

Appellate Docket Number: 02-19-00394-CV Appellate Case Style: Victor Mignogna Vs. Funimation Productions, LLC, Jamie Marchi, Monical Rial & Ronald Toye
Companion Case(s):

Amended/Corrected Statement ☐

DOCKETING STATEMENT (Civil)

Appellate Court: 2nd Court of Appeals
(to be filed in the court of appeals upon perfection of appeal under TRAP 32)

NOTE: Because space for additional parties / attorneys is limited on this form, you can include the information on a separate document. As per TRAP 32.1 and 9.4, please include party's name and the name, address, email address, telephone number, fax number, if any, and State Bar Number of the party's lead counsel. If the party is not represented by an attorney, that party's name, address, telephone number, fax number should be provided.

I. Appellant	II. Appellant Attorney(s) - Continued
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Organization Name: Victor Mignogna <input type="checkbox"/> Pro Se If Pro Se Party, enter the following information: Address: City/State/Zip: Tel. Ext. Fax: Email:	<input checked="" type="checkbox"/> Lead Attorney Select Name: Ty Beard Bar No. 00796181 Firm/Agency: BEARD & HARRIS, PC Address 1: 100 Independence Place Address 2: Suite 300 City/State/Zip: Tyler, Texas 75703 Tel. (903) 509-4900 Ext. Fax: (903) 509-4908 Email: ty@beardandharris.com
II. Appellant Attorney(s) <input type="checkbox"/> Lead Attorney Select Name: Carey-Elisa Christie Bar No. 24103218 Firm/Agency: BEARD & HARRIS, PC Address 1: 100 Independence Place Address 2: Suite 300 City/State/Zip: Tyler, Texas 75703 Tel. (903) 509-4900 Ext. Fax: (903) 509-4908 Email: carey@beardandharris.com	<input type="checkbox"/> Lead Attorney Select Name: An Lee Hsu Bar No. 24078699 Firm/Agency: MARTINEZ HSU Address 1: 4001 W. Airport Freeway Address 2: Suite 150 City/State/Zip: Bedford, Texas 76021 Tel. (682) 224-7810 Ext. Fax: (682) 730-8998 Email: ahsu@mhlegalgroup.com
<input type="checkbox"/> Lead Attorney Select Name: Jim E. Bullock Bar No. 00795271 Firm/Agency: BEARD & HARRIS, PC Address 1: 5 Cowboys Way Address 2: Suite 300 City/State/Zip: Frisco, Texas 75034 Tel. (903) 509-4900 Ext. Fax: (903) 509-4908 Email: jim@beardandharris.com	<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

III. Appellee	IV. Appellee Attorney(s) - Continued
<p><input type="checkbox"/> Person <input checked="" type="checkbox"/> Organization</p> <p>Name: Funimation Productions, LLC</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input checked="" type="checkbox"/> Lead Attorney Select</p> <p>Name: John D. Volney</p> <p>Bar No. 24003118</p> <p>Firm/Agency: LYNN PINKER COX & HURST, LLP</p> <p>Address 1: 2100 Ross Avenue</p> <p>Address 2: Suite 2700</p> <p>City/State/Zip: Dallas, Texas 75201</p> <p>Tel. (214) 981-3800 Ext. Fax: (214) 981-3839</p> <p>Email: jvolney@lynnllp.com</p>
IV. Appellee Attorney(s)	
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name: Christian A. Orozco</p> <p>Bar No. 24107886</p> <p>Firm/Agency: LYNN PINKER COX & HURST, LLP</p> <p>Address 1: 2100 Ross Avenue</p> <p>Address 2: Suite 2700</p> <p>City/State/Zip: Dallas, Texas 75201</p> <p>Tel. (214) 981-3100 Ext. Fax: (214) 981-3839</p> <p>Email: corozco@lynnllp.com</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>

