

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

FILED
DISTRICT COURT
INDIANAPOLIS DIVISION
MAY 24 PM 3:08

Daniel Wallace,
Plaintiff,

LAURA A. BRIGGS
CLERK
kw

v. Civil Complaint No. 1:05-cv-0678-SEB-VSS

INTERNATIONAL BUSINESS MACHINES CORPORATION;

RED HAT INC.;

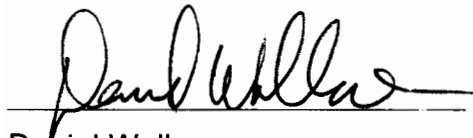
NOVELL, INC.,

Defendants.

Proof of Service

Plaintiff Daniel Wallace presents to the Court the following three United States Postal Domestic Return Receipts as proof of service of the complaint in the above captioned matter upon the defendants INTERNATIONAL BUSINESS MACHINES CORPORATION, RED HAT INC., and NOVELL, INC.,

Dated this 23rd day of May, 2005.

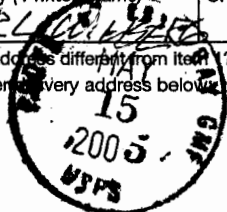


Daniel Wallace, pro se
P.O. Box 572
New Palestine, IN.
317-861-6415

complaint

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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 mail piece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Debra L. Walker</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Debra L. Walker</i> MAY 24 2005</p>
<p>1. Article Addressed to:</p> <p>NOVELL INC MAY 24 2005</p> <p><i>att: LEGAL AFFAIRS</i></p> <p>1800 SOUTH INDIANAPOLIS AVENUE</p> <p>PRIMO, UT 84606</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>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Registered <input type="checkbox"/></p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer to) 7004 2890 0003 3902 3361</p>	

RECEIVED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>Joe Boullé</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>INTERNATIONAL BUSINESS MACHINES</i> <i>ATTN: Legal APPROVES MAY 24 2005</i> <i>1 NEW ORCHARD</i> <i>ARMONK, NY 10584</i></p> <p style="text-align: center;">RECEIVED <small>U.S. POSTER'S OFFICE INDIANAPOLIS, INDIANA</small></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>5-12-05</i></p>
<p>2. Article (Trans) <i>7004 2890 0003 3902 3255</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

complaint

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 mail piece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Darlene Atkinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>RED HOT INC. MAY 24 2005 attn: LEGAL CLERK'S OFFICE 1801 VARSITY DRIVE, INDIANA Raleigh, NC 27606</p>	<p>B. Received by (Printed Name) <i>Darlene Atkinson</i></p>	<p>C. Date of Delivery <i>5-12-05</i></p>
<p>2. Article Number (Transfer from s) 7004 2890 0003 3902 3262</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> <p><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.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

RECEIVED