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Counsel for Plaintiffs

**IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA**

ST. LUKE'S HEALTH SYSTEM, LTD; ST.
LUKE'S REGIONAL MEDICAL CENTER,
LTD; CHRIS ROTH, an individual;
NATASHA D. ERICKSON, MD, an
individual; and TRACY W. JUNGMAN, NP,
an individual,

Plaintiffs,

vs.

AMMON BUNDY, an individual; AMMON
BUNDY FOR GOVERNOR, a political
organization; DIEGO RODRIGUEZ, an
individual; FREEDOM MAN PRESS LLC, a
limited liability company; FREEDOM MAN
PAC, a registered political action committee;
and PEOPLE'S RIGHTS NETWORK, a
political organization and an unincorporated
association,

Defendants.

Case No. CV01-22-06789

THIRD AMENDED SUMMONS

**NOTICE: YOU HAVE BEEN SUED BY THE ABOVE-NAMED PLAINTIFFS.
THE COURT MAY ENTER JUDGMENT AGAINST YOU WITHOUT FURTHER
NOTICE UNLESS YOU RESPOND WITHIN 21 DAYS. READ THE
INFORMATION BELOW.**

**TO: Ammon Bundy
4615 Harvest Lane
Emmett, Idaho 83617-3601**

You are hereby notified that in order to defend this lawsuit, an appropriate written response must be filed with the above-designated Court at 200 W. Front Street, Boise, Idaho 83702, (208) 287-6900 (Ada County Courthouse) or (208) 287-6879 (Clerk's Office), within 21 days after service of this Summons on you. If you fail to so respond the Court may enter judgment against you as demanded by the Plaintiffs in the Third Amended Complaint.

A copy of the Third Amended Complaint is served with this Summons. If you wish to seek the advice or representation by an attorney in this matter, you should do so promptly so that your written response, if any, may be filed in time and other legal rights protected.

An appropriate written response requires compliance with Rule 2 and other Idaho Rules of Civil Procedure and shall also include:

1. The title and number of this case.
2. If your response is an Answer to the Third Amended Complaint, it must contain admissions or denials of the separate allegations of the Third Amended Complaint and other defenses you may claim.
3. Your signature, mailing address and telephone number, or the signature, mailing address and telephone number of your attorney.
4. Proof of mailing or delivery of a copy of your response to Plaintiff's attorney, as designated above.

To determine whether you must pay a filing fee with your response, contact the Clerk of the above-named Court.

DATED: _____.

CLERK OF THE DISTRICT COURT

By _____
DEPUTY CLERK

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