

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

UNITED STATES DISTRICT COURT

for the

Northern District of California

THE AMERICAN HOSPITAL ASSOCIATION,
340B HEALTH, et al.,

Plaintiff(s)

v.

THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES and ALEX M. AZAR II,
in his official capacity as the
Secretary of Health and Human Services,

Defendant(s)

Civil Action No. 3:20-cv-08806

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
200 Independence Avenue, SW, Washington, DC 20201

ALEX M. AZAR II, in his official capacity as the Secretary of Health
and Human Services, 200 Independence Avenue, SW,
Washington, DC 20201

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:

Anthony F. Maul
The Maul Firm, P.C.
101 Broadway, Suite 3A
Oakland, CA 94607

William B. Schultz (pro hac vice pending)
Margaret M. Dotzel (pro hac vice pending)
Casey Trombly-Shapiro Jonas (pro hac vice pending)
Zuckerman Spaeder LLP
1800 M Street, NW
Washington, DC 20036

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.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

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)* _____
was received by me on *(date)* _____ .

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

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

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

I returned the summons unexecuted because _____ ; or

Other *(specify)*: _____

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: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: