PROCESS RECEIPT AND RETURN

| PLAINTIFF Charles Cosgrove | | | | | | COURT CASE NUME :09-cv-64-KKC | BER | |
|--|--------------------------------------|--------------------|--------------------|-------------------------|------------------------------|--|---------------------------|--------------------------------|
| DEFENDANT Bureau of Prisons, et al | | | | | | TYPE OF PROCESS Sum, Cmplt, Order | #4 and | this Order |
| | NDIVIDUAL, CO | MPANY, COI | RPORATION, E | TC. TO SERVE OR I | DESCRIPTION | ON OF PROPERTY T | O SEIZE (| OR CONDEN |
| | Street or RFD, Ap | artment No., C | ity, State and ZII | P Code) | | | | |
| | ne Street, Suite | 300, Lexin | igton, KY 40 | 507 | | | | |
| SEND NOTICE OF SERVICE | COPY TO REQUE | ESTER AT NA | ME AND ADD | RESS BELOW | | ber of process to be d with this Form 285 | 4 | |
| Charles Cosgr 11208 E. 24th Independence | Street | | | | | ber of parties to be | 6 | |
| Independence: | WIO 04032 | | | | Chec on U | k for service S.A. | x | |
| SERVICE TO BE MAI | E PURSUAN | T TO ATTA | ACHED ORD | ER | | | | _ |
| Signature of Attorney other Orig | inator requesting | service on beha | alf of: | ▼ PLAINTIFF | TELEPHO | NE NUMBER | DATE | |
| | | | [| ☐ DEFENDANT | 606-43 | 37-6160 | 7/20 | /2009 |
| SPACE BELOW F | OR USE O | F U.S. M. | ARSHAL (| ONLY DO N | W TO | RITE BELOW | THIS | LINE |
| I acknowledge receipt for the to number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | al Total Proces | District of Origin | District to Serve | Signature of Aut | horized USM | IS Deputy or Clerk | | Date |
| I hereby certify and return that I on the individual, company, co | have personal poration, etc., at the | ly served , | have legal evide | nce of service, ha | nve executed mpany, corpo | as shown in "Remarks oration, etc. shown at the | s", the pro he address | cess describe inserted belo |
| I hereby certify and return | hat I am unable to | locate the indi | ividual, company | , corporation, etc. nar | ned above (S | ee remarks below) | | |
| Name and title of individual ser | ed (if not shown a | ibove) | | | | A person of suit then residing in of abode | | |
| Address (complete only differen | than shown above | 2) | | | | Date | Time | |
| | | | | | | Signature of U.S. M | arshal or I | Deputy |
| Service Fee Total Milear including en | | arding Fee | Total Charges | Advance Deposi | | unt owed to U.S. Marsh unt of Refund*) | sal* 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

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| PLAINTIFF Charles Cosgrove | | | | | | COURT CASE NUMI :09-cv-64-KKC | BER | |
|--|--------------------|----------------|----------------------|-----------------------|------------------|--|--------------------|-----------------|
| DEFENDANT Bureau of Prisons, et al | * | | | ¥*- | | TYPE OF PROCESS Sum, Cmplt, Order | r #4 and | this Order |
| SERVE SUSSE Attorne | | MPANY, COI | RPORATION. ETC | . TO SERVE OR DE | SCRIPTIC | ON OF PROPERTY T | O SEIZE | OR CONDEMN |
| | | rtment No., C | ity, State and ZIP (| Code) | | | | |
| 5137 Robert | F. Kennedy l | 31dg., 10th | Street & Const | itution Ave, NW, | Washin | gton, DC 20530 | | |
| SEND NOTICE OF SERVICE CO | PY TO REQUE | STER AT NA | ME AND ADDRE | SS BELOW | 1 | ber of process to be d with this Form 285 | 4 | |
| Charles Cosgrov 11208 E. 24th S Independence, M | treet | | | | | ber of parties to be d in this case | 6 | |
| | | | | | Checi on U. | k for service S.A. | x | |
| SPECIAL INSTRUCTIONS OR All Telephone Numbers, and Est SERVICE TO BE MADE | imated Times Av | ailable for Se | rvice): | | KVICE <u>(I.</u> | nclude Business and . | <u>Alternate /</u> | Addresses, Fold |
| Signature of Attorney other Origin | ator requesting s | ervice on beha | alf of: | PLAINTIFF | TELEPHO | NE NUMBER | DATE | |
| | | | | DEFENDANT | | 7-6160 | _ | /2009 |
| SPACE BELOW FO | <u> </u> | | | | | | THIS | |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more | Total Process | Origin | Serve | Signature of Autho | rized USM | 1S Deputy or Clerk | | Date |
| than one USM 285 is submitted) I hereby certify and return that I con the individual, company, corporate the company of the c | | | | | | | | |
| ☐ I hereby certify and return that | t I am unable to | ocate the indi | vidual, company, c | orporation, etc. name | d above (S | ee remarks below) | | |
| Name and title of individual serve | d (if not shown al | hove) | | | | A person of suit then residing in of abode | | |
| Address (complete only different t | han shown above |) | | | | Date | Time | a |
