FILED
2021 Jul-23 AM 11:06
U.S. DISTRICT COURT
N.D. OF ALABAMA

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

AMERICA'S FRONTLINE DOCTORS, et al,	)	
Plaintiffs,	)	
v.	)	**Case No. 2:21-cv-702-CLM**
XAVIER BECERRA, et al,	)	
Defendants.	)	

RETURN ON SERVICE OF SUMMONS AND COMPLAINT

I hereby certify and return that on the days noted below, I served summonses together with the complaints in this case as follows:

The United States and its agencies that are defendants herein, as required by Rule 4 (i), F.R.Cv.P., were served in the following manner:

(A) In June, 2021, AUSA Don Long informed me that he would accept service in this case for the U.S. Attorney in Birmingham by means of email. I emailed a copy of the summons and complaint in this case to him on June 28, 2021.

(B) I sent by certified mail a copy of the summons and complaint herein to the U.S. Attorney General, 950 Pennsylvania Avenue, Washington, D.C., and such was received by his office on June 30, 2021.

(C) On June 28, 2021, Isaac C. Belfer at the U.S. Department of Justice, emailed and informed me that I could serve the federal agencies that are defendants in this case by mailing copies of the summonses and complaints to the Department of Health and Humans Services, 200 Independence Avenue, Washington, D.C. On July 6, 2021, the following agencies and officials were served:

(1) the Department of Health and Human Services;

(2) Xavier Becerra, in his official capacity as Secretary of the U.S. Department of Health and Human Services;

(3) the Food and Drug Administration;

(4) Dr. Janet Woodcock, in her official capacity as Commissioner of the Food and Drug Administration;

(5) the Center for Disease Control and Prevention;

(6) the National Institute of Health; and

(7) the National Institute of Allergies and Infectious Diseases.

See attached copies.

I certify under penalty of perjury under the laws of the United States of America that the foregoing facts are true and correct.

/s/ *Lowell H. Becraft, Jr.*

Lowell H. Becraft, Jr.
Attorney for Plaintiffs
ASB 5005-F66L
403C Andrew Jackson Way
Huntsville, AL 35801
256-533-2535
becraft@hiwaay.net

CERTIFICATE OF SERVICE

I hereby certify that on this date, July 23, 2021, I electronically transmitted this pleading to the Clerk of the Court using the CM/ECF system for filing, which will send notification of such filing to the following counsel for the Defendants:

Don B. Long, III
Assistant United States Attorney United States Attorney's Office
Northern District of Alabama
1801 Fourth Avenue North
Birmingham, Alabama 35203

James W. Harlow
Trial Attorney, Consumer Protection Branch
Civil Division
U.S. Department of Justice
P.O. Box 386
Washington, D.C. 20044-0386

/s/ *Lowell H. Becraft, Jr.*
Lowell H. Becraft, Jr.

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:

ATTORNEY GENERAL
U.S. DEPT. OF JUSTICE
950 PENNSYLVANIA AVE. NW
WASHINGTON, DC 20530

9590 9402 6727 1060 9732 97

2. Article Number (Transfer from service label)
7018 0680 0000 0897 9825

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUL 8 2021

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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- 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:

BECERRA
U.S. H.H.S
DEPT. HEALTH & HUMAN
200 INDEPENDENCE AVE.
WASH., DC 20201

9590 9402 6727 1060 9732 80

2. Article Number (Transfer from service label)
7018 0680 0000 0897 9931

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

RECEIVED JUL 06 2021

B. Received by (Printed Name) K.KIRTZ C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

F.D.A.
200 INDEPENDENCE AVE
WASH., DC 20201

9590 9402 6727 1060 9732 66

2. Article Number (Transfer from service label)
7018 0680 0000 0897 9955

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

RECEIVED JUL 06 2021

B. Received by (Printed Name) K.KIRTZ C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

DEPT. OF HHS
200 INDEPENDENCE AVE
WASH., DC 20201

9590 9402 6727 1060 9732 73

2. 7018 0680 0000 0897 9948

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Kirtz ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. KIRTZ C. Date of Delivery JUL 06 2021

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED BY:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

CDC
200 INDEPENDENCE AVE
WASH, DC 20201

9590 9402 6727 1060 9732 28

2. Article Number (Transfer from service label) 7018 0680 0000 0897 9986

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Kirtz ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. KIRTZ C. Date of Delivery JUL 06 2021

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED BY:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

N.I.A.I.D.
200 INDEPENDENCE AVE
WASH., DC 20201

9590 9402 6727 1060 9732 35

2. 7018 0680 0000 0897 9979

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Kirtz ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. KIRTZ C. Date of Delivery JUL 06 2021

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED BY:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

NIH
200 INDEPENDENCE AVE
WASH., DC 20201

9590 9402 6727 1060 9732 42

2. Article Number *(Transfer from service label)*

7018 0680 0000 0897 9962

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* K.KIRTZ C. Date of Delivery JUL 06 2021

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DR. JANET WOODCOCK
FDA
200 INDEPENDENCE AVE.
WASH., DC 20201

9590 9402 6727 1060 9732 11

7018 0680 0000 0898 0005

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* K.KIRTZ C. Date of Delivery JUL 06 2021

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ ail
- ☐ ail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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