 75261-2850</u> PS Form 3811, February 2004	2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4202</u> PS Form 3811, February 2004	Domestic Return Receipt 102595-02-44-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

SENDER: COMPLETE THIS SECTION

- 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:

Kootenai Med Center
NIBW Admin
2003 Lincoln Way
CDA, ID 83815

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4349

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Keith Lien

☐ Agent☐ Addressee

B. Received by (Printed Name)

KEITH LIEN

C. Date of Delivery

10-9-07

D. Is delivery address different from item 1? ☐ YesIf 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)

☐ YesU.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only)

For delivery information

OFF

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

KMC

Street, Apt. No., or PO Box No.

City, State, ZIP+4

CDA

PS Form 3811, August 2004

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

U.S. Postal Service
CERTIFIED
(Domestic Mail Only)

For delivery information

OFFICIAL

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

US Atty
Street, Apt. No.,
or PO Box No. 950

City, State, ZIP+4

Washington

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- 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:

US Govt Atty General
Dept of Justice
950 Pennsylvania Ave NW
Washington, DC
20530-0001

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4448

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Samuel P. Tabin

☐ Agent☐ Addressee

B. Received by (Printed Name)

OCT 09 2007

C. Date of Delivery

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

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only) For delivery information OFFICIAL Postage \$ Certified Fee \$ Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ Sent To <u>Bonny Can</u> Street, Apt. No., or PO Box No. <u>520</u> City, State, ZIP+4 <u>Sandpoint</u> PS Form 3811, February 2004	SENDER: COMPLETE THIS SECTION ■ 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: <u>Bonnamandy General Admin</u> <u>520 N 3rd Av</u> <u>Sandpoint ID 83864</u> 2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4325</u>	COMPLETE THIS SECTION ON DELIVERY A. Signature <u>x C Chapman</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>10-09-07</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
--	---	---

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

R D Box 129 Dunc ID 83875

U.S. Postal Service
CERTIFIED

(Domestic Mail Only)

For delivery information

OFF

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Apt. No.

or PO Box No.

City, State, ZIP+4

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- 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:

G + K Westbrook
 C/O B Westbrook
 3163 N 12th St
 Coeur d'Alene, ID
 83814

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4318

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*B. Westbrook Agent
 B. Received by (Printed Name) C. Date of Delivery

10/11/07

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

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service.

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

[Signature]
Signature of Server

R.D. Box 129 Dover ID 83825

U.S. Postal Service CERTIFIED MAIL (Domestic Mail) For delivery info CF Postage Certified Mail Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fee Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3811 August	SENDER: COMPLETE THIS SECTION ■ 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>George Stettin</u> C. Date of Delivery <u>10-9-07</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	1. Article Addressed to: <u>Lincoln Nat'l Life Ins</u> <u>350 Church St.</u> <u>Hartford, CT</u> <u>06103-1106</u> 2. Article Number (Transfer from service label) <u>[Redacted]</u>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service.

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

SENDER: COMPLETE THIS SECTION

- 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:

PUFF502 838642027 1907 15 10/10/07
 NOTIFY SENDER OF NEW ADDRESS
 PUFFER STEVEN
 1327 SUPERIOR ST STE A
 SANDPOINT ID 83864-2708

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X S. Heki☐ Agent☐ Addressee

B. Received by (Printed Name)

S. Heki

C. Date of Delivery

10-11-07

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only)For delivery information, visit usps.com

OFFICIAL

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent to

StephenStreet, Apt. No.,
or PO Box No.502 N

City, State, ZIP+4

Sand

PS Form 3800, August 2006



pt for Merchandise

7007 0220 0004 3524 4233

Domestic Return Receipt

102585-02-M-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

SENDER: COMPLETE THIS SECTION

- 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:

US Attorney General EOS
950 Pennsylvania Ave NW
Washington, DC
20530-0001

2. Article Number
(Transfer from service label)

7007 0220 0004 3524 4370

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

OCT 12 2007

C. Date of Delivery

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)

☐ YesU.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only)For delivery information, visit usps.com

OFFICIAL

Postage \$

Certified Fee \$

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

USG, H

Street, Apt. No.,
or PO Box No.

950

City, State, ZIP+4

Wash DC

PS Form 3800, August 2006

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

P.O. Box 129 Dover, ID 83825

Address of Server

U.S. Postal Service
CERTIFIED

(Domestic Mail Only)

For delivery information

OFFICIAL

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Direct, Apt. No.,

or PO Box No.

