

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

**AMERICA’S FRONTLINE DOCTORS,** )  
**et al,** )

**Plaintiffs,** )

**v.** )

**Case No. 2:21-cv-702-CLM**

**XAVIER BECERRA, et al,** )

**Defendants.** )

**RETURN ON SERVICE OF SUMMONS AND COMPLAINT**

I hereby certify and return that on the days noted below, I served summonses together with the complaints in this case as follows:

The United States and its agencies that are defendants herein, as required by Rule 4 (i), F.R.Cv.P., were served in the following manner:

(A) In June, 2021, AUSA Don Long informed me that he would accept service in this case for the U.S. Attorney in Birmingham by means of email. I emailed a copy of the summons and complaint in this case to him on June 28, 2021.

(B) I sent by certified mail a copy of the summons and complaint herein to the U.S. Attorney General, 950 Pennsylvania Avenue, Washington, D.C., and such was received by his office on June 30, 2021.

(C) On June 28, 2021, Isaac C. Belfer at the U.S. Department of Justice, emailed and informed me that I could serve the federal agencies that are defendants in this case by mailing copies of the summonses and complaints to the Department of Health and Humans Services, 200 Independence Avenue, Washington, D.C. On July 6, 2021, the following agencies and officials were served:

(1) the Department of Health and Human Services;

(2) Xavier Becerra, in his official capacity as Secretary of the U.S. Department of Health and Human Services;

(3) the Food and Drug Administration;

(4) Dr. Janet Woodcock, in her official capacity as Commissioner of the Food and Drug Administration;

(5) the Center for Disease Control and Prevention;

(6) the National Institute of Health; and

(7) the National Institute of Allergies and Infectious Diseases.

See attached copies.

I certify under penalty of perjury under the laws of the United States of America that the foregoing facts are true and correct.

/s/ Lowell H. Becraft, Jr.

Lowell H. Becraft, Jr.  
Attorney for Plaintiffs  
ASB 5005-F66L  
403C Andrew Jackson Way  
Huntsville, AL 35801  
256-533-2535  
becraft@hiwaay.net

**CERTIFICATE OF SERVICE**

I hereby certify that on this date, July 23, 2021, I electronically transmitted this pleading to the Clerk of the Court using the CM/ECF system for filing, which will send notification of such filing to the following counsel for the Defendants:

Don B. Long, III  
Assistant United States Attorney United States Attorney's Office  
Northern District of Alabama  
1801 Fourth Avenue North  
Birmingham, Alabama 35203

James W. Harlow  
Trial Attorney, Consumer Protection Branch  
Civil Division  
U.S. Department of Justice  
P.O. Box 386  
Washington, D.C. 20044-0386

/s/ Lowell H. Becraft, Jr.  
Lowell H. Becraft, Jr.



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ATTORNEY GENERAL U.S. DEPT. OF JUSTICE 950 PENNSYLVANIA AVE NW WASHINGTON, DC 20530		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 0680 0000 0897 9825		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: U.S. H.H.S DEPT. HEALTH & HUMAN 200 INDEPENDENCE AVE WASH., DC 20201		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 0680 0000 0897 9931		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: F.D.A. 200 INDEPENDENCE AVE WASH., DC 20201		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 0680 0000 0897 9955		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

DEPT. OF HHS  
200 INDEPENDENCE AVE  
WASH., DC 20201



9590 9402 6727 1060 9732 73

2.

7018 0680 0000 0897 9948

☐ Insured Mail Restricted Delivery  
(over \$500)

Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

K. K. R. T. Z.

☐ Agent  
☐ Addressee

C. Date of Delivery

JUL 06 2021

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

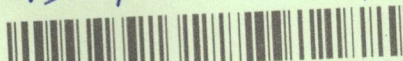
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

CDC  
200 INDEPENDENCE AVE  
WASH., DC 20201



9590 9402 6727 1060 9732 28

2. Article Number (Transfer from service label)

7018 0680 0000 0897 9986

Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

K. K. R. T. Z.

☐ Agent  
☐ Addressee

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

N. J. A. Z. D.  
200 INDEPENDENCE AVE  
WASH., DC 20201



9590 9402 6727 1060 9732 35

2.

7018 0680 0000 0897 9979

Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

K. K. R. T. Z.

☐ Agent  
☐ Addressee

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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 </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>NIA</p> <p>200 INDEPENDENCE AVE</p> <p>WASH., DC 20201</p>		<p>B. Received by (Printed Name) </p> <p>C. Date of Delivery JUL 06 2021</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 0680 0000 0897 9962</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>9590 9402 6727 1060 9732 42</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> All Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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 </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>DR. JANET WOODLOCK</p> <p>FDA</p> <p>200 INDEPENDENCE AVE.</p> <p>WASH., DC 20201</p>		<p>B. Received by (Printed Name) </p> <p>C. Date of Delivery JUL 06 2021</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 0680 0000 0898 0005</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>9590 9402 6727 1060 9732 11</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> All Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	