

**Ex. 1004**

**Proof of Service in Uniloc USA, Inc. v.  
BitDefender LLC et al., Case No. 2:16-  
cv-00394-RWS, E.D. Tex. (“Proof of  
Service”)**

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

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

CLERK OF COURT  
U.S. DISTRICT COURT

2015 MAY 12 AM 11:45

TX EASTERN-MARSHALL

BY \_\_\_\_\_

UNILOC USA, INC., and  
UNILOC LUXEMBOURG, S.A.,

\_\_\_\_\_  
*Plaintiff(s)*

v.

BITDEFENDER HOLDING B.V. AND  
BITDEFENDER LLC,

\_\_\_\_\_  
*Defendant(s)*

Civil Action No. 2:16-cv-394

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* BITDEFENDER LLC  
c/o GIZZIE, J.M.  
6301 N.W. 5TH WAY, STE 4300  
FT. LAUDERDALE, FL 33309

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Craig Tadlock  
TADLOCK LAW FIRM PLLC  
2701 Dallas Parkway, Suite 360  
Plano, TX 75093  
Tel: 903-730-6789  
Email: craig@tadlocklawfirm.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 4/15/16



CLERK OF COURT

*David A. O'Poole*

*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:16-cv-394

**PROOF OF SERVICE**

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

This summons for *(name of individual and title, if any)* BITDEFENDER, LLC  
was received by me on *(date)* 04/18/2016 .

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

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

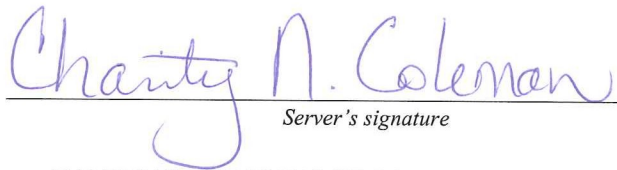
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: DELIVERED BY CERTIFIED MAIL RETURN RECEIPT REQUESTED TO BITDEFENDER  
LLC BY DELIVERING TO GIZZIE, J.M. AT 6301 N.W. 5TH WAY, STE 4300, FORT  
LAUDERDALE, FL 33309 ON 04/25/2016. U.S.P.S. FORM 3811 SIGNED BY AN  
AUTHORIZED AGENT OF GIZZIE, J.M. IS ATTACHED.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

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

Date: 05/03/2016


  
\_\_\_\_\_  
*Server's signature*

CHARITY N. COLEMAN, PROCESS SERVER SCH2761  
*Printed name and title*

5470 LYNDON B. JOHNSON FREEWAY  
DALLAS, TEXAS 75240

*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Description</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>BITDEFENDER LLC</b>  <b>C/O GIZZIE, J.M.</b></p> <p><b>6301 N.W. 5TH WAY, STE 4300</b>  <b>FORT LAUDERDALE FL 33309</b></p> </div>  <p>9590 9402 1442 5329 4693 13</p>	<p>B. Received by (Printed Name) C. Date of Delivery  <span style="float: right;">4-25-16</span></p>																
<p>2. Article Number (Transfer from service label)  <b>7012 2210 0001 0654 6993</b></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</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Registered Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Registered Mail		<input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Registered Mail																	
<input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p style="text-align: right;">1090588 Domestic Return Receipt</p>																