

EXHIBIT A

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of New Mexico

THE LOS ALAMOS STUDY GROUP

Plaintiff

v.

UNITED STATES DEPARTMENT OF ENERGY, et
al.

Defendant

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Civil Action No. 6:11-cv-00946-RHS-WDS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* UNITED STATES DEPARTMENT OF ENERGY
1000 Independence Avenue, SW
Washington, DC 20585

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:

Thomas M. Hnasko
Hinkle, Hensley, Shanor & Martin, LLP
P.O. Box 2068
Santa Fe, NM 87504

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.

Matt Dykman
CLERK OF COURT

Date: Monday, October 24, 2011

Andrea Holguin
Signature of Clerk or Deputy Clerk



Civil Action No. 6:11-cv-00946-RHS-WDS

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 Department of Energy
was received by me on *(date)* 10/24/11.

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)*: Service via Certified United States Mail, Return Receipt Requested (see attached Return Receipt).

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: 11/18/11

Sonya Mares
Server's signature


Sonya Mares, Legal Assistant
Printed name and title

Hinkle, Hensley, Shanor & Martin, LLP
P.O. Box 2068
Santa Fe, NM 87504

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com .	
OFFICIAL USE	
Postage	\$ 2.88
Certified Fee	2.70
Return Receipt Fee <small>(Endorsement Required)</small>	2.50
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage & Fees	\$ 7.98



Sent To: US Dept. of Energy
Street, Apt. No., or PO Box No.: 1000 Independence Ave SW
City, State, ZIP+4: Washington, DC 20585

PS Form 3800, August 2006 See Reverse for Instructions

7010 1670 0000 8679 7913

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 x <i>Y M Beach</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____ 10-31</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>1. Article Addressed to: US Dept. of Energy 1000 Independence Ave SW Washington, DC 20585</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7010 1670 0000 8679 7913	
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540