#### PROCESS RECEIPT AND RETURN

|   | AN BROWNII  | NG, JR.  |   |                     |                       | COURT CASE NUME   |                                 | -cv-88-KKC   |
|---|---|--|---|---------------------|-----------------------|---|---------------------------------|--|
| DEFENDANT<br>L.T. PENNERT   | ON, ET AL   |  |   |                     |                       | TYPE OF PROCESS Summons, Cmplt,   | Declarat                        | ion, MOO   |
| NAME OF INI   | DIVIDUAL, COM   | PANY, CORF   | PORATION, ETC   | C. TO SERVE OR DE   | SCRIPTI               | ON OF PROPERTY T  | O SEIZE (                       | OR CONDEMN   |
|   | ton, (Individua<br>reet or RFD, Apar  |  |   |                     |                       |   |                                 |  |
|   | 067, Inez, Kent   | ucky 4122  | 4   |                     |                       |   |                                 |  |
| SEND NOTICE OF SERVICE CO   | PY TO REQUES  | TER AT NAM   | ME AND ADDRI  | ESS BELOW           |                       | nber of process to be<br>ed with this Form 285  | 4                               |  |
| James Holman E<br>TUCSON-USP<br>P.O. Box 24550  | Browning, Jr. #   | 20868-057  |   |                     |                       | nber of parties to be<br>ed in this case  | 5                               |  |
| Tucson, AZ 857  | 734   |  |   |                     | 1                     | ck for service<br>J.S.A.  | x                               |  |
| SPECIAL INSTRUCTIONS OR ( All Telephone Numbers, and Esta   |   |  |   | IN EXPEDITING SE    | RVICE (               | Include Business and A  | Alternate /                     | <b>Addresses.</b><br>Fold  |
| arrangement with Federal Clerk's Office which state  Signature of Attorney other Origin   | s whether serv  | ice has beer   | n accomplishe   | ed. Service report  | shall in              |   |                                 | order).  |
| SPACE BELOW FO  | R USE OF  | IIS MA   | DCHALO  |                     | •                     | -   |                                 |  |
|   |   |  | MONAL U   | 1111 DO 110         |                       | RITE BELOW  | ' THIS                          | LINE   |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  | Total Process   | District of Origin   | District to Serve   |                     |                       | RITE BELOW  | THIS                            | Date   |
| I acknowledge receipt for the total<br>number of process indicated.<br>(Sign only for USM 285 if more   | have personally   | District of Origin  No   | District to Serve Noave legal evidence                        | Signature of Author | rized USI             | MS Deputy or Clerk  | s", the pro                     | Date   |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I  | have personally aration, etc., at the   | District of Origin  No  served , haddress shown                        | District to Serve  Noave legal evidence in above on the ori   | Signature of Author | executed any, corp    | MS Deputy or Clerk  I as shown in "Remark: oration, etc. shown at the | s", the pro                     | Date   |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corpo  | have personally ration, etc., at the  | District of Origin  No  served , haddress showr cate the indivi        | District to Serve  Noave legal evidence in above on the ori   | Signature of Author | executed any, corp    | MS Deputy or Clerk  I as shown in "Remark: oration, etc. shown at the | s", the prome address           | Date  Described inserted below.  |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corpo  | have personally ration, etc., at the at I am unable to led (if not shown about 1)                                   | District of Origin  No  served , haddress showr cate the indivi        | District to Serve  Noave legal evidence in above on the ori   | Signature of Author | executed any, corp    | I as shown in "Remark: oration, etc. shown at the See remarks below)  A person of suit then residing in   | s", the prome address           | Date  Described inserted below.  |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corpo  I hereby certify and return that Name and title of individual served. | have personally ration, etc., at the at I am unable to led (if not shown about 1)                                   | District of Origin  No  served , haddress showr cate the indivi        | District to Serve  No  ave legal evidence in above on the ori | Signature of Author | executed any, corp    | I as shown in "Remark: oration, etc. shown at the See remarks below)  A person of suit then residing in of abode  | able age a<br>defendant         | Date  cess described inserted below.  Indicate the discretion is usual place are properly and the discretion is usual place. |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corpo  I hereby certify and return that Name and title of individual served. | have personally pration, etc., at the at I am unable to led (if not shown above) than shown above)  Charges Forward | District of Origin  No  served , haddress shown recate the individual. | District to Serve  No  ave legal evidence in above on the ori | Signature of Author | executec<br>any, corp | I as shown in "Remark: oration, etc. shown at the See remarks below)  A person of suit then residing in of abode  Date  | able age a<br>defendant<br>Time | Date  cess described inserted below.  Indicate the discretion is usual place are properly and the discretion is usual place. |