City, State, ZIP+4

PS Form 3890, August 2006

SENDER: COMPLETE THIS SECTION

- 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:

US Dept of Health +
Human Services
200 Independence Av SW
Washington, DC 20201

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lawrence

C. Date of Delivery

10-2-07

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

3. Service Type

☐ Registered Mail☐ Registered Mail☐ Insured Mail☐ COD☐ Express Mail☐ Return Receipt for Merchandise4. Restricted Delivery? ☐ Yes☐ No

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify):

Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

U.S. Postal Service

CERTIFIED MAIL

(Domestic Mail Only, No)

For delivery information visit

EFFIC

Postage \$ 4

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6

Sent to

Street, Apt. No., or PO Box No. 7232

City, State, Zip BF, ID

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- 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:

City of Bonners Ferry
Water + Sewer
7232 Main St.
Bonnars Ferry, ID
83805

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jean E. Die

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Jean E. Die

C. Date of Delivery

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

P.O. Box 149

3. Service Type

USPS

- ☒ Certified Mail
- ☐ Express Mail
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

(1) As to who may serve a summons see

7007 0220 0004 3524 4301

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service.

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007 [Signature]
Date Signature of Server

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Inland Delivery Information Visible) OFFICIAL Postage \$ <u>4.</u> Certified Fee <u>2.</u> Return Receipt Fee (Endorsement Required) <u>2.</u> Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ <u>9.</u> Sent to <u>ID State 6w</u> Street, Apt. No., or PO Box No. <u>State house</u> City, State, ZIP+4 <u>Borise, ID</u> PS Form 3811, February 2004	SENDER: COMPLETE THIS SECTION ■ 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: <u>ID State 6w</u> <u>Attorney General</u> <u>State house</u> <u>Borise, ID</u> <u>83720-1000</u> 2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4356</u>	COMPLETE THIS SECTION ON DELIVERY A. Signature _____ B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED BY CENTRAL POSTAL SERVICES 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
--	---	--

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

SENDER: COMPLETE THIS SECTION

U.S. Postal Service
CERTIFIED
(Domestic Mail Only)

For delivery information

OFF

7007 0220 0004 3524 4332

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required) \$

Restricted Delivery Fee (Endorsement Required) \$

Total Postage & Fees \$

Sent To Brian Koch

Street, Apt. or PO Box No. 1123

City, State, ZIP+4 Sandpoint, ID 83864

PS Form 3811, February 2004

- 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:

Brian Koch
SPO
1123 Lake St.
Sandpoint, ID 83864

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Maree Peck ☐ Agent ☐ Address

B. Received by (Printed Name) Maree Peck C. Date of Delivery 10/9/07

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 0220 0004 3524 4332

Domestic Return Receipt

102506-02-M

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were _____	
<input type="checkbox"/> Returned _____	
<input checked="" type="checkbox"/> Other (specify): <u>Certified US Mail / Return Receipt</u>	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

800 Box 129 Dover ID 83825

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Ins) For delivery information visit us OFFICIAL 7007 0220 0004 3524 4219	SENDER: COMPLETE THIS SECTION <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> <u>Samela Mahomes</u> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <u>Samela Mahomes</u> C. Date of Delivery <u>09 2007</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	1. Article Addressed to: <u>MCI/Worldcom</u> <u>205 N Michigan Ave 2700</u> <u>Chicago, IL</u> <u>60601-5924</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Postage \$ <u>4.00</u> Certified Fee <u>2.00</u> Return Receipt Fee (Endorsement Required) <u>2.00</u> Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ <u>9.00</u>	2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4219</u>		PS Form 3811, February 2004 Domestic Return Receipt	

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service.

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 Dover, ID 83825

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Postage Necessary if Mailed Properly)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
For delivery information visit OFFICE		1. Article Addressed to: <u>City of Bonners Ferry</u> <u>Water + Sewer</u> <u>7232 Main St.</u> <u>Bonnars Ferry, ID</u> <u>83805</u>		A. Signature <input checked="" type="checkbox"/> <u>Jean E. Diehl</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Postage <u>\$4</u> Certified Fee <u>2</u> Return Receipt Fee (Endorsement Required) <u>2</u> Restricted Delivery Fee (Endorsement Required) <u>0</u> Total Postage & Fees <u>\$6</u>		2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4301</u>		B. Received by (Printed Name) <u>Jean E. Diehl</u> C. Date of Delivery <u>Oct - 9 2007</u>	
Sent by <u>City of Bon</u> Street, Apt. No., or PO Box No. <u>7232</u> City, State, ZIP+4® <u>BF, ID</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <u>P.O. Box 147</u>	
PS Form 3800, August 2006		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		(1) As to who may serve a summons see	

