

Chapter 11  
Adversary Proceeding: 16-04027  
Judge Melvin S. Hoffman

CERTIFICATE OF SERVICE

I, Andrew G. Lizotte, Esq. (name), certify that service of this summons and a copy of the complaint was made : 4/8/16 (date) by:

Certified Mail, Return Receipt AND BY

- ☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:  
ATW Training & Consulting Inc., 1140 Aurora Ave, Urbandale, IA 50322
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- ☐ Publication: The defendant was served as follows: [Describe briefly]
- ☐ State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_ as follows:  
[Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

4/13/16  
Date

Andrew Lizotte  
Signature

Andrew G. Lizotte, Esq.

Murphy & King, P.C.

Print Name

One Beacon Street

Business Address

Boston MA 02108

City

State

Zip



144098716051300000000107

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS**

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In re Telexfree, LLC

Debtor

Stephen Darr  
Plaintiff

vs.

ATW Training & Consulting, Inc.  
Defendant

Related Bankruptcy Case: 14-40987  
Chapter 11  
Judge Melvin S. Hoffman

Adversary Proceeding: 16-04027

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**SUMMONS IN AN ADVERSARY PROCEEDING**

**YOU ARE SUMMONED** and required to file a motion or answer to the complaint which is attached to this summons to the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall file a motion or answer within 35 days.

**ANSWER DUE: 5/2/16**

Address of Clerk:

U. S. Bankruptcy Court  
595 Main Street  
Worcester, MA 01608

**At the same time**, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney:

Andrew G. Lizotte  
Murphy & King  
Professional Corporation  
One Beacon Street  
21st floor  
Boston, MA 02108

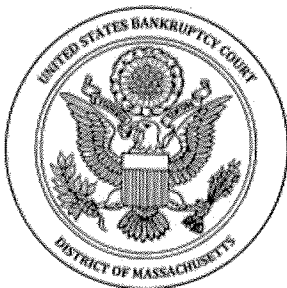
If you make a motion, your time to answer is governed by FRBP 7012.

**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**

Date: 4/1/16

James M. Lynch  
Clerk, U.S. Bankruptcy Court  
By the Court,

Michele V Roberts  
Deputy Clerk  
(617) 748- 5371



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature x <u>Cathy Belmont</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ATW Training &amp; Consulting Inc. 11140 Aurora Ave Urbandale IA 50322</p>		<p>B. Received by (Printed Name) <u>Cathy Belmont</u> C. Date of Delivery <u>4-8-16</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7013 2630 0001 5826 6374</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540