

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Texas

Kevin Clarke, Trevor Boeckmann, Harry Crane,
Corwin Smidt, Predict It, Inc. and Aristotle
International, Inc.

Plaintiff(s)

v.

Commodity Futures Trading Commission

Defendant(s)

Civil Action No. 1:22-cv-00909-LY

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) COMMODITY FUTURES TRADING COMMISSION
Three Lafayette Centre
1155 21st Street, NW
Washington, DC 20581

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:

John J. Byron, Esq.
STEPTOE & JOHNSON LLP
227 West Monroe Street, Suite 4700
Chicago, IL 60606
Telephone: (312) 577-1283

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.

Philip J. Devlin

CLERK OF COURT, PHILIP J. DEVLIN

Date: 09/12/2022

Rebecca Z. Nieto

Signature of Clerk or Deputy Clerk



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:22-cv-00909

**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)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

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

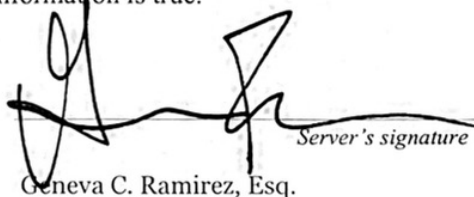
I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)* Per Federal Rule of Civil Procedure 4(i)(2) and (4)(i)(1), on September 14, 2022, a copy of the Summons,  
Civil Cover Sheet, Complaint for Declaratory and Injunctive Relief, and Rule 7.1 Disclosure Statements of  
Aristotle International Inc. and Predict It Inc. was delivered by hand and sent by certified mail to the United  
States Attorneys' Office for the Western District of Texas. In addition, a copy of the above items was also  
sent by certified mail to the Commodity Futures Trading Commission and the United States Attorney  
General. Please see the attached declarations and return receipts evidencing delivery.

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: 11/28/2022 \_\_\_\_\_

  
\_\_\_\_\_  
Server's signature

Geneva C. Ramirez, Esq.  
\_\_\_\_\_  
Printed name and title

227 W Monroe St  
Suite 4700  
Chicago, IL 60608  
\_\_\_\_\_  
Server's address

Additional information regarding attempted service, etc:



AO 440 (Rev. 06/12) :

Civil Action No. 1:22-cv-00909

**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)* Office of the United States Attorney for the Western District of Texas Attn: Ms. Stephanie Rico, Civil Process Clerk was received by me on *(date)* 14 Sept 22 at 4:38PM .

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)* Stephanie Rico, Civil Process Clerk , who is designated by law to accept service of process on behalf of *(name of organization)* Office of the United States Attorney for the Western District of Texas at 601 NW Loop 410, Suite 600, San Antonio, TX 78216 on *(date)* 15 Sept 22 at 10:11AM ; or

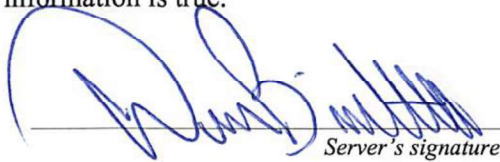
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: Also delivered with the Summons: Complaint for Declaratory and Injunctive Relief; Exhibit 1; Exhibit 2; Exhibit 3; Civil Cover Sheet; Corporate Disclosure Statement of Aristotle International, Inc.; & Corporate Disclosure Statement of Predict It, Inc.

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: 15 Sept 2022

  
\_\_\_\_\_  
*Server's signature*

Dan Brouillette, Process Server, #PSC-1482 Exp:8/31/24  
*Printed name and title*

314 Benetton Dr, San Antonio, TX 78253  
*Server's address*

Additional information regarding attempted service, etc:

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Certified Mail Fee \$ _____	Postmark Here  
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ <u>10.61</u>	
Sent To <u>US Attorney West Dist. TX</u> Street and Apt. No., or PO Box No. <u>601 N.W. Loop 410, Ste. 600</u> City, State, ZIP+4® <u>San Antonio, TX 78216</u>	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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>1. Article Addressed to:</p> <p><u>Office of the US Attorney For The Western Dist. Texas Ms. Stephanie Rico, CPC 601 N.W. Loop 410, Ste. 600 San Antonio TX 78216</u></p> <div style="text-align: center;">                   9590 9402 6219 0265 1370 73             </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7017 1000 0000 1422 9219</p>	<p>A. Signature</p> <p><u>Stephanie Rico</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Stephanie Rico</u></p> <p>C. Date of Delivery <u>9/26/22</u></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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	

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

Domestic Return Receipt

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Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ 10.61

Sent to  
Commodity Futures  
 Street and Apt. No., or PO Box No.  
1155 21st Street, NW  
 City, State, ZIP+4®  
Washington, DC 20581

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

SEP 14 7 02 AM '22

Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:  <u>Commodity Futures Trading Commission</u>  <u>Three Lafayette Centre</u>  <u>1155 21st Street, NW</u>  <u>Washington, DC 20581</u></p>  <p>9590 9402 6219 0265 1370 66</p> <p>2. Article Number (Transfer from service label)  <u>7017 1000 0000 1422 9233</u></p>	<p>A. Signature   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <u>Christopher Kirkpatrick</u></p> <p>C. Date of Delivery  <u>9/21/2022</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input checked="" type="checkbox"/> NO</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<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	
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<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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>													

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 NOV 15 2022  
 WASH DC 20033

Postmark Here

7021 2720 0001 5755 9515

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Send to: **United States Attorney General**  
**United States Department of Justice**  
 950 Pennsylvania Avenue NW  
 Washington DC 20530

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:

**United States Attorney General**  
**United States Department of Justice**  
**950 Pennsylvania Avenue NW**  
**Washington DC 20530**

9590 9402 7497 2098 0550 77

2. Article Number (Transfer from service label)

7021 2720 0001 5755 9515

PS Form 3811, July 2020 PSN 7530-02-000-9059

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

B. Received by (Printed Name) C. E  
 [Signature]

D. Is delivery address different from item 1? If YES, enter delivery address below:  
 NOV 21 2022

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Signature Restricted
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Restricted
<input type="checkbox"/> Collect on Delivery	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Domestic [