

08-762-CD

T Bush al vs Encore Medical Corp

Andrew C. Spears, Esquire
I.D.#87737
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Harrisburg, PA 17110
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FILED *Atty. pd.*
395.00
APR 25 2008 *3 CC & 3 writs 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
ROBERT L. BUSH, her husband
450 Saladay Road
Du Bois, PA 15801

ENCORE MEDICAL CORPORATION
9800 Metric Boulevard

and

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

and

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

vs.

Plaintiffs

Defendants

PRAECIPE FOR WRIT OF SUMMONS

TO THE PROTHONOTARY OF SAID COURT:

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

 X 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

CS

Signature of Attorney
Supreme Court ID No. 87737

Date: 4/22/08

FILED

APR 25 2008

William A. Shaw
Prothonotary/Clerk of Courts

COPY

Andrew C. Spears, Esquire
I.D.#87737
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IN THE COURT OF COMMON PLEAS
CLEARFIELD COUNTY, PENNSYLVANIA

No. 08-762-CD
2008
Civil Action - (XX) Law
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450 Saladay Road
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ENCORE MEDICAL CORPORATION
9800 Metric Boulevard

and

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

and

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

vs.

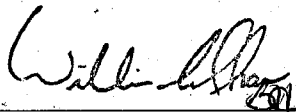
Plaintiffs

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 al

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

013:21/311
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 et 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 al

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 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

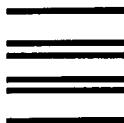
COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
<input checked="" type="checkbox"/> Addressee	<input type="checkbox"/> Agent
B. Received by (Printed Name)	C. Date of Delivery
<i>[Signature]</i>	<i>[Signature]</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 label) 7006 0810 0001 4507 3763

UNITED STATES POSTAL SERVICE

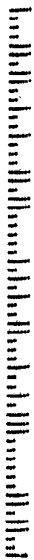


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

0 90 91



SENDER: COMPLETE THIS SECTION

- ☐ 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 Metric Blvd.
Austin, TX 78758

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

2/1/02 Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ 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 (Transfer from service label) 7006 0810 0001 4507 3770

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

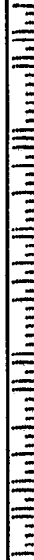


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

104091



SENDER: COMPLETE THIS SECTION

- 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ 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

(Transfer from service label)

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



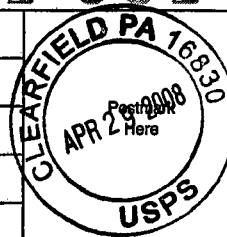
7006 0810 0001 4507 3817

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



Sent To	
ENCORE ORTHOPEDICS, INC.	
Street, Apt. No. or PO Box No.	c/o Scott Way, Esq. Gen. Counsel
City, State, ZIP+4	2800 Metric Blvd. Austin, TX 78758

PS Form 3800 June 2002

See Reverse for 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.
- ❑ 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.

PS Form 3800, June 2002 (Reverse)

104091

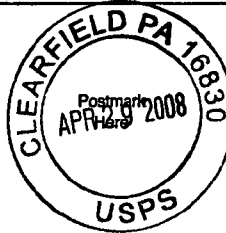
7006 0810 0001 4507 3763

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



Sent To	ENCORE MEDICAL, L.P.
Street, Apt. No. or PO Box No.	10 Scott Way, Esq. Gen. Counsel
City, State, ZIP+4	9800 Metric Blvd. Austin, TX 78758

PS Form 3800 June 2002 See Reverse for 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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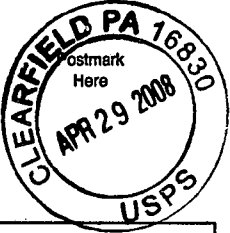
IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800, June 2002 (Reverse)

104091

7006 0810 0001 4507 3770

U.S. Postal Service TM	
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



Postmark
Here
APR 29 2008
USPS

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

PS Form 3800, June 2005 For Receiver Use 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

PS Form 3800, June 2002 (Reverse)

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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Internet access to delivery information is not available on mail addressed to APOs and FPOs.

104091

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

THELMA BUSH
ROBERT BUSH
Plaintiffs
vs.

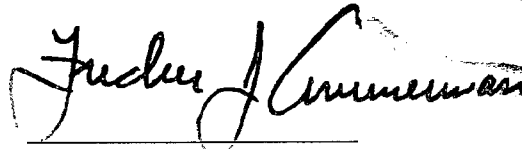
ENCORE MEDICAL CORPORATION, et al
Defendants

* NO. 2008-762-CD
*
*
*
*
*
*

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

FILED NoCC
019:09cm
2 JUN 28 2013 66
5 William A. Chapp
Prothonotary/Clerk of Courts