III. Appellee	IV. Appellee Attorney(s) - Continued
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Organization Name: Jamie Marchi <input type="checkbox"/> Pro Se <i>If Pro Se Party, enter the following information:</i> Address: City/State/Zip: Tel. Ext. Fax: Email:	<input checked="" type="checkbox"/> Lead Attorney Select Name: Samuel H. Johnson Bar No. 24065507 Firm/Agency: JOHNSON & SPARKS PLLC Address 1: 7161 Bishop Road Address 2: Suite 220 City/State/Zip: Plano, Texas 75024 Tel. (972) 918-5274 Ext. Fax: (972) 918-5274 Email: sam@johnsonsparks.com
IV. Appellee Attorney(s)	
<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

III. Appellee	IV. Appellee Attorney(s) - Continued
<p><input checked="" type="checkbox"/> Person <input type="checkbox"/> Organization</p> <p>Name: Monica Rial</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input checked="" type="checkbox"/> Lead Attorney Select</p> <p>Name: J. Sean Lemoine</p> <p>Bar No. 24027443</p> <p>Firm/Agency: WICK PHILLIPS GOULD & MARTIN, LLP</p> <p>Address 1: 3131 McKinney Avenue</p> <p>Address 2: Suite 100</p> <p>City/State/Zip: Dallas, Texas 75204</p> <p>Tel. (214) 692-6200 Ext. Fax: (214) 692-6255</p> <p>Email: sean.lemoine@wickphillips.com</p>
IV. Appellee Attorney(s)	
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name: Casey S. Erick</p> <p>Bar No. 24028564</p> <p>Firm/Agency: COWLES & THOMPSON</p> <p>Address 1: 901 Main Street</p> <p>Address 2: Suite 3900</p> <p>City/State/Zip: Dallas, Texas 75202</p> <p>Tel. (214) 672-2000 Ext. Fax: (214) 672-2338</p> <p>Email: cerick@cowlesthompson.com</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name: Andrea Perez</p> <p>Bar No. 24070402</p> <p>Firm/Agency: CARRINGTON, COLEMAN, ET AL, LLP</p> <p>Address 1: 901 Main Street</p> <p>Address 2: Suite 5500</p> <p>City/State/Zip: Dallas, Texas 75205</p> <p>Tel. (214) 855-3070 Ext. Fax: (214) 855-1333</p> <p>Email: aperez@ccsb.com</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>

III. Appellee	IV. Appellee Attorney(s) - Continued
<p><input checked="" type="checkbox"/> Person <input type="checkbox"/> Organization</p> <p>Name: Ronald Toye</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input checked="" type="checkbox"/> Lead Attorney Select</p> <p>Name: J. Sean Lemoine</p> <p>Bar No. 24027443</p> <p>Firm/Agency: WICK PHILLIPS GOULD & MARTIN, LLP</p> <p>Address 1: 3131 McKinney Avenue</p> <p>Address 2: Suite 100</p> <p>City/State/Zip: Dallas, Texas 75204</p> <p>Tel. (214) 692-6200 Ext. Fax: (214) 692-6255</p> <p>Email: sean.lemoine@wickphillips.com</p>
IV. Appellee Attorney(s)	
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name: Casey S. Erick</p> <p>Bar No. 24028564</p> <p>Firm/Agency: COWLES & THOMPSON</p> <p>Address 1: 901 Main Street</p> <p>Address 2: Suite 3900</p> <p>City/State/Zip: Dallas, Texas 75202</p> <p>Tel. (214) 672-2000 Ext. Fax: (214) 672-2338</p> <p>Email: cerick@cowlesthompson.com</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name: Andrea Perez</p> <p>Bar No. 24070402</p> <p>Firm/Agency: CARRINGTON, COLEMAN, ET AL, LLP</p> <p>Address 1: 901 Main Street</p> <p>Address 2: Suite 5500</p> <p>City/State/Zip: Dallas, Texas 75205</p> <p>Tel. (214) 855-3070 Ext. Fax: (214) 855-1333</p> <p>Email: aperez@ccsb.com</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject matter or type of case): Personal Injury (Defamation, Tortious Interference, Conspiracy)