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - HOTICE OF SERVICE
     BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## PROCESS RECEIPT AND RETURN

| PLAINTIFF JA   | MES HOLMA  | N BROWNII   | NG, JR.                                |  |   |                     | COURT CASE NUME   |                      | -cv-88-KKC          |
|--|--|---|--|--|---|---------------------|---|----------------------|---------------------|
| DEFENDANT<br>L.  | T. PENNERTO  | N, ET AL  |  |  |   |                     | TYPE OF PROCESS<br>Summons, Cmplt,  | Declarat             | ion, MOO            |
|  | NAME OF INDI   | VIDUAL, COM                                       | PANY, COR                              | RPORATION. ET  | C. TO SERVE OR DE                         | SCRIPT              | TON OF PROPERTY TO  | O SEIZE (            | OR CONDEMN          |
| SERVE  | B. Gourdouze   | , (Individual                                     | Capacity)                              | USP-Big San  | ıdy                                       |                     |   |                      |                     |
| AT   | ADDRESS (Street  |   |  |  |   |                     |   |                      |                     |
| •  | P. O. Box 206  | 7, Inez, Kent                                     | ucky 412                               | 24   |   |                     |   |                      |                     |
| SEND NOTICE  | OF SERVICE COP   | Y TO REQUES                                       | TER AT NA                              | ME AND ADDR  | ESS BELOW                                 |                     | mber of process to be<br>wed with this Form 285   | 4                    |                     |
| James Holman Browning, Jr. #20868-057 TUCSON-USP P.O. Box 24550 Tucson, AZ 85734 |  |   |  |  |   |                     | Number of parties to be served in this case 5   |                      |                     |
|  |  |   |  |  |   |                     | eck for service<br>U.S.A.   | x                    |                     |
| USM shall sin Washing arrangemen   | ton, D.C. & pers<br>t with Federal B                   | acket for each<br>conally servin<br>ureau of Pris | h identified<br>ng a servictions. With | d dft by certifi<br>e packet upon<br>in 40 days of o | each identified dfi<br>date of order, USM | t at US<br>1 office | Office of Attorney G<br>P-Big Sandy, Inez,<br>e shall send service a<br>nclude (see copy of | Kentuck<br>report to | y thru<br>Pikeville |
| Signature of Atto  | orney other Originate                                  | or requesting ser                                 | vice on beha                           | <u> </u>   | PLAINTIFF DEFENDANT                       |                     | 137-6160  | DATE 10/8            | /08                 |
| SPACE B  | RELOW FOR  | LISE OF   | IIS M                                  | ARSHAL C   | NLV DO NO                                 | OT W                | RITE BELOW  | THIS                 | LINE                |
|  | ceipt for the total<br>ss indicated.<br>SM 285 if more | Total Process                                     | District of Origin                     | District to Serve                                    | 1   |                     | MS Deputy or Clerk  |                      | Date                |
|  |  |   |  |  |   |                     | d as shown in "Remarks<br>poration, etc. shown at the                                       |                      |                     |
| ☐ I hereby cer   | tify and return that I                                 | am unable to lo                                   | cate the indi                          | vidual, company,                                     | corporation, etc. name                    | d above             | (See remarks below)   |                      |                     |
| Name and title of  | f individual served (                                  | if not shown abo                                  | ove)                                   |  |   | -                   | A person of suit<br>then residing in<br>of abode  |                      |                     |
| Address (comple  | te only different that                                 | n shown above)                                    |  |  |   |                     | Date  | Time                 | am                  |
|  |  |   |  |  |   |                     | Signature of U.S. M   | arshal or I          | Deputy              |
| Service Fee  | Total Mileage Ch<br>including endeav                   |   | ling Fee                               | Total Charges  | Advance Deposits                          |                     | ount owed to U.S. Marsh<br>ount of Refund*)   | al* or               |                     |
| REMARKS:   |  |   |  |  |   |                     |   |                      |                     |
|  |  |   |  |  |   |                     |   |                      |                     |