| | | | | | | Signature of U.S. M | larshal or I | Deputy |
| Service Fee Total Mileage including ende | | rding Fee | Total Charges | Advance Deposits | | nt owed to U.S. Marshint of Refund*) | nal* or | |
| REMARKS: | | | | _[| | | | |

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| PLAINTIFF Charles Cosgi | rove | | | | | | COURT CASE NUMI 7:09-cv-64-KKC | BER | |
|--|--|--------------------------------|-----------------------|--|--|--------------------------|---|---------------------------|--------------------------------|
| DEFENDANT Bureau of Pris | sons, et al | | | 10000 | | | TYPE OF PROCESS Sum, Cmplt, Order | #4 and | this Order |
| | - NAME OF INDIVID | UAL, COM | IPANY, CO | RPORATION, ETC | C. TO SERVE OR DE | SCRIPTION | ON OF PROPERTY T | O SEIZE | OR CONDEMN |
| SERVE 2 | Harley Lappin, D | | | | | | | | |
| AT | ADDRESS (Street or | | | | | | | | |
| | 654 Home Owne | | | | | on, DC | 20001 | | |
| SEND NOTICE (| OF SERVICE COPY T | O REQUES | TER AT NA | AME AND ADDRE | ESS BELOW | | ber of process to be ed with this Form 285 | 4 | |
| 11: | arles Cosgrove 208 E. 24th Street lependence, MO 6 | 4052 | | | | | ber of parties to be | 6 | |
| | | | | | | Chec on U | ck for service .S.A. | х | |
| | RUCTIONS OR OTHE umbers, and Estimated | | | | IN EXPEDITING SE | RVICE <u>(1</u> | nclude Business and A | <u>Alternate</u> | Addresses. Fold |
| SERVICE I | O BE MADE PUI | COCAIVI | TOATT | ACTIED ORDE | K | | | | |
| Signature of Atto | rney other Originator re | questing se | rvice on beh | alf of: | PLAINTIFF | TELEPHO | NE NUMBER | DATE | |
| | | | | | DEFENDANT | 606-43 | 37-6160 | 7/20 | /2009 |
| SPACE B | ELOW FOR U | ISE OF | U.S. M | ARSHAL O | NLY DO NO | OT WI | RITE BELOW | THIS | LINE |
| I acknowledge recount number of proces | ceipt for the total To | tal Process | District of Origin | | 1 | | AS Deputy or Clerk | | Date |
| (Sign only for US than one USM 28 | M 285 if more | <u>-</u> _ | No | No | | | | | |
| I hereby certify ar on the individual | nd return that I hav, company, corporation | e personally , etc., at the | served , address show | have legal evidenc wn above on the on | e of service, have the individual, comp | e executed any, corpo | as shown in "Remark oration, etc. shown at the | s", the pro he address | cess described inserted below. |
| ☐ I hereby cert | ify and return that I am | unable to lo | cate the ind | ividual, company, c | orporation, etc. name | d above (S | See remarks below) | | |
| Name and title of | individual served (if no | t shown abo | ove) | | | | A person of suit then residing in of abode | | |
| Address (complet | e only different than sh | own above) | | | | | Date | Time | ☐ am |
| | | | | | | | Signature of U.S. M | arshal or I | Deputy |
| | | | | | | | | | |
| Service Fee | Total Mileage Charg including endeavors) | | ding Fee | Total Charges | Advance Deposits | | int owed to U.S. Marsh unt of Refund*) | nal* or | |
| REMARKS: | | | | I | | | | | |
| | | | | | | | | | |
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PROCESS RECEIPT AND RETURN

| Charles Cosgrove | | | | | | OURT CASE NUME 09-cv-64-KKC | ER | |
|---|-------------------------------|-----------------------|----------------------|----------------------------------|--------------------|--|---------------------|--------------|
| DEFENDANT Bureau of Prisons, et al | | | | | | YPE OF PROCESS um, Cmplt, Order | #4 & this | Order |
| NAME OF INDI | VIDUAL, COM | PANY, COR | PORATION. ETC | C. TO SERVE OR DES | SCRIPTIO | N OF PROPERTY TO | O SEIZE OF | R CONDEMN |
| SERVE S. Slone, Indiv | | | | | | | | |
| 111 | - | | ty, State and ZIP (| Code) | | | | |
| SEND NOTICE OF SERVICE COP | | | ez, KY 41224 | SS BELOW | | | 1 | |
| | | | WIE AND ADDRE | | | er of process to be I with this Form 285 | 4 | |
| Charles Cosgrove 11208 E. 24th Stro | | | | | | er of parties to be | 6 | |
| Independence, Mo | O 64052 | | | | Check on U.S | for service | X | |
| SPECIAL INSTRUCTIONS OR OF All Telephone Numbers, and Estimated SERVICE TO BE MADE I | ated Times Ava | ilable for Sei | rvice): | | KVICE (<u>III</u> | ctuae Dusiness and A | uternute Au | Fold |
| Signature of Attorney other Originat | or requesting ser | vice on beha | lf of: | PLAINTIFF | TELEPHO | NE NUMBER | DATE | |
| | | | | DEFENDANT | 606-43 | 7-6160 | 7/20/2 | 000 |
| SPACE BELOW FOR | R USE OF | U.S. MA | ARSHAL O | NLY DO NO | T WR | ITE BELOW | THIS I | 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 | Signature of Author | ized USM | S Deputy or Clerk | | Date |
