

You are hereby commanded to summon William C. Meyer to appear and answer, plead or demur, within thirty days from the service of this writ, to a Bill of Complaint filed against him in Circuit Court, at Law, for said County and State by Jordan Clinic and Hospital, Inc., an Alabama Corporation, and at the same time and place to make return of your actions hereunder.

Alice J. Luck  
REGISTER

4657

The Plaintiff claims of the Defendant the sum of \$787.59 due by promissory note made by him, on, to-wit, April 25, 1958, which sum of money, with the interest thereon, is still due and unpaid; and Plaintiff avers that in and by the terms of said note, Defendant waived all rights of exemption under the laws of the State of Alabama; and the Plaintiff claims of the Defendant the further sum of \$120.00 as attorney fees for bringing this suit for that the Defendant in and by the terms of said note agreed to pay a reasonable attorney's fee for the bringing and prosecuting of this suit.

General B. Bailey  
SOLICITOR FOR PLAINTIFF

FILED  
MAR 28 1961  
ALICE J. DUCK, Clerk

4651

JORDAN CLINIC AND HOSPITAL, INC.  
an Alabama Corporation,

Plaintiff

vs.

WILLIAM C. MEYER,

Defendant

SUMMONS AND COMPLAINT

IN THE CIRCUIT COURT OF  
BALDWIN COUNTY, ALABAMA  
AT LAW

Defendant's Address:  
Route 1, Box 109  
Fairhope, Alabama

FILED  
MAR 28 1961  
ALICE J. DUCK, Clerk

Received \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
and on 4 day of April 1961  
I served a copy of the within \_\_\_\_\_  
on \_\_\_\_\_

By service on William C. Meyer

TAYLOR WILKINS, Sheriff  
By W. O. Garner D.

Fhope

Sheriff claims 10 miles at

Ten Cents per mile Total \$ 2.00

TAYLOR WILKINS, Sheriff

BY Garner  
DEPUTY SHERIFF

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO  
PAYMENT OF POSTAGE

POSTMAN'S COPY  
DELIVERING OFFICE



REGISTERED NO. 74270	NAME OF FINDER SECRETARY OF STATE
CERTIFIED NO.	MONDAY, APR 10, 1961
INSURED NO.	CITY, ZONE AND STATE

Post Form 3811

USE 115-7171

JOHN H. NABORS VS ATLANTA CUTTER SUPPLY, A CORP.

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Deliver ONLY to addressee	<input type="checkbox"/> Show address where delivered	Not Give
Additional charges required for this service		

RETURN RECEIPT	
Received the numbered article described on other side	
SIGNATURE OF NAME OF ADDRESSEE (initials given, full name)	
<i>Atlanta Cutter Supply Co</i>	
SIGNATURE OF ADDRESSEE'S AGENT (if any)	
<i>J M Stiel</i>	
DATE DELIVERED	ADDRESS WHERE DELIVERED (only if requested in item #1)
<i>3/31/61</i>	

CHS-16-71144-1-60