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

# PROCESS RECEIPT AND RETURN

| L.T. PENNERTON, ET AL    Summ  | PROPERTY T  | 4 5 x                                 | -      |  |
|--|---|---------------------------------------|--------|--|
| SERVE AT    Myron L. Batts, (Individual Capacity) USP-Big Sandy     ADDRESS (Street or RFD, Apartment No., City. State and ZIP Code)     P. O. Box 2067, Inez, Kentucky 41224     SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW     James Holman Browning, Jr. #20868-057     TUCSON-USP     P.O. Box 24550     Tucson, AZ 85734     Check for st on U.S.A.     SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):   Mathematical Usas Service of the Company of  | process to be this Form 285 parties to be s case          | 4 5 x                                 | ONDEMN |  |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P. O. Box 2067, Inez, Kentucky 41224  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  James Holman Browning, Jr. #20868-057 TUCSON-USP P. O. Box 24550 Tucson, AZ 85734  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):  USM shall send a service packet for each identified dft by certified or registered mail to Office on in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big S arrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall send companies to the states whether service has been accomplished. Service report shall include to Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  I acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted)  Total Process No.  No.  No.  No.  No.  I hereby certify and return that I   have personally served   have legal evidence of service,   have executed as sho on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. named above (See rem.)  | parties to be s case                                      | 5<br>x                                |        |  |
| P. O. Box 2067, Inez, Kentucky 41224  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of served with  James Holman Browning, Jr. #20868-057  TUCSON-USP P.O. Box 24550  Tucson, AZ 85734  Check for so on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):  USM shall send a service packet for each identified dft by certified or registered mail to Office of in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big Sarrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall so Clerk's Office which states whether service has been accomplished. Service report shall include to Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  I acknowledge receipt for the total Total Process District of Origin Serve than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed as sho on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See rem. Name and title of individual served (If not shown above)  | parties to be s case                                      | 5<br>x                                |        |  |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW    Sumber of served with   Served in the served | parties to be s case                                      | 5<br>x                                |        |  |
| James Holman Browning, Jr. #20868-057 TUCSON-USP P.O. Box 24550 Tucson, AZ 85734  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):  USM shall send a service packet for each identified dft by certified or registered mail to Office of in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big Sarrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall a Clerk's Office which states whether service has been accomplished. Service report shall include (Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  Lacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process District of Origin No.  No.  Signature of Authorized USMS Deportation of the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See rem.)  Name and title of individual served (if not shown above)  | parties to be s case                                      | 5<br>x                                |        |  |
| James Holman Browning, Jr. #20868-057 TUCSON-USP P.O. Box 24550 Tucson, AZ 85734  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):  USM shall send a service packet for each identified dft by certified or registered mail to Office of in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big S arrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall selectives Office which states whether service has been accomplished. Service report shall include to Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  1 acknowledge receipt for the total number of process indicated. (Sign only for USM 285 is submitted)  1 hereby certify and return that I have personally served, have legal evidence of service, have executed as sho on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See rem.)  No.   I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See rem.)  | parties to be<br>s case                                   | 5<br>x                                |        |  |
