

NAME AND ADDRESS OF SENDER LA FOLLETTE, JOHNSON, SCHROETER & DE HAAS 320 North Vermont Avenue Los Angeles, California 90004		TELEPHONE NO (213) 666-3600	FOR COURT USE ONLY
Insert name of court, judicial district or branch court, if any, and Post Office and Street Address SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF LOS ANGELES 111 North Hill Street Los Angeles, California 90012			
XXXXXX Cross-Complainant: STANDARD ASBESTOS MANUFACTURING & INSULATING COMPANY			
XXXXXX Cross-Defendants: THE AMERICAN TOBACCO CO., a Division of AMERICAN BRANDS, INC., et al.			
NOTICE AND ACKNOWLEDGMENT OF RECEIPT			Case Number C 275 345

TO: LORILLARD, A Division of LOEW'S THEATRES, INC.

(insert name of individual being served)

This summons and other document(s) indicated below are being served pursuant to Section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it to me within 20 days may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. Section 415.30 provides that this summons and other document(s) are deemed served on the date you sign the Acknowledgment of Receipt below, if you return this form to me.

Dated: OCTOBER 2, 1980

(Signature of sender)
BRIAN W. AHERNE

ACKNOWLEDGMENT OF RECEIPT

This acknowledges receipt of (To be completed by sender before mailing)

1. ☒ A copy of the summons and of the ~~XXXXXX~~ cross-complaint
2. ☐ A copy of the summons and of the Petition (Marriage) and:
 - ☐ Blank Confidential Counseling Statement (Marriage)
 - ☐ Order to Show Cause (Marriage)
 - ☐ Blank Responsive Declaration
 - ☐ Blank Financial Declaration
 - ☐ Other (Specify)

(To be completed by recipient)

Date of receipt:

(Signature of person acknowledging receipt, with title if acknowledgment is made on behalf of another person)

Date this form is signed:

(Type or print your name and name of entity, if any, on whose behalf this form is signed)

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