

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me	DATE September 9, 2004
NAME OF SERVER (PRINT) Rose W. Powell	TITLE Secretary

Check one box below to indicate appropriate method of service

-
- 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.
- Mailed copy of the summons with a copy of the complaint by certified mail, restricted delivery, return receipt requested at the address above
-

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 September 17, 2004
Date

Rose W. Powell
Signature of Server

100 W. 5th Street, Suite 808, Tulsa, OK 74103
Address of Server

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>A. Signature <u>[Signature]</u> Agent <input type="checkbox"/> Addressee <input type="checkbox"/></p> <p>B. Registered by (Print Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to: <u>Debra Hedrick</u> <u>Rogers State University</u> <u>1701 West Will Rogers Blvd.</u> <u>Claremore, OK 74017</u></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes </p>	
<p>E. Article Number (transfer from service label) <u>7000 0920 0022 8334 3417</u></p>		<p>Postage <input type="checkbox"/> Certified Fee <input type="checkbox"/> Return Receipt Fee (add-onment Required) <input type="checkbox"/> Restricted Delivery Fee (add-onment Required) <input type="checkbox"/> Total Postage & Fees <input type="checkbox"/></p> <p>Recipient's Name (Please Print Clearly) (to be completed by mailer) <u>Debra Hedrick</u> Suite Apt. No. or PO Box No. _____ <u>Rogers State 1701 W. Will Rogers</u> City, State, ZIP+4 <u>Claremore, OK 74017</u></p>	

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Date

Rose W. Powell
Signature of Server

100 W. 5th Street, Suite 808, Tulsa, OK 74103
Address of Defendant

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to: <u>Dr. Joe Wiley, President</u> <u>Roger State University</u> <u>1701 West Will Rogers Blvd.</u> <u>Claremore, OK 74017</u></p>		<p>2. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>3. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <u>7000 0520 0022 8324 3363</u></p>		<p>Postage \$ _____</p> <p>Certified Fee <input checked="" type="checkbox"/></p> <p>Return Receipt Fee (Receipts Required) <input checked="" type="checkbox"/></p> <p>Restricted Delivery Fee (Endorment Required) <input checked="" type="checkbox"/></p> <p>Total Postage & Fees \$ _____</p>	
<p>PS Form 3811, February 2002 Domestic Return Receipt</p>		<p>Recipient's Name (Please Print Clearly) (To be completed by addressee) <u>Dr. Joe Wiley</u> Street, Apt. No., or PO Box No. <u>1701 West Will Rogers Blvd.</u> City, State, ZIP+4 <u>Claremore, OK 74017</u></p>	

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