_	rtment of Justic tes Marshals Se		<u> </u>	PROCESS RECEIPT AND RETURN See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.							
PLAINTIFF					COURT CASE NU	MBER	<u> </u>		_		
Joseph Bradsl	naw, et al.,			07-cv-02422-MSK-BNB							
DEFENDAN' Dr. Steven Na			1	TYPE OF PROCESS S/C							
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Steven Nafziger										
A1	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) OK for file no address provided										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BE Joseph Bradshaw #20980-038						W:		Number of process to be served with this Form - 28:		1	
ADX – Florence PO Box 8500 Florence, CO 81226							Number of parties to be served in this case			2	
							Check for service of	on U.S	S.A.		
	Telephone Numbers				rvice):						
Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk					X PLAINTIFF DEFENDANT		TELEPHONE NUMBER 303-844-3433		DATE 12/09/09		
SPACI	E BELOW FO	R USE OF	U.S. MA	RSHAL	ONLY - DO N	OT	WRITE BELO	WI	THIS	LINE	
total number of (Sign only first	acknowledge receipt for the tal number of process indicated. Process Origin Serve Serve on one USM 285 is submitted) Total District of Origin Serve No. No.					o Signature of Authorized USMS Deputy or Clerk Date				- ··	
	scribed on the individ						have executed the individual, comp				
I hereb	y certify and return the	hat I am unabl	e to locate the	individual,	company, corporation	on, etc.	, named above (See 1	remark	s belov	v)	
Name and title of individual served (if not shown above)							A person of suitable age and discretion then residing in the defendant's usual place of adobe.				
Address (com	plete only if different		Date of Service Tin		Time	am pm					
		Signature of U.S. Marshal or Deputy									

REMARKS:

Service Fee

Total Mileage Charges (including endeavors)

PRIOR EDITIONS MAY BE USED

FORM USM-285 (Rev. 12/15/80)

Amount owed to U.S. Amount of Refund

Marshal or

Total Charges

Advance Deposits

Forwarding Fee

U.S. Department of Justice <u>UNDER SEAL</u> United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Joseph Bradshaw, et al.,					COURT CASE NUMBER 07-cv-02422-MSK-BNB						
DEFENDANT Dr. Lawrence Leyba, et al.,					TYPE OF PROCESS S/C						
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPER CONDEMN Dr. Lawrence Leyba										ΓΥ ΤΟ SEIZE	OR
AT 	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) OK for file no address provided										
					·						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW											
Joseph Bradshaw #20980-038							served with this Form - 285				
ADX – Florence PO Box 8500 Florence, CO 81226								Number of parties served in this case	2		
Tiolon	50, 00 01250						ŀ	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): PERSONAL SERVICE — UNDER SEAL											
Signature of Attorney or other Originator requesting service on behalf X PLA						PLAINTIFF	TE	LEPHONE NUME	BER I	DATE	
of: Deputy Clerk					DEFENDANT 303-844-3433 12/09/09			2/09/09			
SPACE	BELOW FO	R USE OF	U.S. MAF	RSHAL (ONLY	′ - DO N	OT W	VRITE BELO)W T	HIS LINE	
I acknowledge receipt for the total number of process indicated. Total District of Origin Serve			District to Serve	to Signature of Authorized USMS Deputy or Clerk Date					Date		
	t USM 285 if more 285 is submitted)		No.	No.							
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 or on the individual, company, etc., shown at the address indicated below.											
I hereby	certify and return th	at I am unabl	e to locate the	ndividual, c	ompany	, corporatio	n, etc., 1	named above (See	remarks	below)	
Name and title of individual served (if not shown above)							A person of suitable age and discretion then residing in the defendant's usual place of adobe.				
Address (complete only if different than shown above)							Date of	Date of Service Time			ım om
							Signatu	ire of U.S. Marsha	l or Dep	outy	
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Cha	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refu	ınd
REMARKS:	J					<u> </u>					