| TUCSON-USP P.O. Box 24550 Tucson, AZ 85734  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):  USM shall send a service packet for each identified dft by certified or registered mail to Office of in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big Sarrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall sarrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall sarrangement of Attorney other Originator requesting service on behalf of:  Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process  District of Origin  No.  No.  Signature of Authorized USMS Deport than one USM 285 is submitted)  I hereby certify and return that I munable to locate the individual, company, corporation, etc. named above (See rem.)  Name and title of individual served (If not shown above)   | s case  | x                                     |        |  |
| Tucson, AZ 85734  Check for so on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include All Telephone Numbers, and Estimated Times Available for Service):  USM shall send a service packet for each identified dft by certified or registered mail to Office of in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big Sarrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall sclerk's Office which states whether service has been accomplished. Service report shall include (Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 if submitted)  No. No. No. have executed as sho on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See rem.)  Name and title of individual served (if not shown above)  |   |                                       |        |  |
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| in Washington, D.C. & personally serving a service packet upon each identified dft at USP-Big S arrangement with Federal Bureau of Prisons. Within 40 days of date of order, USM office shall so Clerk's Office which states whether service has been accomplished. Service report shall include (Signature of Attorney other Originator requesting service on behalf of:    PLAINTIFF   |   |                                       | Fold   |  |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE  I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process District of Origin Serve No.  | see copy of   |                                       |        |  |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed as sho on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. have legal evidence of service, have executed as sho on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See rem. Name and title of individual served (if not shown above)   |   |                                       | ALE:   |  |
| number of process indicated.  (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed as sho on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above (See rem. Name and title of individual served (if not shown above)   |   |                                       |        |  |
| I hereby certify and return that I  have personally served, have legal evidence of service, have executed as sho on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See rem. Name and title of individual served (if not shown above)   | of Authorized USMS Deputy or Clerk Date                   |                                       |        |  |
| Name and title of individual served (if not shown above)   |   |                                       |        |  |
| Name and title of individual served (if not shown above)   |   |                                       |        |  |
| Address (complete only different than shown above)  Date   | irks below)   | table age and dis<br>defendant's usua |        |  |
| <u></u>  | A person of suit  | Time                                  | ☐ an   |  |
| Sign   | A person of suit<br>hen residing in                       |                                       | y      |  |
| Service Fee Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owe (Amount of I  | A person of suithen residing in abode                     | larshal or Deputy                     |        |  |
| REMARKS:   | A person of suithen residing in of abode atture of U.S. M |                                       |        |  |
|  | A person of suithen residing in of abode atture of U.S. M |                                       |        |  |

