

## UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

## SUMMONS IN A CIVIL CASE

Seymour Levine, an individual, Plaintiff,

CASE NUMBER:

1:14-cv-07587

V.

**ASSIGNED JUDGE:** 

Judge Sara L. Ellis

The Boeing Company, a Delaware Corporation, Defendant.

**DESIGNATED** 

MAGISTRATE JUDGE: Judge Sheila M. Finnegan

TO: (Name and address of Defendant)

The Boeing Company c/o Registered Agent Illinois Corp Service CO 801 Adlai Stevenson Drive Springfield, IL 62703

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

Frederick A. Lorig Quinn Emanuel Urquhart & Sullivan LLP 865 S. Figueroa Street 10th Floor Los Angeles, CA 90017

twenty-one (21) an answer to the complaint which is herewith served upon you, days after service of this summons upon 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. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



September 30, 2014

## Case 2:14-cv-01991-RSL Document 13 Filed 10/15/14 Page 2 of 3

| AO 440                                                                                                                                                                                                 | (Rev. 05/00) Summons in a C                                                                                                                                                                                      | Civil Action                  |              |                                                |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|------------------------------------------------|---------------|--|
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  | RETURN OF                     | F SERVICE    |                                                |               |  |
| Se                                                                                                                                                                                                     | rvice of the Summons and complaint                                                                                                                                                                               | was made by me <sup>(1)</sup> | DATE         |                                                |               |  |
| NAME OF SERVER (PRINT)                                                                                                                                                                                 |                                                                                                                                                                                                                  |                               | TITLE        |                                                |               |  |
| Check o                                                                                                                                                                                                | one box below to indicate appropr                                                                                                                                                                                | iate method of service        |              |                                                |               |  |
|                                                                                                                                                                                                        | Served personally upon the defendant. Place where served:                                                                                                                                                        |                               |              |                                                |               |  |
|                                                                                                                                                                                                        | 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 left: |                               |              |                                                |               |  |
|                                                                                                                                                                                                        | □ Returned unexecuted:                                                                                                                                                                                           |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                | ************* |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
| □ Other (specify):                                                                                                                                                                                     |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  | STATEMENT OF                  | SERVICE FEES | Manuscon 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |               |  |
| TRAVEL                                                                                                                                                                                                 |                                                                                                                                                                                                                  | SERVICES                      |              | TOTAL                                          |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  | DECLARATIO                    | N OF SERVER  | <u> </u>                                       |               |  |
| 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. |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
| L.                                                                                                                                                                                                     | xecuted onDate                                                                                                                                                                                                   | Signature of Server           | *            |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  | Address of Server             |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                               |              |                                                |               |  |

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



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Administration – (217) 753-6855 Civil Process/Records – (217) 753-6846 NEIL M. WILLIAMSON #1 Sheriff's Plaza Springfield, IL 62701

Investigations – (217) 753-6840 Corrections – (217) 753-6886

| SG | TRACKING #14- | 7759 |  |
|----|---------------|------|--|
|    |               |      |  |

- I, Donald P. Schuh #4267 certify that I served this summons as follows:
  - Corporation service, by leaving a copy of the summons and complaint with an agent or officer of the corporation listed in the summons. <u>LEFT AT FRONT DESK OF REGISTERED AGENT.</u>

| Case Number            | 1:14-CV-07587                               |  |  |  |  |  |
|------------------------|---------------------------------------------|--|--|--|--|--|
| Name of defendant      | THE BOEING COMPANY                          |  |  |  |  |  |
| C/O                    | Corporation Service Prentice-Hall U.S. Corp |  |  |  |  |  |
| Name of other person   |                                             |  |  |  |  |  |
| Summons left with      | ummons left with LaShawn DeVose             |  |  |  |  |  |
| Sex                    | Female Race White                           |  |  |  |  |  |
| Approx. Age            | 40's                                        |  |  |  |  |  |
| Date of Service        | 10/8/14 Time 9:00 am                        |  |  |  |  |  |
| Address at which paper | 801 Stevenson Drive                         |  |  |  |  |  |
| was served             | Springfield, IL 62703-4261                  |  |  |  |  |  |
| Service fees           | ⊠ \$42.00 or □ \$82.00                      |  |  |  |  |  |

Neil M. Williamson, Sheriff of Sangamon County

By / M She , Civil Process Office

