B2500A (Form 2500A) (12/15)

United States Bankruptcy Court				
SOUTHERN	District Of	TEXAS	(HOUSTON)	
Global Wound Care Medical Group, a In re <u>Professional Corporation</u> ,)	Case No.	24-34908 (CML)	
Debtor)	Chapter_	11	
Global Wound Care Medical Group, a Professional Plaintiff) Corporation			
v.)	Adv. Pro	c. No. 25-03121 (CML)	
Wells Fargo Bank, N.A.)			
Defendant	ý			

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 with 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 to the complaint within 35 days.

5	U.S. Bankruptcy Court for the Southern District of Texas
Address of the electric	Bob Casey, United States Courthouse
Address of the clerk:	515 Rusk Avenue
	Houston, Texas 77002
	Attn: Case Manager to the Honorable Christopher M. Lopez

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

Norman and Addison of Distriction Addisonant	Togut, Segal & Segal LLP
Name and Address of Plaintiff's Attorney:	One Penn Plaza, Suite 3335
	New York, New York 10119
	Attention: Kyle J. Ortiz, Esq.

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 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.

(Clerk of the Bankruptcy Court)

By:

(Deputy Clerk)



Date:

B2500A (Form 2500A) (12/15)

CERTIFICATE OF SERVICE

I, _____(name), certify that service of this summons and a copy of the complaint was made ______(date) by:

- Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- Personal Service: By leaving the process with the 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:
- **D** 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.

Date _	Signature	
	Print Name:	
	Business Address:	