Date Order or Judgment signed: 10/04/2019

Type of Judgment: Dismissal

Date Notice of Appeal filed in Trial Court: 10/24/2019

If mailed to the Trial Court clerk, also give the date mailed:

Interlocutory appeal of appealable order: ☐ Yes ☒ No

If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):

Accelerated Appeal (See TRAP 28): ☐ Yes ☒ No

If yes, please specify statutory or other basis on which appeal is accelerated:

Parental Termination or Child Protection? (See TRAP 28.4): ☐ Yes ☒ No

Permissive? (See TRAP 28.3): ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule? ☒ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Texas Civil Practice & Remedies Code §27.008(b)

Does this case involve an amount under \$100,000? ☐ Yes ☒ No
Judgment or Order disposes of all parties and issues? ☒ Yes * ☐ No
Appeal from final judgment? ☒ Yes * ☐ No
Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? ☐ Yes ☒ No

*Only Plaintiff had live causes of action; all were dismissed with prejudice. Only Defendants' requests for fees and sanctions are pending.

VI. Actions Extending Time to Perfect Appeal

Motion for New Trial: ☐ Yes ☒ No If yes, date filed:

Motion to Modify Judgment: ☐ Yes ☒ No If yes, date filed:

Request for Findings of Fact and Conclusions of Law:

☐ Yes ☒ No If yes, date filed:

Motion to Reinstate: ☐ Yes ☒ No If yes, date filed:

Motion under TRCP 306a: ☐ Yes ☒ No If yes, date filed:

Other: ☐ Yes ☒ No

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Statement and copy of the trial court order.)

Was Statement of Inability to Pay Court Costs filed in the trial court? ☐ Yes ☒ No

If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court? ☐ Yes ☒ No

If yes, date filed:

Was there any hearing on appellant's ability to afford court costs? ☐ Yes ☒ No

Hearing Date:

Did trial court sign an order under Texas Rule of Civil Procedure 145? ☐ Yes ☒ No

Date of Order:

If yes, trial court finding: ☐ Challenge Sustained ☐ Overruled

VIII. Bankruptcy

Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal?

☐ Yes ☒ No

If yes, please attach a copy of the petition.

Date bankruptcy filed:

Bankruptcy Case Number:

IX. Trial Court and Record

Court: 141st District Court

County: Tarrant County

Trial Court Docket No. (Cause No.):
141-307474-19

Trial Court Judge (who tried or disposed of the case):

Name: Hon. John P. Chupp

Address 1: 100 North Calhoun Street

Address 2: 3rd Floor

City/State/Zip: Fort Worth, Texas 76196

Tel. (817) 884-1992 Ext. Fax:

Email:

Clerk's Record

Trial Court Clerk: ☒ District ☐ County

Was Clerk's record requested? ☐ Yes ☒ No

If yes, date requested:

If no, date it will be requested: Nov. 4-5, 2019

Were payment arrangements made with clerk?

☐ Yes ☒ No ** ☐ Indigent

(Note: No request required under TRAP 34.5(a),(b).)

**Arrangements will be made Nov. 4-5, 2019.

IX. Trial Court and Record - Continued

Reporter's or Recorder's Record

Is there a Reporter's Record? ☒ Yes ☐ No

Was Reporter's Record requested? ☐ Yes ☒ No

If yes, date requested:

If no, date it will be requested: November 4-5, 2019

Was the Reporter's Record electronically recorded? ☒ Yes ☐ No

Were payment arrangements made with the court reporter/court recorder? ☐ Yes ☒ No*** ☐ Indigent
***Arrangements will be made Nov. 4-5, 2019.

