

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE**

SIG SAUER Inc.)	
)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 1:14-cv-00147
)	
B. TODD JONES)	
)	
Defendant.)	
)	

AFFIDAVIT OF SERVICE OF PROCESS

I, Kenton J. Villano, on oath, depose and state as follows:

1. I am one of the attorneys for Plaintiff Sig Sauer, Inc. (the “Plaintiff”) in the above-referenced action.
2. The Complaint in this matter was filed on or about April 15, 2014.
3. Service of Defendant B. Todd Jones, as well as the U.S. Attorney for the District of New Hampshire and the Attorney General of the United States, was conducted pursuant to Rule 4(i) of the Federal Rules of Civil Procedure.
4. On April 11, 2014, I sent by registered mail, return receipt requested, a copy of the Summons and Complaint to B. Todd Jones, Director of the Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Avenue, N.E., Washington, DC 20226, in compliance with Fed. R. Civ. P. 4(i).
5. I received a Registered Mail return receipt indicating that the Summons and Complaint were received and signed for on May 1, 2014. See return receipt attached hereto as Exhibit A.

6. On April 15, 2014, I sent by registered mail, return receipt requested, a copy of the Summons and Complaint to the Civil Process Clerk at the U.S. Attorney's Office for the District of New Hampshire Insurance Company, 54 Pleasant Street, 4th Floor,, Concord, NH 03301, in compliance with Fed. R. Civ. P. 4(i).

7. I received a Registered Mail return receipt indicating that the Summons and Complaint were received and signed for on April 17, 2014. See return receipt attached hereto as Exhibit B.

8. On April 15, 2014, I sent by registered mail, return receipt requested, a copy of the Summons and Complaint to Eric H. Holder, the Attorney General for the United States, 950 Pennsylvania Avenue, N.W., Washington, DC 20530, in compliance with Fed. R. Civ. P. 4(i).

9. I received a Registered Mail return receipt indicating that the Summons and Complaint were received and signed for on April 23, 2014. See return receipt attached hereto as Exhibit C.

FURTHER AFFIANT SAYETH NOT.

Signed under the pains and penalties of perjury this 21th day of May, 2014.

/s/ Kenton J. Villano
Kenton J. Villano

MAY 21, 2014

Then personally appeared the above named Kenton J. Villano, and made oath that the foregoing statement is true to the best of his personal knowledge and belief, before me.

/s/ Tarey W. Warnock
Notary Public
My Commission Expires: 11/9/16

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. 		A. Signature X <i>J. Magruder</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: B. Todd Jones, Director Bureau of Alcohol, Tobacco, Firearms and Explosives 99 New York Avenue, N.E. Washington, DC 20226		B. Received by (Printed Name) <i>Official Business Only</i> C. Date of Delivery <i>5/1/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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 type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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. 		A. Signature X <u>Carol D. Fortin</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Civil Process Clerk U.S. Attorney's Office District of New Hampshire 54 Pleasant Street, 4th Floor Concord, NH 03301		B. Received by (Printed Name) <u>Carol D. Fortin</u>	C. Date of Delivery <u>4/17/14</u>
		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<u>RR 447 558 285 US</u>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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. 		A. Signature X <div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>	
1. Article Addressed to: Eric Holder Attorney General of the U.S. 950 Pennsylvania Avenue N.W. Washington, DC 20530		B. Received by (Printed Name) 	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Eric Holder</i> <i>APR 23 2011</i> APR 23 2011	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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 type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			