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Svensson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

☐ Returned

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

[Signature]

Q.D. Box 129 Dwy, ID 83825

U.S. Postal Service

CERTIFIED MAIL

(Domestic Mail Only, No IR)

For delivery information visit

OFFICE

24 4301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

B. Received by (Printed Name)

Jean E. Die

Agent

Addressed

C. Date of Delivery

RETURN OF SERVICE

Service of the Summons and complaint was made by me:

DATE

Oct 05, 2007

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server



8.D. Box 129 Dwy, ID 83825

U.S. Postal Service

CERTIFIED MAIL

(Domestic Mail Only; No In

For delivery information visit:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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.

A. Signature

☒

Jan E. Die

Agent

☐

Addressee

B. Received by (Printed Name)

☐

Jan E. Die

C. Date of Delivery

1004 42

OFFICE

Postage

\$ 4.1

Use this form if you are mailing a letter.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007 Date
[Signature] Signature of Server

R.O. Box 129 Dover, ID 83825

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No In-
 For delivery information visit usps.com

SENDER: COMPLETE THIS SECTION

- ☒ 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature <u>[Signature]</u>	Agent <input checked="" type="checkbox"/>
B. Received by (Printed Name) <u>Jean F. Die</u>	Addressee <input type="checkbox"/>
C. Date of Delivery	

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007
Date

Signature of Server

P.O. Box 129 D

<p>U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only)</p> <p>For delivery information:</p> <p>CEFF</p> <p>Postage \$ <u>4.19</u></p> <p>Certified Fee \$ <u>0.00</u></p> <p>Return Receipt Fee (Endorsement Required) \$ <u>0.00</u></p> <p>Restricted Delivery Fee (Endorsement Required) \$ <u>0.00</u></p> <p>Total Postage & Fees \$ <u>4.19</u></p> <p>Sent to <u>Frank Jay</u></p> <p>Street, Apt. No., or PO Box No. <u>1415 N</u></p> <p>City, State, ZIP+4 <u>Spokane</u></p> <p>PS Form 3800, August 2006</p>	<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p><u>Frank Jay</u> <u>1415 N Honk Rd Ste A</u> <u>Spokane, WA 99216</u> <u>99214</u></p> <p>2. Article Number (Transfer from service label) <u>7007 0220 0004 3524 4196</u></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <u>Teshia Andrews</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Teshia Andrews</u> C. Date of Delivery <u>10/11/07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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(1) As to who may serve a summons see F

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 10/15/07
NAME OF SERVER (PRINT) Colleen Cusey	TITLE Process Server

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant. Place where
Houck Rd., Ste. A, Spokane, WA Dr. Lori Frank Joy at 1415 N.
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
- Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☐ Other (specify): _____

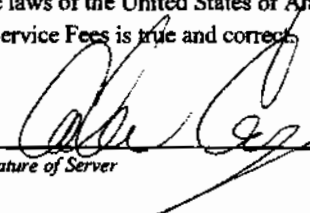
STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES \$ 40.00	TOTAL \$ 40.00
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/14/07
Date


Signature of Server

601 W. Main, 203A, Spokane, WA 99201
Address of Server

Wrong
Person

**NOTICE OF AMENDMENT TO
COMPLAINT CV-07-305-EFS
(US DISTRICT COURT WA)
AND COMPLAINT 07-402-N-MHW
(US DISTRICT COURT ID)
AND RESPECTIVE AFFIDAVIT**

**Any and all references made to a
Dr. Frank Joy, 1415 N Houk Rd
Ste. A, Spokane, WA 99210 are to
be replaced to refer to the correct
Defendant:**

**Dr. James Joy, 805 W 5th Av
Anesthesia Associates, Spokane,
WA 99201 509-458-5800 or
Dr. James Joy, C/O Brown Medical
Center, 104 W 5th Av Ste 250 E,
Spokane, WA 99201 509-838-1547**

**My public, sincerest and humblest apologies to Dr. Frank Joy
for the misidentification due to the fact she was the only Dr.
Joy listed by name that I could find in my phone directory.**

Plaintiff: Michael Swenson P.O. Box 129 Dover, ID
83825
393 Flamingo Rd. Sandpoint, ID 83864 208-265-8762