- PRINT 5 COPIES: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

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U.S. Department of Justice

United States Marshals Service

## PROCESS RECEIPT AND RETURN

| PLAINTIFF JA  | MES HOLMAN BI  | ROWNII   | NG, JR.  |   | _   | "                                | COURT CASE NUME   |                                  | -cv-88-KKC                       |  |  |
|---|--|--|--|---|---|----------------------------------|---|----------------------------------|----------------------------------|--|--|
| DEFENDANT<br>L.7  | Γ. PENNERTON, E  | TAL  | ., , ,   |   |   |                                  | TYPE OF PROCESS Summons, Cmplt, 1                               | Declarat                         | ion, MOO                         |  |  |
|   | NAME OF INDIVIDU   | JAL, COM   | PANY, COI  | RPORATION. ETC  | . TO SERVE OR DE  | SCRIPT                           | ON OF PROPERTY TO   | O SEIZE (                        | OR CONDEMN                       |  |  |
| SERVE )   | Suzanne R. Hastin  |  |  |   |   |                                  |   |                                  |                                  |  |  |
| AT  | ADDRESS (Street or   | RFD, Apar  | tment No., C   | City, State and ZIP (   | Code)   |                                  |   |                                  |                                  |  |  |
|   | P. O. Box 2067, Ir   | nez, Kent  | ucky 412   | 24  |   |                                  |   |                                  |                                  |  |  |
| SEND NOTICE (   | OF SERVICE COPY TO   | REQUES   | TER AT NA  | ME AND ADDRE  | SS BELOW  |                                  | nber of process to be<br>red with this Form 285                 | 4                                |                                  |  |  |
| James Holman Browning, Jr. #20868-057 TUCSON-USP P.O. Box 24550               |  |  |  |   |   |                                  | nber of parties to be<br>ed in this case                        | 5                                |                                  |  |  |
| Tu  | Tucson, AZ 85734   |  |  |   |   |                                  | Check for service on U.S.A.                                     |                                  |                                  |  |  |
| All Telephone N  USM shall s  in Washingt  arrangement                        | RUCTIONS OR OTHER umbers, and Estimated send a service packet on, D.C. & personat with Federal Burea | Times Ava<br>t for each<br>lly serving<br>ou of Pris | ilable for Se<br>h identifie<br>ng a service<br>sons. With | ervice):  d dft by certifie te packet upon e in 40 days of de | d or registered m<br>each identified dfi<br>ate of order, USM | ail to O<br>t at USI<br>I office | ffice of Attorney G<br>P-Big Sandy, Inez,<br>shall send service | eneral o<br>Kentuck<br>report to | of the U.S. by thru by Pikeville |  |  |
|   | rney other Originator rec  |  |  |   | d. Service report  PLAINTIFF                                  |                                  | clude (see copy of ONE NUMBER                                   | DATE                             |                                  |  |  |
| -   |  |  |  |   | DEFENDANT   | 606-4                            | 37-6160   | 10/8                             | /08                              |  |  |
| CD A CE D   | ELOW FOR H   | CE OE  | TIC M  | A D CHIAT O   | NIX DON   |                                  |   |                                  |                                  |  |  |
|   | ELOW FOR U   |  |  |   |   |                                  |   | 11115                            |                                  |  |  |
| I acknowledge rec<br>number of proces<br>(Sign only for US<br>than one USM 28 | s indicated. M 285 if more   | al Process   | District of<br>Origin                                      | District to Serve   | Signature of Autho  | rized US                         | MS Deputy or Clerk  |                                  | Date                             |  |  |
| I hereby certify ar   | nd return that I have, company, corporation,   | personally<br>etc., at the                           | served , address show                                      | have legal evidenc<br>wn above on the on                      | e of service,  have the individual, comp                      | executed                         | as shown in "Remarks<br>poration, etc. shown at the             | s", the pro<br>ne address        | cess described inserted below.   |  |  |
| ☐ I hereby cert   | ify and return that I am u   | ınable to Ic   | cate the indi  | ividual, company, c   | orporation, etc. name   | d above (                        | See remarks below)  |                                  |                                  |  |  |
| Name and title of   | individual served (if not  | shown abo  | ove)   |   |   |                                  | A person of suit<br>then residing in<br>of abode                |                                  |                                  |  |  |
| Address (complete   | e only different than sho  | wn above)  |  |   |   |                                  | Date  | Time                             | am pm                            |  |  |
|   |  |  |  |   |   |                                  | Signature of U.S. M   | arshal or I                      | Deputy                           |  |  |
| Service Fee   | Total Mileage Charge including endeavors)  | s Forward  | ling Fee   | Total Charges   | Advance Deposits  |                                  | Amount owed to U.S. Marshal* or (Amount of Refund*)             |                                  |                                  |  |  |
| REMARKS:  | 1  |  |  |   | 1   |                                  |   |                                  |                                  |  |  |
|   |  |  |  |   |   |                                  |   |                                  |                                  |  |  |

PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

# PROCESS RECEIPT AND RETURN

| PLAINTIFF JA  | MES HOLMAN I                           | BROWNIN        | NG, JR.   |                       |                        |           | COURT CASE NUMI  |             | -¢v-88-KKC        |  |  |
|---|--|----------------|---|-----------------------|------------------------|-----------|--|-------------|-------------------|--|--|
| DEFENDANT L.7   | Γ. PENNERTON,                          | ET AL          |   | _                     |                        |           | TYPE OF PROCESS Summons, Cmplt,                            | Declarat    | ion, MOO          |  |  |
|   | NAME OF INDIVI                         | DUAL, COM      | PANY, COI   | RPORATION, ETC        | . TO SERVE OR DE       | SCRIPT    | ON OF PROPERTY T   | O SEIZE     | OR CONDEMN        |  |  |
| SERVE )   | Tim Fazenbaker,                        | , (Individu    | al Capacit  | y) USP-Big Sa         | ndy                    |           |  |             |                   |  |  |
| AT  | ADDRESS (Street o                      | r RFD, Apar    | tment No., C  | City, State and ZIP C | Code)                  |           |  |             |                   |  |  |
| •   | P. O. Box 2067,                        | Inez, Kent     | ucky 412  | 24                    |                        |           |  |             |                   |  |  |
| SEND NOTICE (   | OF SERVICE COPY T                      | O REQUES       | TER AT NA   | ME AND ADDRE          | SS BELOW               |           | nber of process to be<br>red with this Form 285            | 4           |                   |  |  |
| James Holman Browning, Jr. #20868-057 TUCSON-USP P.O. Box 24550 |  |                |   |                       |                        |           | nber of parties to be<br>ed in this case                   | 5           |                   |  |  |
|   | cson, AZ 85734                         |                |   |                       |                        | 1         | Check for service on U.S.A. x                              |             |                   |  |  |
|   | RUCTIONS OR OTHI                       |                |   |                       | IN EXPEDITING SE       | RVICE (   | Include Business and .                                     | Alternate 2 | <b>Addresses,</b> |  |  |
| Clerk's Offic   |  | nether serv    | ice has be  | en accomplishe        |                        | shall in  | shall send service<br>clude (see copy of<br><br>ONE NUMBER |             | order).           |  |  |
|   |  |                |   |                       | DEFENDANT              | 606.4     | 37-6160  | 10/8        | /08               |  |  |
| GD L GE D   |  | uce of         | *** ~ **  |                       |                        |           |  | _           |                   |  |  |
| SPACE B   | ELOW FOR                               | USE OF         | U.S. M.   | ARSHAL O              | NLY DO NO              | )T W      | RITE BELOW   | THIS        | LINE              |  |  |
| I acknowledge recommender of process (Sign only for US.         | s indicated.                           | otal Process   | rocess District of Origin District to Serve Signature of Authorized U |                       |                        | rized US  | MS Deputy or Clerk   | Date        |                   |  |  |
| than one USM 28.  | 5 is submitted) _                      |                | No  | No                    |                        |           |  |             |                   |  |  |
|   |  |                |   |                       |                        |           | d as shown in "Remark<br>oration, etc. shown at t          |             |                   |  |  |
| I hereby cert   | ify and return that I am               | n unable to lo | cate the indi   | ividual, company, co  | orporation, etc. named | l above ( | See remarks below)   |             |                   |  |  |
| Name and title of   | individual served (if n                | ot shown abo   | ove)  |                       |                        |           | A person of suit<br>then residing in<br>of abode           |             |                   |  |  |
| Address (complete   | e only different than sh               | hown above)    |   |                       |                        |           | Date   | Time        | an                |  |  |
|   |  |                |   |                       |                        |           | Signature of U.S. M  | arshal or I | Deputy            |  |  |
| Service Fee   | Total Mileage Chargincluding endeavors |                | ling Fee  | Total Charges         | Advance Deposits       |           | Amount owed to U.S. Marshal* or (Amount of Refund*)        |             |                   |  |  |
| REMARKS:  |  |                |   |                       |                        |           |  |             |                   |  |  |
|   |  |                |   |                       |                        |           |  |             |                   |  |  |
|   |  |                |   |                       |                        |           |  |             |                   |  |  |

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