☒ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name: Tina Fett, 141st District Court, Court Reporter

Address 1: 100 North Calhoun Street

Address 2: 3rd Floor

City/State/Zip: Fort Worth, Texas 76196

Tel. (817) 884-1423 Ext. Fax:

Email: CFETT@tarrantcounty.com

☐ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

X. Supersedeas Bond

Supersedeas bond filed? ☐ Yes ☒ No

If yes, date filed:

If no, will file? ☐ Yes ☒ No

XI. Extraordinary Relief

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? ☐ Yes ☒ No

If yes, briefly state the basis for your request:

XII. Alternative Dispute Resolution/Mediation

(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)

Should this appeal be referred to mediation? ☐ Yes ☒ No

If no, please specify: The case was mediated on October 2, 2019

Has this case been through an ADR procedure? ☒ Yes ☐ No

If yes, who was the mediator? David Seidler

What type of ADR procedure? mediation

At what stage did the case go through ADR? ☒ Pre-Trial ☐ Post-Trial ☐ Other

If other, please specify:

Type of Case? Personal Injury

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

The case was dismissed pursuant to Texas Civil Practice & Remedies Code §27.003 (the Texas Citizens Participation Act). The issues to be raised on appeal include whether the respective parties met their burdens under the TCPA. The standard of review is de novo.

How was the case disposed of? Summary dismissal of all claims

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages: \$ 0.00

Punitive (or similar) damages: \$ 0.00

Attorney's fees (trial): Defendants may file requests for attorneys fees & sanctions by Nov. 4, 2019.

Attorney's fees (appellate):

Other:

If other, please specify:

Will you challenge this Court's jurisdiction? ☐ Yes ☒ No

Does judgment have language that one or more parties "take nothing"? ☐ Yes ☒ No ****

Does judgment have a Mother Hubbard clause? ☐ Yes ☒ No ****

Other basis for finality: The trial court dismissed all causes of action with prejudice.

****Only Plaintiff had live causes of action. Defendants' requests for fees & sanctions are due Nov. 4, 2019.

XII. Alternative Dispute Resolution/Mediation - Continued**(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)**Rate the complexity of the case (use 1 for least and 5 for most complex): ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5Please make my answer to the preceding questions known to other parties in this case? ☒ Yes ☐ NoCan the parties agree on an appellate mediator? ☐ Yes ☒ No

If yes, please give the name, address, telephone, fax, and email address:

Name: Address: Telephone: Ext. Fax: Email:

Languages other than English in which the mediator should be proficient:

Name of the person filling out mediation section of docketing statement:

 Jim E. Bullock**XIII. Related Matters**

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

XIV. Pro Bono Program:

(Complete section if filing in the 1st, 2nd, 3rd, 5th, 7th, 13th or 14th Court of Appeals.)

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at <http://www.tex-app.org>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program? ☐ Yes ☒ No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal? ☐ Yes ☐ No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

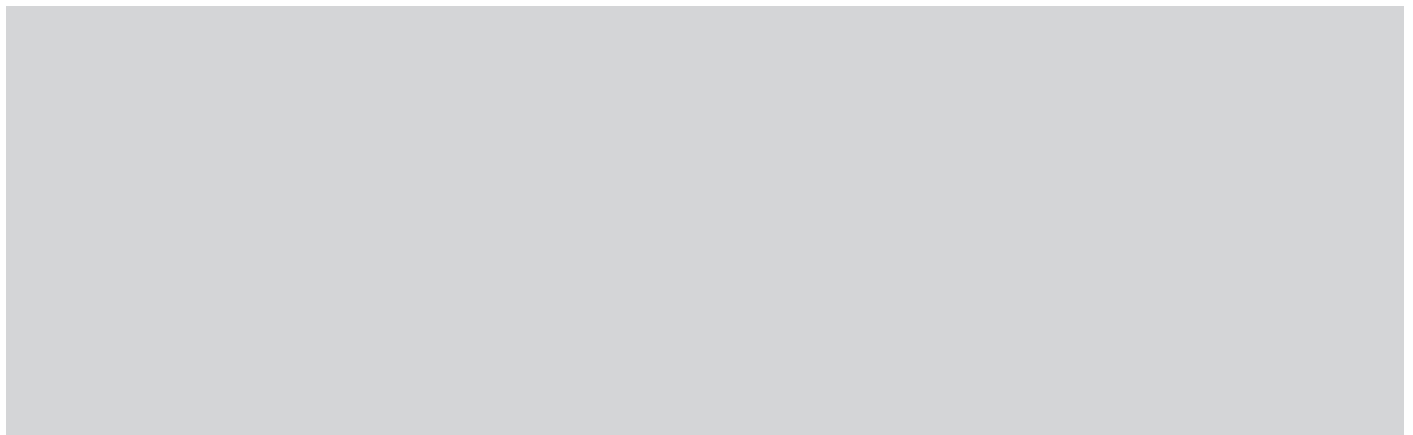
If you have not previously filed a Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? ☐ Yes ☐ No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.


