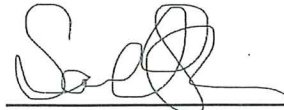


Attorney or Party without Attorney: Sheila Swaroop, Esq. (SBN 203476) KNOBBE MARTENS OLSON & BEAR LLP 2040 Main Street, 14th Floor Irvine, CA 92614 Telephone No: 949-760-0404 Attorney For: Plaintiff				For Court Use Only
Ref. No. or File No.: Brail.002L				
Insert name of Court, and Judicial District and Branch Court: IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS Plaintiff: BRAIN CORPORATION, a California Corporation Defendant: AVIDBOTS CORPORATION, a Canadian Corporation, et al.				
PROOF OF SERVICE	Hearing Date:	Time:	Dept/Div:	Case Number: 1:24-cv-12569

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of the Summons in a Civil Case ; Complaint for Patent Infringement, Jury Trial Demanded; Civil Cover Sheet; Report on the Filing or Determination of an Action Regarding a Patent or Trademark; Brain Corporation's Corporate Disclosure Statement and Notification of Affiliates ; U.S. District Court for the Northern District of Illinois Attorney Appearance Form (Keith M. Solte); U.S. District Court for the Northern District of Illinois Attorney Appearance Form (Keith Tottis);
3.
 - a. Party served: AVIDBOTS USA CORPORATION, a Delaware Corporation
 - b. Person served: Baylon Elfgen, Person Authorized to Accept Service for CSC LAWYERS INCORPORATING, Agent for Service of Process / Served under F.R.C.P. Rule 4.
4. Address where the party was served: 801 East Stevenson Drive, Springfield, IL 62703
5. I served the party:
 - a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive process for the party (1) on: Tue, Dec 10 2024 (2) at: 03:29 PM
6. Person Who Served Papers:
 - a. Sarah Sullivan
 - b. FIRST LEGAL
600 W. Santa Ana Blvd., Ste. 101
SANTA ANA, CA 92701
 - c. (714) 541-1110
 - d. The Fee for Service was: \$517.57
7. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

12/11/2024

(Date)



(Signature)


**PROOF OF
SERVICE**

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