| I hereby certify and return that I | have personally | No | No | e of service. \(\square \) have | executed | as shown in "Remarks | s", the proce | ss described |
| on the individual, company, corpora | | | | | | | | |
| ☐ I hereby certify and return that I | am unable to lo | | vidual, company, c | orporation, etc. named | above (Se | e remarks below) | | |
| | | | | | | | | |
| Name and title of individual served (| if not shown abo | ove) | | | , , | A person of suit then residing in of abode | | |
| | | ove) | <u> </u> | | | then residing in | | usual place |
| | | ove) | | | | then residing in of abode | defendant's Time | usual place |
| | n shown above) narges Forward | | Total Charges | Advance Deposits | Amour | then residing in of abode Date | Time arshal or De | usual place |
| including endeav | n shown above) narges Forward | | Total Charges | Advance Deposits | Amour | then residing in of abode Date Signature of U.S. Manual towed to U.S. Manual towed to | Time arshal or De | usual place |
| Address (complete only different that Service Fee Total Mileage Cl | n shown above) narges Forward | | Total Charges | Advance Deposits | Amour | then residing in of abode Date Signature of U.S. Manual towed to U.S. Manual towed to | Time arshal or De | usual place |

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| PLAINTIFF Charles Cosg | rove | | | | | | COURT CASE NUME 7:09-cv-64-KKC | BER | | |
|----------------------------|--|------------------|-----------------------|-----------------------|-----------------------|------------|---|-----------|-----------|-------------|
| DEFENDANT Bureau of Pri | sons, et al | | | | | | TYPE OF PROCESS Sum, Cmplt, Order | #4 & tl | nis Order | |
| | NAME OF INDI | VIDUAL, COM | IPANY, COI | RPORATION. ETC | C. TO SERVE OR DE | ESCRIPTION | ON OF PROPERTY TO | O SEIZE | OR CONDE | MN |
| SERVE 2 | P. Runyon, In | dividual Cap | acity | | | | | | | |
| AT | | | | City, State and ZIP (| Code) | | | | | |
| | | | | nez, KY 41224 | | | | 1 | | |
| SEND NOTICE | OF SERVICE COP | Y TO REQUES | TER AT NA | ME AND ADDRE | SS BELOW | | ber of process to be ed with this Form 285 | 4 | | |
| 11 | narles Cosgrove 208 E. 24th Str dependence, Mo | eet | | | | 1 | ber of parties to be ed in this case | 6 | | _ |
| | | J 04032 | | | | | ek for service | х | _ | _ |
| Signature of Atto | mey other Originat | or requesting se | rvice on beha | alf of: | PLAINTIFF | TELEPHO | DNE NUMBER | DATE | | |
| | | | | | DEFENDANT | 606-43 | 37-6160 | 7/20 | /2000 | |
| SPACE B | ELOW FOI | R USE OF | U.S. M. | ARSHAL O | NLY DO N | OT W | RITE BELOW | THIS | LINE | 4 |
| - | ceipt for the total ss indicated. SM 285 if more | Total Process | District of Origin | | | | AS Deputy or Clerk | | Date | |
| | | | | | | | as shown in "Remarks oration, etc. shown at th | | | |
| ☐ I hereby cer | tify and return that I | am unable to lo | cate the indi | ividual, company, c | orporation, etc. name | d above (S | See remarks below) | | | |
| Name and title of | f individual served (| if not shown abo | ove) | | | | A person of suit then residing in of abode | | | |
| Address (comple | te only different tha | n shown above) | | | | | Date | Time | | an pr |
| | | | | | | | Signature of U.S. M | arshal or | Deputy | |
| Service Fee | Total Mileage C including endean | | ding Fee | Total Charges | Advance Deposits | 1 | int owed to U.S. Marsh punt of Refund*) | pal* or | | |
| REMARKS: | 1 | | | | 1 | | | | | |
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|---|--|--------------------|--------------------------------------|--|------------------------|---|----------------------------|--------------------------------|
| DEFENDANT Bureau of Prisons, et al | | | | | | TYPE OF PROCESS Sum, Cmplt, Order | #4 & th | is Order |
| NAME OF INDIVID | UAL, COMPANY | , CORP | ORATION. ETC | . TO SERVE OR DE | SCRIPT | ION OF PROPERTY TO | O SEIZE (| OR CONDEMN |
| SERVE Myron Batts, Ind | | | | | | | | |
| AT ADDRESS (Street or | | | | 'ode) | | | | |
| U.S.P. Big Sandy | <u> </u> | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | |
| SEND NOTICE OF SERVICE COPY TO | O REQUESTER A | AT NAM | E AND ADDRE | SS BELOW | | nber of process to be red with this Form 285 | 4 | |
| Charles Cosgrove 11208 E. 24th Street Independence, MO 6 | 34052 | | | | | nber of parties to be red in this case | 6 | |
| Independence, MO | 4032 | | | | | ck for service | X | |