Are you willing to disclose your financial circumstances to the Pro Bono Committee? ☐ Yes ☐ No

If yes, please attach a Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).

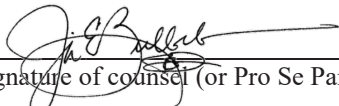


XV. Signature

	November 4, 2019
Signature of counsel (or Pro Se Party)	Date
Jim E. Bullock	00795271
Printed Name	State Bar No.
/s/ Jim E. Bullock	Jim E. Bullock
Electronic Signature (Optional)	Name

XVI. Certificate of Service

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows on:

	/s/ Jim E. Bullock
Signature of counsel (or Pro Se Party)	Electronic Signature (Optional)
00795271	
State Bar No.	

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:	
Date Served: November 4, 2019 Manner Served: eServe Name: John Volney Bar No. 24003118 Firm/Agency: LYNN PINKER COX & HURST, LLP Address 1: 2100 Ross Avenue Address 2: Suite 2700 City/State/Zip: Dallas, Texas 75201 Tel. (214) 981-3800 Ext. Fax: (214) 981-3839 Email: jvolney@lynnllp.com Party: Funimation Productions, LLC	Date Served: November 4, 2019 Manner Served: eServe Name: Christian A. Orozco Bar No. 24107886 Firm/Agency: LYNN PINKER COX & HURST, LLP Address 1: 2100 Ross Avenue Address 2: Suite 2700 City/State/Zip: Dallas, Texas 75201 Tel. (214) 981-3800 Ext. Fax: (214) 981-3839 Email: corozco@lynnllp.com Party: Funimation Productions, LLC
Date Served: November 4, 2019 Manner Served: eServe Name: J. Sean Lemoine Bar No. 24027443 Firm/Agency: WICK PHILLIPS GOULD & MARTIN, LLP Address 1: 3131 McKinney Avenue Address 2: Suite 100 City/State/Zip: Dallas, Texas 75204 Tel. (214) 692-6200 Ext. Fax: (214) 692-6255 Email: sean.lemoine@wickphillips.com Party: Monica Rial & Ronald Toye	Date Served: November 4, 2019 Manner Served: eServe Name: Casey S. Erick Bar No. 24028564 Firm/Agency: COWLES & THOMPSON Address 1: 901 Main Street Address 2: Suite 3900 City/State/Zip: Dallas, Texas 75202 Tel. (214) 672-2000 Ext. Fax: (214) 672-2338 Email: cerick@cowlesthompson.com Party: Monica Rial & Ronald Toye
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Please enter the following for each person served:	
Date Served: November 4, 2019 Manner Served: eServe Name: Samuel H. Johnson Bar No. 24065507 Firm/Agency: JOHNSON & SPARKS PLLC Address 1: 7161 Bishop Road Address 2: Suite 220 City/State/Zip: Plano, Texas 75024 Tel. (972) 918-5274 Ext. Fax: (972) 918-5274 Email: sam@johnsonsparks.com Party: Jamie Marchi	Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:
Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:
Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	