DEFENDANT: Dr. James Joy, 805 W 5th Av Anesthesia
Associates, Spokane, WA 99201 509-458-5800 and
James Joy, Brown Medical Center 104 W 5th Av Ste 250 E
Spokane, WA 99201 509-838-1547 (Diana Anderson or
other may receive docs/service for)

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

10-18-07

NAME OF SERVER (PRINT)

Michael Swenson

TITLE

Plaintiff

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☒ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

Jamie Ragan for James Joy

☐ Returned _____☒ Other (specify):

Jamie Ragan at Deaconess Medical Center at 4:15 p.m. 805 W 5th Av Spokane

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10-18-07

Date

Signature of Server

Address of Server

Box 129 Dover, ID 83825

Correct Person

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE Oct 05, 2007

NAME OF SERVER (PRINT)

TITLE

Michael Swenson

Check one box below to indicate appropriate method of service.

☐ Served personally upon the defendant. Place where _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____

☒ Other (specify): Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

DATE	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/05/2007
Date

[Signature]
Signature of Server

P.O. Box 129 Dover, ID 83825
Address of Server

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	<u>4.60</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>\$ 9.40</u>

DOVER, IDAHO
OCT 05 2007
83825

Sent To Regina Danielsson
Street, Apt. No., or PO Box No. 501 N 4th Av
City, State, ZIP+4 Endicott, ID 83864

PS Form 3800, August 2006 See Reverse for Instructions

Print Postage Online - Go to www.usps.com/postageonline



PLS 7007 0220 0004 3524 4295

CERTIFIED MAILTM

US FIRMLY

FLAT RATE
PRIORITY
POSTAGE

\$9.06

PRIORITY
MAILED FROM 8382
01110401022782



7007 0220 0004 3524 4295

www.usps.com

RETURN RECEIPT REQUESTED

From: *Dr. Swanson*
P.O. Box 129
Dover, ID 83825

To: *Regina*
510 N. 4th St.
Sandpoint, ID 83860

RETURNED TO SENDER
☐ MOVED, LEFT NO ADDRESS
☐ FORWARDING ORDER EXPIRED
☐ UNCLAIMED
☐ NO SUCH STREET
☐ INSUFFICIENT ADDRESS

Complete address information or place label here

1. PAYMENT METHOD

Affix postage or meter strip to area indicated in upper right hand corner.

3. ATTACH LABEL (Optional)

Remove label backing and affix in designated location.

4. Bring your Priority Mail package to a post office, present it to your letter carrier or call 1-800-222-1811 for pick up service. Stamped mail may be deposited in a collection box ONLY if it weighs less than 16 ounces.



In designated area or on label.



RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 19, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE <u>Plaintiff</u>

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where _____☒ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

Rhea Maloney @ 4:54 p.m.☐ Returned _____for Regina Dawilsson☒ Other (specify):Delivered at place of business upon the
above named after certified mailing was refused
501 W 4th Av Sandpoint, ID 83864

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10-19-2007

Date

Signature of Server

Box 129 Dover, ID 83825

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>Oct 05, 2007</u>
NAME OF SERVER (PRINT) <u>Michael Swenson</u>	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were _____
- ☐ Returned _____
- ☒ Other (specify) Certified US Mail / Return Receipt

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10/05/2007

Date

Signature of Server

Michael Swenson

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only)

For delivery information

OFFICIAL

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- 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:

Deaconess Administration
800 W 5th Ave
Spokane, WA
99204

2. Article Number

(Transfer from service label)

7007 0220 0004 3524 4172

COMPLETE THIS SECTION ON DELIVERY

A. Signature

L. Bishop
☐ Agent
☐ Addressee

B. Received by (Printed Name)

L. Bishop

C. Date of Delivery

10/9

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1546

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>10/15/07</u>
NAME OF SERVER (PRINT) <u>Colleen Casey</u>	TITLE <u>Process Server</u>

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

- ☐ Returned _____

☒ Other (specify): Served Deaconess Medical Center (800 W 5th Ave., Spokane, WA)
by leaving with Robert Wamsley

STATEMENT OF SERVICE FEES

TRAVEL —	SERVICES <u>\$40.00</u>	TOTAL <u>\$40.00</u>
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 10/15/07
Date


Signature of Server

601 W. Main, 203 A, Spokane, WA 99201
Address of Server

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WASHINGTON

MICHAEL SWENSON,

Plaintiff(s)/Petitioner(s)

CV-07-305-FVS

v.

