

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*) AMJ Services, LLC was received by me on (*date*) December 30th, 2025.

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*) Christine Kain c/o AMJ Services, Inc, who is designated by law to accept service of process on behalf of (*name of organization*) AMJ Services, LLC on (*date*) Wed, Dec 31 2025; or

I returned the summons unexecuted because: _____; or

Other: _____; or

My fees are \$ 0 for travel and \$ 90.05 for services, for a total of \$ 90.05.

I declare under penalty of perjury that this information is true.

Date: 01/05/2026



Server's signature

Daniel Brown

Printed name and title

494 State Street Suite 340, Salem, OR 97301

Server's address

Additional information regarding attempted service, etc.:

1) Successful Attempt: Dec 31, 2025, 11:15 am PST at 698 12th Street Southeast Ste 200, Salem, OR 97301 received by Christine Kain c/o AMJ Services, Inc . Ethnicity: Caucasian; Gender: Female;

I set the documents in the box designated for service of process, Christine Kain accepted delivery via their call/intercom system and confirmed that she was authorized to accept the documents on behalf of the entity.

LIST OF DOCUMENTS SERVED: SUMMONS, COMPLAINT FOR FRAUD, FRAUDULENT CONCEALMENT, CIVIL CONSPIRACY, ALTER EGO LIABILITY, AND SUCCESSOR LIABILITY, EXHIBIT LIST, EXHIBITS A, B, C, D, E, F, G

DPS

Bringhurst Process Service
a Division of All Pro Security
60 E Claybourne Ave
Salt Lake City, Utah 84115
(801) 561-4278

UNITED STATES DISTRICT COURT
STATE OF OREGON, COUNTY OF PORTLAND

JORDEN HOLLINGSWORTH 14881514,)
Plaintiff(s))
)
vs.)
)
STEVEN S DICKERT, AS TRUSTEE OF BASIL)
MANAGEMENT TRUST ,)
Defendant(s))
)
Party to serve:)
STEVEN S DICKERT, AS TRUSTEE AS BASIL)
MANAGEMENT TRUST)

PROOF OF SERVICE
Case No. 3:25-CV-2508-SB

Process: **SUMMONS IN A CIVIL ACTION, COMPLAINT FOR FRAUD, FRAUDULENT CONCEALMENT, CIVIL CONSPIRACY, ALTER EGO LIABILITY, AND SUCCESSOR LIABILITY, EXHIBIT LIST, EXHIBIT A-G**

Court Date:

THE UNDERSIGNED PERSON HEREBY CERTIFIES:

- 1) I served the attached process, referenced therein.in the manner indicated below
- 2) I was at the time of service over the age of 18 years.
- 3) I am not a party to this action.

Party To Serve: Steven S Dickert, As Trustee As Basil Management Trust .

Date Served: 1/3/2026 12:23 Pm

Address Of Service: 12143 S 3715 W , Riverton, Ut 84065

I served this process at the dwelling house or usual place of abode of STEVEN S DICKERT, AS TRUSTEE AS BASIL MANAGEMENT TRUST by delivering a copy to **JANE DOE**, the **Co-Tenant** of STEVEN S DICKERT, AS TRUSTEE AS BASIL MANAGEMENT TRUST , who is a person of suitable age and discretion there residing.

DESCRIPTION:

Gender: Female Race/Skin: White Age: Over 65 Yrs. Weight: 131-160 Lbs. Height: 5' 4" - 5' 8" Hair: Gray Other:

FEMALE ANSWERED DOOR AND VERIFIED RESIDENCY. SHE STATED SHE WOULD CALL STEVEN AND SHUT THE DOOR. PAPERS LEFT AT DOOR

I certify under criminal penalty of the State of Utah that the foregoing is true and correct.

Executed on 1/3/2026



Ladora Langford #432

TOTAL FEES: \$65.80

Standard Service	\$55.00
Copies (over 20) TOTAL 92	\$10.80

DAYBREAK PROCESS SERVING
494 S STATE STREET STE 340
SALEM, OR 97301

Docket: 1839578

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)* Quten Research Institute, LLC was received by me on *(date)* December 30th, 2025.

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)* Left in the presence of Donna "Doe", registered agent representative (per agent policy they will no longer provide a name for acceptance), who is designated by law to accept service of process on behalf of *(name of organization)* Quten Research Institute, LLC on *(date)* Mon, Jan 05 2026; or

I returned the summons unexecuted because: _____; or

Other: _____; or

My fees are \$ 0 for travel and \$ 90.05 for services, for a total of \$ \$90.05.

I declare under penalty of perjury that this information is true.

Date: 1/5/2026



Sharlene Brooks
Server's signature

Sharlene Brooks

Printed name and title

3516 Silverside Road, Unit 16, Wilmington, DE 19810

Server's address

Additional information regarding attempted service, etc.:

1) Successful Attempt: Jan 5, 2026, 2:45 pm EST at 251 Little Falls Drive, Wilmington, DE 19808 received by Left in the presence of Donna "Doe", registered agent representative (per agent policy they will no longer provide a name for acceptance).. Age: 58; Ethnicity: Caucasian; Gender: Female; Weight: 150 lb; Height: 5'6"; Hair: Brown;

LIST OF DOCUMENTS SERVED: SUMMONS, COMPLAINT FOR FRAUD, FRAUDULENT CONCEALMENT, CIVIL CONSPIRACY, ALTER EGO LIABILITY, AND SUCCESSOR LIABILITY, EXHIBIT LIST, EXHIBITS A, B, C, D, E, F, G

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*) Sanofi-Aventis U.S. LLC was received by me on (*date*) December 30th, 2025.

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*) Christina Hammock c/o Sanofi-Aventis U.S. LLC, who is designated by law to accept service of process on behalf of (*name of organization*) Sanofi-Aventis U.S. LLC on (*date*) Wed, Dec 31 2025; or

I returned the summons unexecuted because: _____; or

Other: _____; or

My fees are \$ 0 for travel and \$ 90.05 for services, for a total of \$ \$90.05.

I declare under penalty of perjury that this information is true.

Date: 01/05/2026



Server's signature

Daniel Brown

Printed name and title

494 State Street Suite 340, Salem, OR 97301

Server's address

Additional information regarding attempted service, etc.:

1) Successful Attempt: Dec 31, 2025, 1:59 pm PST at 1127 Broadway Street Northeast Ste 310, Salem, OR 97301 received by

Christina Hammock c/o Sanofi-Aventis U.S. LLC. Ethnicity: Caucasian; Gender: Female;

I set the documents in the bin designated for service of process and confirmed visually and verbally with the registered agent employee that the documents were accepted.

LIST OF DOCUMENTS SERVED: SUMMONS, COMPLAINT FOR FRAUD, FRAUDULENT CONCEALMENT, CIVIL CONSPIRACY, ALTER EGO LIABILITY, AND SUCCESSOR LIABILITY, EXHIBIT LIST, EXHIBITS A, B, C, D, E, F, G