

08-762-CD

T Bush al vs Encore Medical Corp

Andrew C. Spears, Esquire
I.D.#87737
HANDLER, HENNING & ROSENBERG, LLP
1300 Linglestown Road
Harrisburg, PA 17110
Telephone: (717) 238-2000
Fax: (717) 233-3029
E-mail: SPEARS@hhrlaw.com

FILED Atty pd.
M 12 2008 \$95.00
APR 25 2008 3CCs 3wnts
to Sheriff
William A. Shaw
Prothonotary/Clerk of Courts

Attorney for Plaintiffs

IN THE COURT OF COMMON PLEAS
CLEARFIELD COUNTY, PENNSYLVANIA

08-762-CD

No. 2008

Civil Action - (XX) Law

() Equity

THELMA BUSH and : ENCORE MEDICAL CORPORATION
ROBERT L. BUSH, her husband : 9800 Metric Boulevard
450 Saladay Road :
Du Bois, PA 15801 :
: and
: ENCORE MEDICAL, L.P.
: 9800 Metric Boulevard
: Austin, TX 78758
: and
: ENCORE ORTHOPEDICS, INC.
: 9800 Metric Boulevard
: Austin, TX 78758
: vs.
: Plaintiffs Defendants

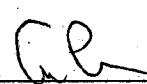
PRAECIPÉ FOR WRIT OF SUMMONS

TO THE PROTHONOTARY OF SAID COURT:

Please issue a Writ of Summons in the above-captioned action.

Writ of Summons Shall be issued and forwarded to () Attorney (XX) Sheriff

Andrew C. Spears
1300 Linglestown Road
Harrisburg, PA 17110
(717) 238-2000
Name/Address/Telephone No.
of Attorney


Signature of Attorney
Supreme Court ID No. 87737

Date: 4/27/08

FILED

APR 25 2008

**William A. Shaw
Prothonotary/Clerk of Courts**

Andrew C. Spears, Esquire
I.D.#87737
HANDLER, HENNING & ROSENBERG, LLP
1300 Linglestown Road
Harrisburg, PA 17110
Telephone: (717) 238-2000
Fax: (717) 233-3029
E-mail: SPEARS@hhrlaw.com

Attorney for Plaintiffs

COPY

IN THE COURT OF COMMON PLEAS
CLEARFIELD COUNTY, PENNSYLVANIA

No. 08-762-CD
2008
Civil Action - (XX) Law
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THELMA BUSH and : ENCORE MEDICAL CORPORATION
ROBERT L. BUSH, her husband : 9800 Metric Boulevard
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: and

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: ENCORE MEDICAL, L.P.
: 9800 Metric Boulevard
: Austin, TX 78758

: and

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: ENCORE ORTHOPEDICS, INC.
: 9800 Metric Boulevard
: Austin, TX 78758

: vs.

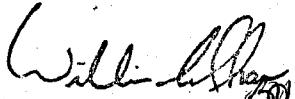
Plaintiffs

Defendants

WRIT OF SUMMONS

TO THE ABOVE NAMED DEFENDANT(S):

YOU ARE NOTIFIED THAT THE ABOVE-NAMED PLAINTIFF(S) HAS/HAVE COMMENCED AN ACTION AGAINST YOU.



Prothonotary

Date: April 25, 2008

by _____
Deputy

Check here if reverse is used for additional information

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104091
NO: 08-762-CD
SERVICE # 1 OF 3
WRIT OF SUMMONS & PRAECIPE

PLAINTIFF: THELMA BUSH and ROBERT L. BUSH
vs.
DEFENDANT: ENCORE MEDICAL CORPORATION a/

SHERIFF RETURN

NOW, May 02, 2008 SERVED THE WITHIN WRIT OF SUMMONS & PRAECIPE ON ENCORE MEDICAL CORPORATION, c/o Scott Way, General Counsel DEFENDANT AT 9800 Metric Boulevard, AUSTIN, TX, 78758 BY CERTIFIED MAIL # 7006 0810 0001 4507 3763. THE RETURN RECEIPT IS HERETO ATTACHED ENDORSED BY SIGNATURE UNKNOWN.

FILED
03:21 PM
AUG 04 2008

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104091
NO: 08-762-CD
SERVICE # 2 OF 3
WRIT OF SUMMONS & PRAECIPE

PLAINTIFF: THELMA BUSH and ROBERT L. BUSH

vs.

DEFENDANT: ENCORE MEDICAL CORPORATION al

SHERIFF RETURN

NOW, May 02, 2008 SERVED THE WITHIN WRIT OF SUMMONS & PRAECIPE ON ENCORE MEDICAL, L.P. c/o Scott Way, General Counsel DEFENDANT AT 9800 Metric Boulevard, AUSTIN, TX, 78758 BY CERTIFIED MAIL # 7006 0810 0001 4507 3770. THE RETURN RECEIPT IS HERETO ATTACHED ENDORSED BY SIGNATURE UNKNOWN.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104091
NO: 08-762-CD
SERVICE # 3 OF 3
WRIT OF SUMMONS & PRAECIPE

PLAINTIFF: THELMA BUSH and ROBERT L. BUSH
vs.
DEFENDANT: ENCORE MEDICAL CORPORATION al

SHERIFF RETURN

NOW, May 02, 2008 SERVED THE WITHIN WRIT OF SUMMONS & PRAECIPE ON ENCORE ORTHOPEDICS, INC. c/o Scott Way, General Counsel DEFENDANT AT 9800 Metric Boulevard, AUSTIN, TX, 78758 BY CERTIFIED MAIL # 706 0810 0001 4507 3817. THE RETURN RECEIPT IS HERETO ATTACHED ENDORSED BY SIGNATURE UNKNOWN.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104091
NO. 08-762-CD
SERVICES 3
WRIT OF SUMMONS & PRAECIPE

PLAINTIFF: THELMA BUSH and ROBERT L. BUSH

vs.