THE UNITED STATES GOVERNMENT,
et al.,

NOTICE TO PRO SE LITIGANTS
OF THE DISMISSAL AND/OR
SUMMARY JUDGMENT RULE
REQUIREMENTS

Defendant(s)/Respondent(s)

TO: Michael Swenson

A Defendant/Respondent in your case has filed a motion to dismiss under Federal Rule of Civil Procedure 12 or a motion for summary judgment under Federal Rule of Civil Procedure 56. If the motion is granted, some or all of your claims will be dismissed, and there will be no trial or evidentiary hearing on those claims. This notice is given because the Ninth Circuit Court of Appeals requires that pro se litigants be given fair notice of the requirements of the summary judgment rule.

Rule 12 Motions Treated as Rule 56 Motions.

In a Rule 12 motion, the Defendant/Respondent generally relies on only what is stated in the complaint (and those items of which the Court can take judicial notice) to assert entitlement to dismissal of the complaint. However, if either party submits other evidence with a motion to dismiss or with a response to the motion,

then the Court may treat the motion to dismiss as a motion for summary judgment. See Federal Rule of Civil Procedure 12(b). This Notice is to inform you that if the Defendant or Respondent has submitted evidence in support of a motion to dismiss, the Court will give you notice of its intent to treat the motion as a motion for summary judgment and of the need for you to meet the requirements of Rule 56 set forth below, rather than Rule 12, to oppose such a motion.

Rule 56 Motions.

Under Rule 56, the Defendant/Respondent is required to file with its motion a statement of undisputed material facts and a brief showing why the party is entitled to judgment as a matter of law, as more fully explained below.

Responding to Motions under Rule 56.

When the Defendant/Respondent has filed a Rule 56 motion for summary judgment or a Rule 12 motion to dismiss that will be treated as one filed under Rule 56, you must file a response opposing the motion within 30 days after the date the motion was mailed to you as noted on the certificate of mailing, or within such other time period set by the Court. See Federal Rule Civil Procedure 5(b). Your response must consist of (1) a brief opposing the motion, not to exceed 20 pages in length, (2) a statement of disputed facts, if any, and (3) evidence supporting your claims, such as admissions from the other party, affidavits, declarations, deposition transcripts, or answers to interrogatories that contradict or oppose the moving party's motion and support your claims. See Federal Rule of Civil Procedure 56(e); Local Rule 56.1(b). Thereafter, the Defendant/Respondent is entitled to file a reply within 10 days, excluding Federal holidays and weekends. You are not entitled to file anything further in response.

Summary judgment will be granted when (1) there is no genuine issue of material fact, meaning that there is no real dispute about any fact that would affect the result of your case, and (2) the party is entitled to dismissal of your claims and/or judgment as a matter of law. If the party you are suing meets its burden under Rule 56 by submitting affidavits or other sworn testimony, you cannot rely only on what your complaint says. Instead, you must provide specific facts using the type

of evidence set forth above. The evidence must show that there is a genuine issue of material fact that requires a factfinder (usually a jury) to decide the disputed facts.

After reviewing all of the briefing and evidence, the Court will determine whether some or all of your claims should be dismissed. If all of your claims are dismissed, judgment will be entered against you and your case will be closed without a trial or evidentiary hearing.

Please be advised that if you do not file your response opposing the motion within 30 days (or such other time period set by the Court), your failure to file a response will constitute your consent to the Court, granting the motion. See Local Rule 7.1(h)(5). If this occurs, the Court will consider the motion, and, if it has merit, it will dismiss some or all of your claims. If all of your claims are dismissed, judgment will be entered against you and your case will be closed without a trial or evidentiary hearing.

Dated: 02/29/08

James R. Larsen
District Court Executive/Clerk of Court

By: s/Shirley Peters

Deputy Clerk

1 Gloria S. Hong, WSBA No. 36723
2 Email: gshong@stoel.com
3 **STOEL RIVES LLP**
4 One Union Square
5 600 University Street, Suite 3600
6 Seattle, WA 98101
7 Telephone: (206) 624-0900
8 Facsimile: (206) 386-7500

