

EXHIBIT C

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

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

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) NATIONAL NUCLEAR SECURITY ADMINISTRATION
1000 Independence Avenue, SW
Washington, DC 20585

A lawsuit has been filed against you.

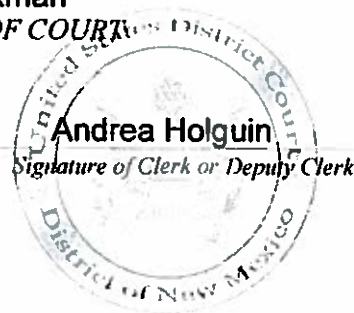
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the 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



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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)* National Nuclear Security Administration
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: 11/8/11

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 87504-2068
Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.


OFFICIAL USE

Postage	\$ 2.78	
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.90	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 8.48	

Sent to:
 National Nuclear Security Administration
 Street, Apt. No. or PO Box No. Independence Ave. SW
 City, State, ZIP+4 Washington, DC 20585

PS Form 3800, August 2006 See Reverse for Instructions

7010 1670 0000 8679 7883

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse and return the card to you. Forward to the back of the mailpiece, if space permits.</p> <p>Forward to:</p> <p style="font-size: 1.1em;">Nuclear Security Administration Independence Ave. SW DC 20585</p>	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 10-28</p> <p>D. Is delivery address different from Item 17? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</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>7010 1670 0000 8679 7883</p> <p>2004 Domestic Return Receipt 102585-02-M-1540</p>	