USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

*********						COURT CASE NUMBER V-10-1413-PHX-SRB		
DEFENDANT						TYPE OF PROCESS		
The State of Arizona, et al.						Serve Complaint & Summons		
4				C. TO SERVE OR DES	CRIPTION	PROPERTY T	O SEIZ E O ED	R CONDEMN
SERVE AT State of Arizona c/o of Attorney General Terry Goddard ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1275 West Washington Street, Phoenix, AZ 85007								
						JUL 0 8 2010		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					Number	f processing be	DISTRIC	TCOUNT
Michael Walker, AUSA U.S. Attorney's Office						of process is a part of Afrizona the this Polis Truck of M DEPu		Y DEPUTY
						of parties to be this case		
40 North Central Ave., Suite 1200 Phoenix, AZ 85004					- In this out			
					Check for service on U.S.A.			
SPECIAL INST	RUCTIONS OR OTHER	INFORMATION TH	IAT WILL ASSIST	IN EXPEDITING SEF	RVICE (<u>Incli</u>	ude Business and	Alternate A	<u>ddresses,</u>
. retephone ?	winders, and Estimated	imes ravantable joi s						Fold
E PLAINTIFF					TELEPHONE NUMBER		DATE	
M DEFENDANT						(602) 514-7500 7/6		0
SPACE P	ELOW FOR US	SE OF U.S. M	IARSHAL O	NLY DO NO	T WRI	TE 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 Origin District to Serve No. No. No. No.					rized USM8/Deputy or Clerk			Date
					offe			7-6-1
	and return that have			ce of service. have	executed as	shown in "Remark	s", the proce	ess described
	, company, corporation, e							
	tify and return that I am u		dividual, company,	corporation, etc. named	above (See r	emarks below)		
	findividual served (if not	•				A person of suit then residing in of abode		
Address (complete only different than shown above)						ate	te Time	
						7-6-10 4:05 \$		
					S	ignature of O.S. M	arshall or D	epun
ervice Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)			
						\$0.0	0.00	
EMARKS:								
RINT 5 COPI	1. CLERK OF THE	3:30	Hd 9-700	° AIN7				MAY BE US

4. BILLING STATEMENT*: To be returned to the U.S. Marshall with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/15/80 Automated 01/00