9 Attorneys for Defendant, Verizon
10 Communications, Inc.

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

10 MICHAEL SWENSON,
11
12 Plaintiff,
13
14 v.

Civil No. CV-07-00305-FVS

Judge Van Sickle

NOTICE OF APPEARANCE

14 THE UNITED STATES
15 GOVERNMENT, IDAHO STATE
16 GOVERNMENT, WASHINGTON
17 STATE GOVERNMENT, IDAHO
18 AND WASHINGTON STATE
19 MEDICAL REVIEW BOARDS,
20 DEACONESS MEDICAL CENTER
21 AND CERTAIN STAFF, KOOTENAI
22 MEDICAL CENTER, DR. DAVID
23 WAIT AND CERTAIN STAFF,
24 VERIZON, PHARMACEUTICAL
25 COMPANIES, BONNER COUNTY
26 GENERAL HOSPITAL AND
CERTAIN STAFF, BRIAN KOCH OF
THE SANDPOINT POLICE
DEPARTMENT, DR. MICHAEL
CRUZ, DR. TIMOTHY CHESTNUT,
DR. FRANK JOY, DR. WILLIAM
CORELL, LINCOLN LIFE
INSURANCE CO., DR. SCOTT

Defendants.

NOTICE OF APPEARANCE - 1

Case No. CV-07-00305 - FVS

1 TO: Michael Swenson, Pro Se Plaintiff

2 PLEASE TAKE NOTICE that Defendant Verizon Communications, Inc.
3 hereby appears in this action by and through its attorneys Stoel Rives LLP, Gloria
4 S. Hong, and requests that all further pleadings or papers exclusive of original
5 process, be served upon defendant's attorney of record at the following addresses:

6
7 Gloria S. Hong, WSBA No. 36723
Email: gshong@stoel.com
8 STOEL RIVES LLP
One Union Square
9 600 University Street, Suite 3600
Seattle, WA 98101
10 Telephone: (206) 624-0900
Facsimile: (206) 386-7500

11 Dated this 29th day of February, 2008.

12 STOEL RIVES LLP

13
14 /s/ Gloria S. Hong
Gloria S. Hong, WSBA No. 36723
One Union Square
15 600 University Street, Suite 3600
Seattle, WA 98101
16 Telephone: (206) 624-0900
Facsimile: (206) 386-7500

17
18 Attorneys for Defendant Verizon
19 Communications Inc.

1 **CERTIFICATE OF SERVICE**

2
3 I HEREBY CERTIFY that on February 29, 2008, I filed the foregoing
4 **NOTICE OF APPEARANCE** electronically through the CM/ECF system, which
5 caused the following parties or counsel to be served by electronic means, as more
6 fully reflected in the Notice of Electronic Filing:
7

8 Robert F. Sestero, Jr. – rsestero@ecl-law.com

9 Jarold P Cartwright – jerry@atg.wa.gov

10 James Bernard Kine – jking@ecl-law.com
11

12 Additionally, I served the foregoing **NOTICE OF APPEARANCE** by the
13 means below:

14 Michael Swenson (Pro Se)
15 PO Box 129
16 Dover, ID 83825

[X] Via U.S. Mail
[] Via Facsimile
[] Via Overnight Mail
[] Via Hand Delivery

17
18 /s/ Gloria S. Hong
19 Gloria S. Hong, WSBA No. 36723
20 STOEL RIVES LLP
21 One Union Square
22 600 University Street, Suite 3600
23 Seattle, WA 98101
24 Telephone: (206) 624-0900
25 Facsimile: (206) 386-7500
26

NOTICE OF APPEARANCE - 3
Case No. CV-07-00305-FVS

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing.

U.S. District Court

District of Idaho (LIVE Database)Version 3.1.2

Notice of Electronic Filing and Service

The following transaction was entered on 4/30/2008 at 3:06 PM MDT and filed on 4/30/2008

Case Name: Swenson v. USA et al

Case Number: 2:07-cv-402

Filer:

Document Number: 81

Docket Text:

ORDER that Plaintiff has not properly served Defendants and the claims will be dismissed without further notice, unless good cause can be shown prior to 5/19/08 why the case should not be dismissed. re [1] Complaint,. Signed by Judge Edward J. Lodge. (caused to be mailed to non Registered Participants at the addresses listed on the Notice of Electronic Filing (NEF) by jg,)

2:07-cv-402 Notice has been electronically mailed to:

Jarold P Cartwright jerrye@atg.wa.gov, MarkiS@atg.wa.gov, NikkiG@atg.wa.gov,
torspoef@atg.wa.gov

Tracy Jack Crane tcrane@hollandhart.com, BoiProjAsst@hollandhart.com,
Boiseintaketeam@hollandhart.com, cbradley@hollandhart.com