| SPECIAL INSTRUCTIONS OR OTHE All Telephone Numbers, and Estimated SERVICE TO BE MADE PUR | l Times Available j | for Servi | ce): | | RVICE (| Include Business and A | <u>Alternate /</u> | Addresses, Fold |
| Signature of Attorney other Originator re | equesting service of | n behalf | <u> </u> | PLAINTIFF DEFENDANT | | ONE NUMBER | DATE 7/20 | /2000 |
| SPACE BELOW FOR U | JSE OF U.S | . MAI | | | | | | |
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more | otal Process Distr Orig | rict of in | District to Serve | Signature of Autho | rized US | MS Deputy or Clerk | | Date |
| than one USM 285 is submitted) | No | | No | | | | | |
| I hereby certify and return that I \square hav on the individual , company, corporation | e personally served , etc., at the addres | d, Dha ss shown | ve legal evidence above on the on | of service, have the individual, comp | e executed any, соп | d as shown in "Remarks poration, etc. shown at the | s", the pro- ne address | cess described inserted below. |
| ☐ I hereby certify and return that I am | unable to locate th | ne individ | lual, company, co | orporation, etc. name | d above (| See remarks below) | | |
| Name and title of individual served (if no | ot shown above) | | | | | A person of suit then residing in of abode | | |
| Address (complete only different than sh | own above) | | | | | Date | Time | am |
| | | | | | | Signature of U.S. M | arshal or I | Deputy |
| Service Fee Total Mileage Charg including endeavors) | | ee T | otal Charges | Advance Deposits | - 1 | ount owed to U.S. Marsh ount of Refund*) | al* or | |
| REMARKS: | | | | | | | | |
| | | | | | | | | |

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|--|----------------------------|-----------------------|---|--|-------------------------|--|---------------------------|--------------------------------|
| DEFENDANT Bureau of Prisons, et al | | | • | | | TYPE OF PROCESS Sum, Cmplt, Order | #4 & th | is Order |
| NAME OF INDIVIDU | JAL, COM | PANY, COR | PORATION. ETC | . TO SERVE OR DE | SCRIPTI | ON OF PROPERTY T | O SEIZE | OR CONDEMN |
| SERVE Dr. Pablo Cruz, Ir | ndividual | Capacity | | | | | | |
| AT ADDRESS (Street or | | | | Code) | | | | |
| U.S.P. Big Sandy, | | | | | | | | |
| SEND NOTICE OF SERVICE COPY TO | | | ME AND ADDRE | | | nber of process to be ed with this Form 285 | 4 | |
| Charles Cosgrove 11208 E. 24th Street | 4052 | | | | | nber of parties to be ed in this case | 6 | |
| Independence, MO 6 | 4032 | | | | 1 | ck for service J.S.A. | х | |
| All Telephone Numbers, and Estimated SERVICE TO BE MADE PUR | | | , | R | | | | Fold |
| Signature of Attorney other Originator rec | questing ser | vice on beha | lf of: | PLAINTIFF | TELEPHO | ONE NUMBER | DATE | |
| | | | | DEFENDANT | 606-4 | 37-6160 | 7/20 | /2000 |
| SPACE BELOW FOR U | SE OF | U.S. MA | ARSHAL O | NLY DO NO | OT W | RITE BELOW | THIS | LINE |
| number of process indicated. | al Process | District of Origin | District to Serve | Signature of Autho | rized USI | MS Deputy or Clerk | | Date |
| (Sign only for USM 285 if more than one USM 285 is submitted) | | No | . No | | | | | |
| I hereby certify and return that I have on the individual, company, corporation, | personally etc., at the | served, address show | have legal evidence on above on the on | e of service, have the individual, comp | e executed any, corp | as shown in "Remark: oration, etc. shown at the | s", the pro ne address | cess described inserted below. |
| ☐ I hereby certify and return that I am | unable to lo | cate the indi- | vidual, company, c | orporation, etc. name | d above (| See remarks below) | | |
| Name and title of individual served (if no | t shown abo | ive) | | | | A person of suit then residing in of abode | | |
| Address (complete only different than sho | mn above) | | | | - | Date | Time | ☐ a |
| | | | | | | Signature of U.S. M | arshal or I | Deputy |
| Service Fee Total Mileage Charge including endeavors) | s Forward | ling Fee | Total Charges | Advance Deposits | | unt owed to U.S. Marsh ount of Refund*) | al* or | |
| REMARKS: | | | | . 1 | | | | |
| | | | | | | | | |
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| Charles Cosgrove 11208 E. 24th Street Independence, MO 64052 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVIC All Telephone Numbers, and Estimated Times Available for Service): SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TEL | Jumber of process to be erved with this Form 285 Jumber of parties to be erved in this case Check for service in U.S.A. | SEIZE OR CON |
|--|---|--|
