COPY

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern District of California

JENS ERIK SORENSEN, as Trustee of SORENSEN RESEARCH AND DEVELOPMENT TRUST,

V.

INFORMATICS, INC., a Texas Corporation; INFORMATICS HOLDINGS, INC., a Delaware Corporation; DATALOGIC SCANNING, INC., a Delaware Corporation; DATALOGIC SCANNING HOLDINGS, INC., a New York Corporation.

CORRECTED FIRST AMENDED SUMMONS IN A CIVIL ACTION

CASE NUMBER: 08cv134 BTM CAB

TO: (Name and address of Defendant)

Datalogic Scanning, Inc.
Corporation Service Company
285 Liberty St. NE
Salem, Oregon 97301

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

J. Michael Kaler
Kaler Law Offices
9930 Mesa Rim Rd., Suite 200
San Diego, CA 92121
858-362-3151

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

W. SAMUEL HAMRICK, JR.

CLERK

C. PUTNMANN

(By) DEPUTY CLERK

MAR 17 2008

DATE

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AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me(1)	DATE March 20, 2008
NAME OF SERVER (PRINT) Melody A. Kramer	TITLE Attorney for Plaintiff

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☒ Other (specify): Mailed via Certified Mail.

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
$0.00	$6.28	$6.28

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on April 3, 2008
Date

Signature of Server

9930 Mesa Rim Rd., Suite 1600
San Diego, CA 92121
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

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CORRECTED FIRST AMENDED SUMMONS IN A CIVIL ACTION

CASE NUMBER: 08cv134 BTM CAB

TO: (Name and address of Defendant)

Datalogic Scanning Holdings, Inc.
William L. Parnell, Jr.
959 Terry St.,
Eugene, Oregon 97402

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

J. Michael Kaler
Kaler Law Offices
9930 Mesa Rim Rd., Suite 200
San Diego, CA 92121
858-362-3151

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CORRECTED FIRST AMENDED SUMMONS IN A CIVIL ACTION

CASE NUMBER: 08cv134 BTM CAB

TO: (Name and address of Defendant)

Informatics Holdings, Inc.
Capitol Corporate Services, Inc.
800 Brazos, Suite 400
Austin, TX 78701

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

J. Michael Kaler
Kaler Law Offices
9930 Mesa Rim Rd., Suite 200
San Diego, CA 92121
858-362-3151

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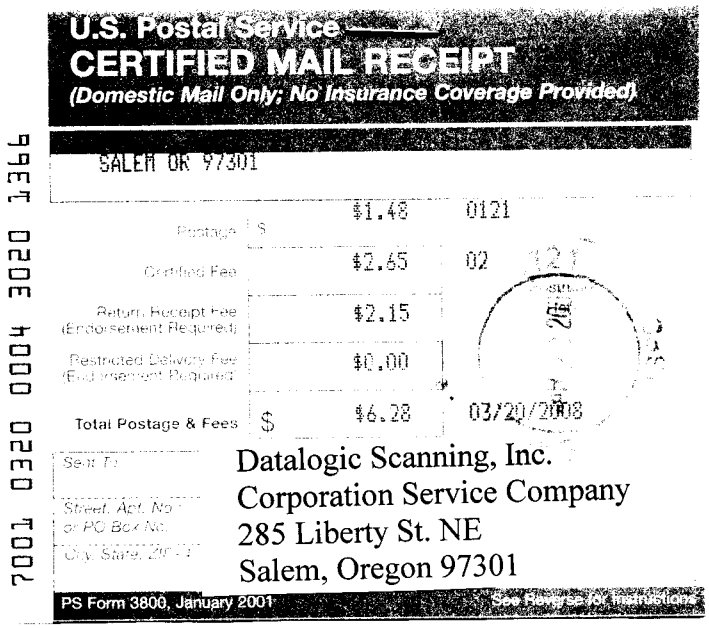

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

SALEM OR 97301

Postage	$1.48	0121
Certified Fee	$2.65	02
Return Receipt Fee (Endorsement Required)	$2.15	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.28	03/20/2008

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Datalogic Scanning, Inc.
Corporation Service Company
285 Liberty St. NE
Salem, Oregon 97301

PS Form 3800, January 2001

7001 0320 0004 3020 1366

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:

Datalogic Scanning, Inc.
Corporation Service Company
285 Liberty St. NE
Salem, Oregon 97301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maria Hurley ☐ 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)* 7001 0320 0004 3020 1366

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

AUSTIN TX 78701

Postage	$1.48	0121
Certified Fee	$2.65	02
Return Receipt Fee (Endorsement Required)	$2.15	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$6.28	03/20/2008

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Informatics Holdings, Inc.
Capitol Corporate Services, Inc.
800 Brazos, Suite 400
Austin, TX 78701

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3020 1373

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:

Informatics Holdings, Inc.
Capitol Corporate Services, Inc.
800 Brazos, Suite 400
Austin, TX 78701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 3-27-08

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)* 7001 0320 0004 3020 1373

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

EUGENE OR 97402

Postage	$1.48	0121
Certified Fee	$2.65	02
Return Receipt Fee (Endorsement Required)	$2.15	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.28	03/20/2008

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Datalogic Scanning Holdings, Inc.
William L. Parnell, Jr.
959 Terry St.,
Eugene, Oregon 97402

PS Form 3800, January 2001

7001 0320 0004 3020 1380

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:

Datalogic Scanning Holdings, Inc.
William L. Parnell, Jr.
959 Terry St.,
Eugene, Oregon 97402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☒ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
3-24-8

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) 7001 0320 0004 3020 1380

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540