William G Dryden wgd@elamburke.com, buff@elamburke.com

Richard H Greener rgreener@greenerlaw.com, cbaldino@greenerlaw.com,
ptrunnell@greenerlaw.com

Thomas R Luciani tluciani@ssslawfirm.com

Daniel Toby McLaughlin toby@sandpointlaw.com

Patrick E Miller pat.miller@painehamblen.com, caren.burke@painehamblen.com,
jeffrey.aultman@painehamblen.com, jody.foote@painehamblen.com

Matthew Christopher Parks mcp@elamburke.com, ksk@elamburke.com

Carsten A Peterson capeterson@quanesmith.net, ncalverley@quanesmith.net

Adam J Richins ajrichins@stoel.com, boisedocket@stoel.com, slgust@stoel.com

Robert F Sestero, Jr rsestero@ecl-law.com, swade@ecl-law.com

2:07-cv-402 Notice will be served by other means to:

Regina Danielsson

510 N 4th Ave

Sandpoint, ID 83864

Michael Swenson

Michael Swenson
P O Box 129
Dover, ID 83825

THE FOLLOWING DOES NOT APPLY TO PRO SE LITIGANTS:

TO: Members of the District Court Bar
FROM: Cameron Burke, Court Executive
SUBJECT: Registering for CM/ECF and Electronic Noticing

You are receiving this notice because our CM/ECF database reflects that you have not registered for CM/ECF, or do not have an e-mail address for electronic notices. By Order of this Court, all members of the district court bar were required to register for CM/ECF by December 15, 2004. You are receiving this notice because you may be in violation of this court order.

Please use the following address to immediately register for a CM/ECF account:

http://www.id.uscourts.gov/cfCourt/ECF_register/RegistrationForm.cfm

If you have received a login and password for CM/ECF and are still receiving this notice, please verify your e-mail address by clicking on Utilities, Maintain your Account and then E-Mail Information. Please verify that you have completed a primary e-mail address.

As previously noted, PACER has been discontinued. After January 1, 2005 a PACER account is required to access the docket and images. IN ADDITION TO YOUR COURT PROVIDED ACCOUNT, this PACER account is also REQUIRED. Use the following address to register for a PACER account:

<http://pacer.psc.uscourts.gov>

Thank you for your consideration this matter.

MIME-Version:1.0 From:ecf@id.uscourts.gov To:CourtMail@iddlei.idd.circ9.dcn Bcc:
Message-Id:<558917@id.uscourts.gov>Subject:Activity in Case 2:07-cv-00402-EJL-MHW Swenson
v. USA et al Order Content-Type: text/html

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.'

U.S. District Court

District of Idaho (LIVE Database)Version 3.2.1

Notice of Electronic Filing and Service

The following transaction was entered on 5/8/2008 at 9:27 AM MDT and filed on 5/7/2008

Case Name: Swenson v. USA et al

Case Number: 2:07-cv-402

Filer:

Document Number: 82

Docket Text:

ORDER re [1] Complaint, filed by Michael Swenson Plaintiff has not properly served Defendants and the claims will be dismissed without further notice, unless good cause can be shown prior to 6/5/08 why the case should not be dismissed.. Signed by Judge Edward J. Lodge. (caused to be mailed to non Registered Participants at the addresses listed on the Notice of Electronic Filing (NEF) by jg)

2:07-cv-402 Notice has been electronically mailed to:

Jarold P Cartwright jerryc@atg.wa.gov, MarkiS@atg.wa.gov, NikkiG@atg.wa.gov, torspoef@atg.wa.gov

Tracy Jack Crane tcrane@hollandhart.com, BoiProjAsst@hollandhart.com, Boiseintaketeam@hollandhart.com, cbradley@hollandhart.com

William G Dryden wgd@elamburke.com, buff@elamburke.com

Richard H Greener rgreener@greenerlaw.com, cbaldino@greenerlaw.com, ptrunnell@greenerlaw.com

Thomas R Luciani tluciani@ssslawfirm.com

Daniel Toby McLaughlin toby@sandpointlaw.com

Patrick E Miller pat.miller@painehamblen.com, caren.burke@painehamblen.com, jeffrey.aultman@painehamblen.com, jody.foote@painehamblen.com

Matthew Christopher Parks mcp@elamburke.com, ksk@elamburke.com

Carsten A Peterson capeterson@quanesmith.net, ncalverley@quanesmith.net

Adam J Richins ajrichins@stoel.com, boisedocket@stoel.com, slgust@stoel.com

Robert F Sestero, Jr rsestero@ecl-law.com, swade@ecl-law.com

2:07-cv-402 Notice will be served by other means to:

