Chapter 11
Adversary Proceeding: 16-04035
Judge Melvin S. Hoffman

CERTIFICATE OF SERVICE

I, Andrew G. Lizotte (name), certify that service of this summons and a copy of the complaint was made: 4/5/16 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to: Certified Mail, return receipt AND BY See attached sheet

☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

☐ Residence Service: By leaving the process with the following adult at:

☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:

☐ Publication: The defendant was served as follows: [Describe briefly]

☐ State Law: The defendant was served pursuant to the laws of the State of _____ as follows: [Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

5/5/16
Date

Andrew Lizotte
Signature

Andrew G. Lizotte
Murphy + King PC
Print Name
1 Beacon St
Business Address
Boston MA 02108
City State Zip



UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In re Telexfree, Inc. Debtor	Related Bankruptcy Case: 14–40987 Chapter 11 Judge Melvin S. Hoffman
Stephen Darr Plaintiff vs. Craft Financial Solutions, LLC et al. Defendant	Adversary Proceeding: 16–04035

SUMMONS IN AN ADVERSARY PROCEEDING

YOU ARE SUMMONED and required to file a motion or answer to the complaint which is attached to this summons to the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall file a motion or answer within 35 days.

ANSWER DUE: 5/5/16

Address of Clerk:

U. S. Bankruptcy Court
595 Main Street
Worcester, MA 01608

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney:

Andrew G. Lizotte
Murphy & King
Professional Corporation
One Beacon Street
21st floor
Boston, MA 02108

If you make a motion, your time to answer is governed by FRBP 7012.

IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

Date:4/5/16

James M. Lynch
Clerk, U.S. Bankruptcy Court

By the Court,

Megan Hussey
Deputy Clerk
(617) 748– 5334

Defendant Name	Date Served Via US Mail/Cert Mail	Delivery Date-Cert Mail
Craft Financial Solutions LLC	4/5/16	4/11/6
Craft Trust Financial, LLC	4/5/16	4/11/16
Joseph Craft	4/5/16	4/11/16

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:

Craft Financial Solutions, LLC
825 E. Main Street
Booneville, IN 47601

6476-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sarah Russell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sarah Russell C. Date of Delivery 4-11-16

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) 7013 2630 0001 5826 6503

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

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:

Craft Trust Financial LLC
a/k/a Craft Trust Services, LLC
333 West Tennyson Road
Booneville, IN 47601

6476-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sarah Russell ☑ Agent ☐ Addressee

B. Received by (Printed Name) Sarah Russell C. Date of Delivery 4-11-16

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) 7013 2630 0001 5826 6480

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

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:

Joseph Craft
333 West Tennyson Road
Booneville IN 47601

6476-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sarah Russell ☑ Agent ☐ Addressee

B. Received by (Printed Name) Sarah Russell C. Date of Delivery 4-11-16

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