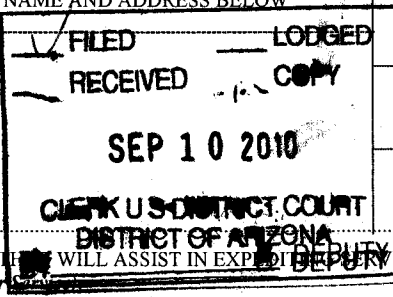


USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER CV-10-01878-PHX-LOA	
DEFENDANT Maricopa County, Arizona; Maricopa County Sheriff's Office & Joseph M. Arpaio		TYPE OF PROCESS Serve Complaint & Summons	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Maricopa County, Arizona and Maricopa County Sheriff's Office, Maricopa County, c/o Max W. Wilson ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Member, Maricopa County Board of Supervisors, 301 W. Jefferson, 10th Floor, , Phoenix, AZ 85003		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
Michael Walker, AUSA U.S. Attorney's Office 40 North Central Avenue, Suite 1200 Phoenix, AZ 85004		Number of parties to be served in this case	
		Check for service on U.S.A.	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION TO REQUESTER WILL ASSIST IN EXPEDITED SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service)	



Fold Fold

PLEASE SERVE SUMMONS & COMPLAINT TODAY. ALSO, PLEASE GIVE MICHAEL WALKER A CALL WHEN SUMMONS & COMPLAINT ARE SERVED.

Signature of Attorney other Originator requesting service on behalf of: <i>M. Walker</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (602) 514-7761	DATE 9/2/10
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE 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 <u>1</u>	District of Origin No. <u>08</u>	District to Serve No. <u>08</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <u>9/2/10</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Lavera Wilson, Special Deputy Clerk</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above)	Date <u>9/2/10</u>	Time <u>3:31</u>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>			

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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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