Regina Danielsson

510 N 4th Ave

Sandpoint, ID 83864
Michael Swenson
P O Box 129
Dover, ID 83825
Glenn Westbrook
15441 E Alder Creek Rd
Coeur d Alene, ID 3814
Katherine Westbrook
15441 E Alder Creek Rd
Coeur d Alene, ID

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1089316566 [Date=5/8/2008] [FileNumber=558915-0]
[6dda83b58b160644318fa787975f3b7e41ce028769719f43f927d6729bb609e87b141
a82205f4eb60cc898e916bdc7bb87daf2e0ba29aac015d0c5ba40a3163]]

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

MICHAEL SWENSON,

Plaintiff,

v.

THE UNITED STATES OF AMERICA,
et al.

Defendants.

Case No. CV 07-402-N-EJL

ORDER

Upon further review, it comes to the Court's attention that Plaintiff has not properly served the following Defendants: the State of Washington, Washington State Medical Review Records, Kootenai Medical Center, Verizon, Bonner County General Hospital, Dr. Timothy Chestnut, Dr. James Joy¹, Dr. William Correll, Lincoln Life Insurance Co., Dr. Scott Burgstahler, Regina Danielson, Les Schwab-Sandpoint, Manhattan Life Insurance Co., Cancer Care Northwest, Dr. Robert Laugan, Linda Smith, Glenn Westbrook, Katherine Westbrook², Sandpoint Urgent Care, Dr. Hernandez, and Dr. Stephen Puffer.

¹ Plaintiff's complaint refers to a Dr. Frank Joy. Plaintiff corrected this reference with a Motion to Amend asking that all references to Dr. Frank Joy be replaced to Dr. James Joy. Dr. James Joy has filed a Motion to Dismiss in this action.

² Plaintiff has mistakenly referred to Kathleen Westbrook as Katherine Westbrook in his complaint.

The Court reminds the Plaintiff that *pro se* litigants are held to same procedural rules as counseled litigants. King v. Atiyeh, 814 F.2d 565, 567 (9th Cir. 1987). Therefore, service of the Complaint upon the Defendants must comply with the requirements of Federal Rule of Civil Procedure 4. Service of the Complaint by certified or registered mail does not comply with the requirements of Rule 4.

Even though the 120 days provided for Plaintiff to effectuate service as required by Rule 4(m) have expired, the Court will grant the Plaintiff an additional twenty (20) days from the date of this Order to properly serve the Defendants. If Plaintiff fails to properly serve the Complaint on the Defendants, Plaintiff is hereby notified that the claims against the Defendants not properly served will be dismissed without further notice, by this Court pursuant to Federal Rule of Civil Procedure 4(m) and Local Rule 41.1 on June 5, 2008 for lack of service, unless good cause can be shown prior to that date why the case should not be dismissed. If Plaintiff properly serves Defendants by that date, the Court will then address the pending motions.



DATED: May 7, 2008

A handwritten signature in black ink, appearing to read "Edward J. Lodge".

Honorable Edward J. Lodge
U. S. District Judge

Michael Swenson
P O Box 129
Dover, ID 83825

THE FOLLOWING DOES NOT APPLY TO PRO SE LITIGANTS:

TO: Members of the District Court Bar
FROM: Cameron Burke, Court Executive
SUBJECT: Registering for CM/ECF and Electronic Noticing

You are receiving this notice because our CM/ECF database reflects that you have not registered for CM/ECF, or do not have an e-mail address for electronic notices. By Order of this Court, all members of the district court bar were required to register for CM/ECF by December 15, 2004. You are receiving this notice because you may be in violation of this court order.

Please use the following address to immediately register for a CM/ECF account:

http://www.id.uscourts.gov/cfCourt/ECF_register/RegistrationForm.cfm

If you have received a login and password for CM/ECF and are still receiving this notice, please verify your e-mail address by clicking on Utilities, Maintain your Account and then E-Mail Information. Please verify that you have completed a primary e-mail address.

As previously noted, PACER has been discontinued. After January 1, 2005 a PACER account is required to access the docket and images. IN ADDITION TO YOUR COURT PROVIDED ACCOUNT, this PACER account is also REQUIRED. Use the following address to register for a PACER account:

<http://pacer.psc.uscourts.gov>

Thank you for your consideration this matter.