| Dr. N. Rosario, Individual Capacity ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Charles Cosgrove 11208 E. 24th Street Independence, MO 64052 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICAL Telephone Numbers, and Estimated Times Available for Service): SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named about Name and title of individual served (if not shown above) | Jumber of process to be erved with this Form 285 Jumber of parties to be erved in this case Check for service in U.S.A. | 4 6 X Iternate Addresses |
| ADDRESS (Street or RFD. Apartment No. City. State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Charles Cosgrove 11208 E. 24th Street Independence, MO 64052 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICAL Telephone Numbers, and Estimated Times Available for Service): SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 is submitted) Total Process Origin Serve No. Signature of Service, have exect on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named abound a company of the process of the individual served (if not shown above) | Jumber of parties to be erved in this case Check for service n U.S.A. | X Iternate Addresses |
| U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Charles Cosgrove 11208 E. 24th Street Independence, MO 64052 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICAL Telephone Numbers, and Estimated Times Available for Service): SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of service, have execon the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above.) | Jumber of parties to be erved in this case Check for service n U.S.A. | X Iternate Addresses |
| Charles Cosgrove 11208 E. 24th Street Independence, MO 64052 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICAL Telephone Numbers, and Estimated Times Available for Service): SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT 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. Signature of Authorized or the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named about Name and title of individual served (if not shown above) | Jumber of parties to be erved in this case Check for service n U.S.A. | X Iternate Addresses |
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| Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) Thereby certify and return that 1 have personally served, have legal evidence of service, have execute the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above and title of individual served (if not shown above) | E (Include Business and A | |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Thereby certify and return that I have personally served, have legal evidence of service, have executed in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above.) Thereby certify and return that I am unable to locate the individual, company, corporation, etc. named above.) | - | DATE |
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| 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 exect on the individual, company, corporation, etc., at the address shown above on the on the individual, company, large I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named about Name and title of individual served (if not shown above) | WRITE BELOW | THIS LINI |
| (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 exect on the individual, company, corporation, etc., at the address shown above on the on the individual, company, large I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above Name and title of individual served (if not shown above) | JSMS Deputy or Clerk | Date |
| I hereby certify and return that I have personally served, have legal evidence of service, have exect on the individual, company, corporation, etc., at the address shown above on the on the individual, company, labeled I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named about Name and title of individual served (if not shown above) | | |
| on the individual, company, corporation, etc., at the address shown above on the on the individual, company, I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above Name and title of individual served (if not shown above) | | |
| Name and title of individual served (if not shown above) | | |
| | e (See remarks below) | |
| Address (complete only different than shown above) | | able age and discre defendant's usual p |
| | or noone | Time |
| | Date | |
| | | arshal or Deputy |
| REMARKS: | Date | |
| - | Signature of U.S. Marsha | |

- 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