

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

FILED

PLAINTIFF IFETAYO R. AZIBO-BOYNTON	2010 DEC 27 P 3 44 RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA	COURT CASE NUMBER 10-4151 JL
DEFENDANT CITY OF PINOLE		TYPE OF PROCESS Summons Complaint Orders

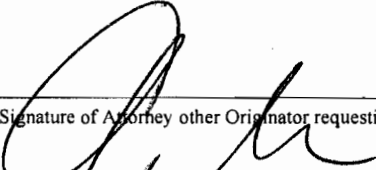
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 City of Richmond, City Clerk Attention, Diane Holmes
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 450 Civic Center Plaza, Suite 300, Richmond, CA 94804

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
Linnea N. Willis Law Office of Linnea N. Willis 7677 Oakport Street, Suite 1050 Oakland, CA 94621	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

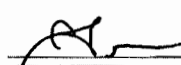
Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:  **GLORIA ACEVEDO** PLAINTIFF DEFENDANT

TELEPHONE NUMBER: 415-522-3080 DATE: 12/17/10

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. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>3</u>	District of Origin No. <u>1</u>	District to Serve No. <u>1</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>12/17/10</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)*
Ursula De lae County Clerk

Address *(complete only different than shown above)*

A person of suitable age and discretion then residing in defendant's usual place of abode

Date: 12/23/10 Time: 10:30 am pm

Signature of U.S. Marshal or Deputy


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

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