

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF KENTUCKY
SOUTHERN DIVISION AT PIKEVILLE**

ARNETIA JOYCE ROBINSON,	:	CASE NO: 7:15-cv-00109-ART-EBA
	:	
Plaintiff,	:	Judge Amul R. Thapar
	:	
vs.	:	
	:	
THE FEDERAL HOUSING FINANCE	:	<u>NOTICE OF SERVICE</u>
AGENCY, et al.	:	
	:	
Defendants.	:	

Notice is hereby given that the Summons and Complaint for Declaratory and Injunctive Relief filed in this proceeding were served upon the following:

1. The United States Attorney General was served by Certified Mail on October 30, 2015. Exhibit A is the Proof of Service with Return Receipt attached.
2. The Civil Process Clerk of the United States Attorney's Office was served by Certified Mail on October 26, 2015. Exhibit B is the Proof of Service with Return Receipt attached.

Respectfully submitted,

/s/ Robert B. Craig
Robert B. Craig (KBA No. 15590)
Taft Stettinius & Hollister LLP
1717 Dixie Highway, Suite 910
Covington, KY 41011-2799
Tel: (859) 547-4300
Fax: (513) 381-6613
craigr@taftlaw.com

Counsel for Plaintiff

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

UNITED STATES DISTRICT COURT

for the

Eastern District of Kentucky

Arnetia Joyce Robinson)

Plaintiff(s)

v.)

The Federal Housing Finance Agency, et al.)

Defendant(s)

Civil Action No. 7:15-cv-109-ART

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) United States Attorney General
Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

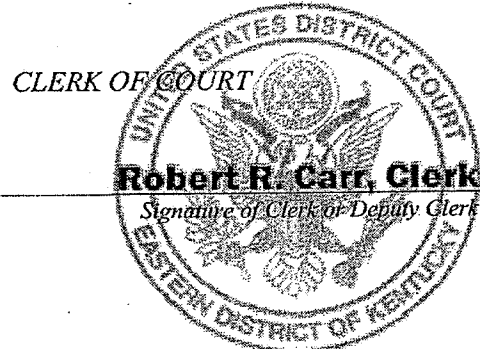
A lawsuit has been filed against you.

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:

Robert B. Craig
Taft Stettinius & Hollister LLP
1717 Dixie Highway
Suite 910
Covington, KY 41011-2799

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: 10/23/2015



rkt

EXHIBIT A

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

Civil Action No. 7:15-cv-109-ART

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)* United States Attorney General
was received by me on *(date)* October 23, 2015

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

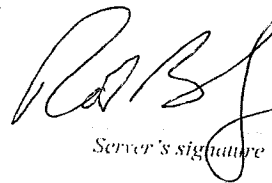
I returned the summons unexecuted because _____ ; or

Other *(specify)*: Served by Certified Mail on October 30, 2015 (Return Receipt 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: November 3, 2015



Server's signature

Robert B. Craig, Attorney
Printed name and title

1717 Dixie Highway, Suite 910
Covington, Kentucky 41011

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

UNITED STATES ATTORNEY GENERAL
 DEPARTMENT OF JUSTICE
 950 PENNSYLVANIA AVENUE
 WASHINGTON, DC 20530

9590 9403 0934 5223 2822 52



2. Article Number (Transfer from service label)
 7015 0640 0005 7945 5969

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Agent
 Addressee

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address: 901 30 2115 No

901 30 2115

3. Service Type
- Adult Signature Restricted Delivery
 - Certified Mail®
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Insured Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

UNITED STATES DISTRICT COURT

for the

Eastern District of Kentucky

Arnetia Joyce Robinson

Plaintiff(s)

v.

The Federal Housing Finance Agency, et al.

Defendant(s)

Civil Action No. 7:15-cv-109-ART

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Civil Process Clerk
United States Attorney's Office
260 W. Vine Street, Suite 300
Lexington, KY 40507-1612

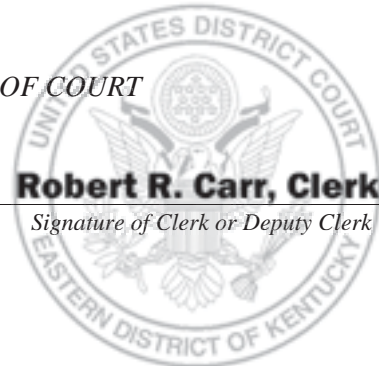
A lawsuit has been filed against you.

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:

Robert B. Craig
Taft Stettinius & Hollister LLP
1717 Dixie Highway
Suite 910
Covington, KY 41011-2799

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



Robert R. Carr, Clerk

Signature of Clerk or Deputy Clerk

rkt

Date: 10/23/2015

EXHIBIT B

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

Civil Action No. 7:15-cv-109-ART

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)* Civil Process Clerk, U.S. Attorney's Office (E.D.Ky)
was received by me on *(date)* October 23, 2015

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

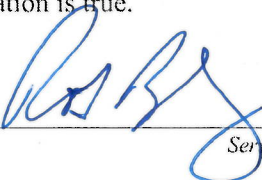
I returned the summons unexecuted because _____ ; or

Other *(specify):* Served by Certified Mail on October 26, 2015 (Return Receipt 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: 10/28/15


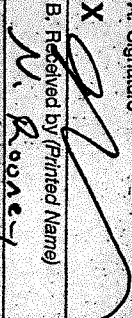


Server's signature

Robert B. Craig, Attorney
Printed name and title
1717 Dixie Highway, Suite 910
Covington, Kentucky 41011

Server's address

Additional information regarding attempted service, etc:

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>CIVIL PROCESS CLERK UNITED STATES ATTORNEY'S OFF. 260 W. VINE ST. Ste. 300 LEXINGTON, KY 40507-1612</p>  <p>9590 9403 0934 5223 2822 14</p> <p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0005 7945 5945</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> </p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>N. Rooney 10-26-12</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> <input type="checkbox"/></p> <p>If YES, enter delivery address below:</p>														
<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail (over \$500)</td> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery</td> </tr> </table> <p style="text-align: right;">Domestic Return Receipt</p>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input 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"/> Insured Mail (over \$500)	<input type="checkbox"/> Insured Mail Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
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