DEFENDANT: ENCORE MEDICAL CORPORATION a/

SHERIFF RETURN

RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	HANDLER	140152	30.00
SHERIFF HAWKINS	HANDLER	140152	45.63

Sworn to Before Me This

____ Day of _____ 2008

So Answers,



Chester A. Hawkins
Sheriff

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- 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.

1. Article Addressed to:

ENCORE MEDICAL, L.P.
c/o Scott Way, Esq. Gen. Counsel
9800 Metric Blvd.
Austin, TX 78758

A. Signature		<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received <i>(Printed Name)</i>		C. Date of Delivery	
D. Is delivery address different from item 1?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, enter delivery address below:			
1. Article Addressed to:			
2. Article Number <i>(Transfer from service label)</i>			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail			
<input type="checkbox"/> Registered <input 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			
2. Article Number <u>7006 0810 0001 4507 3763</u>			
PS Form 3811, February 2004 Domestic Return Receipt			
102595-02-M-1540			

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

CHESTER A. HAWKINS
SHERIFF OF CLEARFIELD COUNTY
1 N. 2nd ST., SUITE 116
CLEARFIELD, PA. 16830

04094

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- 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.

1. Article Addressed to:

ENCORE MEDICAL CORPORATION
c/o Scott Way, Esq. Gen. Counsel
9800 Mettric Blvd.
Austin, TX 78758

A. Signature

X

 Agent AddresseeB. Received by *(Printed Name)* Date of Delivery

- C. *(Signature)*
- D. Is delivery address different from item 1?
If YES, enter delivery address below:
 Yes
 No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number <i>(Transfer from service label)</i>	7006 0810 0001 4507 3770
---	--------------------------

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

CHESTER A. HAWKINS
SHERIFF OF CLEARFIELD COUNTY
1 N 2nd ST., SUITE 116
CLEARFIELD, PA. 16830

104077

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- 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.

1. Article Addressed to:

Encore Orthopedics, Inc.
c/o Scott Way, Esq.—Gen. Counsel
9800 Metric Blvd.
Austin, TX 78758

A. Signature	<input checked="" type="checkbox"/> Agent	
X	<input type="checkbox"/> Address see	
B. Received by <i>Printed Name</i>	<i>Signature</i>	C. Date of Delivery <i>2/2/04</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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		

2. Article Number
Transfer from service lab 7006 0810 0001 4507 3817
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



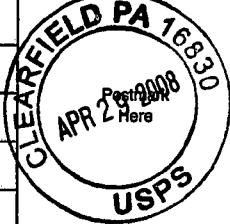
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

CHESTER A. HAWKINS
SHERIFF OF CLEARFIELD COUNTY
1 N. 2nd ST., SUITE 116
CLEARFIELD, PA. 16830

104091

4507 3817

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21
<i>Postmark Here</i>	
	
<i>Sent To</i>	
ENCORE ORTHOPEDICS, INC.	
c/o Scott Way, Esq. Gen. Counsel	
800 Metric Blvd.	
Austin, TX 78758	
PC G447 0400 0000 0000	
For Delivery by Insured Mail	

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail
addressed to APOs and FPOs.**

104091

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.21

7006 0810 0001 4507 3763

*Postmark
CLEARFIELD PA 16830
APR 9 2008
USPS*

Sent To
ENCORE MEDICAL, L.P.
c/o Scott Way, Esq. Gen. Counsel
9800 Metric Blvd.
Austin, TX 78758

PS Form 3300 June 2002 www.usps.com For Payment by Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain *Return Receipt* service, please complete and attach a *Return Receipt* (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
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104091

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

7006 0810 0001 4507 3770

Postmark Here

CLEARFIELD PA 16830
APR 29 2008
USPS

Send To
ENCORE MEDICAL CORPORATION
Street, Apt. No. C/o Scott Way, Esq., Gen. Counsel
or PO Box No.
9800 Metric Blvd.
City, State, ZIP+4 Austin, TX 78758

PC Form 2000 4/02/2007 www.usps.com See Back for instructions

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
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104091

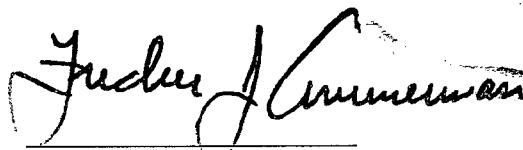
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

THELMA BUSH * NO. 2008-762-CD
ROBERT BUSH *
Plaintiffs *
vs. *
ENCORE MEDICAL CORPORATION, et al *
Defendants *

ORDER

NOW, this 25th day of June, 2013, upon the Court's review of the docket and noting no activity for a period of over four years, it is the ORDER of this Court that the case be moved to inactive status. The Prothonotary shall code the case in Full Court as Z-INACTA.

BY THE COURT,



FREDRIC J. AMMERMAN
President Judge

1909cm
2 JUN 20 2013 68

5 William A. Chew
Prothonotary/Clerk of Courts