# PROCESS RECEIPT AND RETURN

					n the r	everse of th	is form.				
PLAINTIFF Ahmed Moha	ımınad Ajaj	<u></u>		I		Γ CASE NU 2006-MSK					
DEFENDAN David Allred,			- · · · · · · · · · · · · · · · · · · ·	I .	YPE (	OF PROCES	SS				
SERVE	NAME OF INDIV CONDEMN David Allred, Clini				ETC.,	ΓΟ SERVE	OR DE	SCRIPTION OF P	ROPE	RTY TO	) SEIZE (
AT	ADDRESS (Street 5880 State Hwy. 67	or RFD, Apar South, Flore	tment No., City nce, CO 81226	v State and Zi	p Code	2)				<del></del>	
SEND NOTIO	CE OF SERVICE CO	DPY TO REQ	UESTER AT N	NAME AND	ADDR	ESS BELO	W:	Number of proce	ss to b	e T	
Ahmee	d Mohammad Ajaj #							served with this F			1
PO Bo	- Florence ox 8500 ce, CO 81226							Number of partie served in this case			19
	STRUCTIONS OR C				<b></b>			Check for service			
Signature of A	NAL SERVI		ting service on	behalf _	_X	PLAINTIF	F TE	LEPHONE NUM	BER	DATE	
of: / // / Depur Clerk	bully-	<u></u>		-	_	EFENDAN'	200	3-844-3433	DLK	10/22/0	
SPACI	E BELOW FO	R USE OF	U.S. MAI	RSHAL C	NLY	Y - DO N	OT V	VRITE BELO	)W	THIS	LINE
I acknowledge total number of (Sign only firs	receipt for the of process indicated.  t USM 285 if more (285 is submitted)	Total Process	District of Origin	District to Serve				USMS Deputy or			
hereby certify	and return that Icribed on the individ	have persolual, company	nally served.	No. have le	gal evi Iress sl	dence of ser nown above	vice,	have executed in individual, comp	l as sho pany, e	own in " etc., show	Remarks", wn at the
I hereb	y certify and return t	nat I am unabl	le to locate the	individual, co	mpan	y, corporation	on, etc.,	named above (See	remar	ks belov	v)
Name and title	of individual served	(if not shown	ı above)				residin	A person of suitabg in the defendant	le age s usua	and disc place o	retion the
Address (comp	plete only if different	than shown a	bove)				Date of	f Service	Time	<del></del> ;-	an pn
							Signatu	ire of U.S. Marsha	l or De	puty	
Service Fee	Total Mileage Cha (including endeavo		orwarding Fee	Total Char	ges	Advance I	I Deposits	Amount owed to Marshal or	U.S.	Amoun	t of Refun
REMARKS:		<del></del>			<del></del>	<u> </u>	·	<u> </u>			

#### PROCESS RECEIPT AND RETURN

		·	
	OURT CASE NUMBER 9-cv-02006-MSK-KLM		
	YPE OF PROCESS /C		
SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, I CONDEMN  Barbara Batulis, Senior Officer - ADX Florence	ETC., TO SERVE OR DI	ESCRIPTION OF PROPE	RTY TO SEIZE OR
ADDRESS (Street or RFD, Apartment No., City State and Zi 5880 State Hwy. 67 South, Florence, CO 81226	p Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND Ahmed Mohammad Ajaj # 40637-053	ADDRESS BELOW:	Number of process to be served with this Form -	
ADX - Florence PO Box 8500 Florence, CO 81226		Number of parties to be served in this case	19
		Check for service on U.	S.A.
PERSONAL SERVICE  Signature 19 2 Marney by other Official requesting service on behalf	·	PEL EDITONIC VID (OCC	Dim
Signature of Adorney for letter Originator requesting service on behalf of:	X PLAINTIFF T	ELEPHONE NUMBER	DATE
Debuty Clerk -	DEFENDANT 3	03-844-3433	10/22/09
SPACE BELOW FOR USE OF U.S. MARSHAL O	NLY - DO NOT	WRITE BELOW	THIS LINE
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more)  Total District of Origin Serve		d USMS Deputy or Clerk	
than one USM 285 is submitted) No. No.			
hereby certify and return that I have personally served, have lethe process described on the individual, company, corporation, etc., at the address indicated below.	gal evidence of service, _ dress shown above or on	have executed as sh the individual, company,	own in "Remarks", etc., shown at the
I hereby certify and return that I am unable to locate the individual, co	ompany, corporation, etc.	, named above (See remar	ks below)
Name and title of individual served (if not shown above)		A person of suitable ageing in the defendant's usua	and discretion then
Address (complete only if different than shown above)	Date	of Service Time	am pm
	Signa	ture of U.S. Marshal or D	eputy
Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Char	ges Advance Deposit	ts Amount owed to U.S. Marshal or	Amount of Refund

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Moha	nmad Ajaj			1		CASE NUN 006-MSK-F			_	
DEFENDANT Brad Cink, et					TYPE OF S/C	F PROCESS	S			
SERVE →	NAME OF INDIVII CONDEMN Brad Cink, Medical			ORATION, I	ETC., TO	O SERVE (	OR DES	CRIPTION OF PR	OPER'	TY TO SEIZE OR
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Zi	ip Code)					
							T-			
Ahmed	E OF SERVICE CO Mohammad Ajaj # 4		JESTER AT N	AME AND	ADDRE	SS BELOV		Number of process served with this Fo		85 1
РО Во	Florence x 8500 ce, CO 81226							Number of parties served in this case	to be	19
TIOTOF							- 	Check for service of	n U.S.	.A.
	NAL SERVIC		ting service on	behalf	X P	LAINTIFF	TEI	LEPHONE NUMB	ER I	DATE
Signature of A of: Departy Clerk	fornex cylother Orig	inator reques	ting service on	behalf _		LAINTIFF FENDANI	1,00	LEPHONE NUMB 844-3433		DATE 10/22/09
SPACI	E BELOW FOI	R USE OF	TUS MAR	SHAL (	NLV	- DO N	OT W	RITE BELO	WT	HISLINE
I acknowledge	receipt for the	Total Process	District of Origin	District to Serve	1			USMS Deputy or C		
	t USM 285 if more ' 285 is submitted)		No.	No.						
	cribed on the individ	have perso ual, company	nally served, _ , corporation, e	have le	egal evid Idress sho	ence of servown above	vice, or on th	have executed e individual, compa	as shov any, et	wn in "Remarks", c., shown at the
I hereb	y certify and return th	at I am unabl	e to locate the	individual, c	ompany,	, corporatio	n, etc., 1	named above (See i	emark	s below)
Name and title	of individual served	(if not shown	above)					A person of suitable in the defendant's		
Address (comp	olete only if different	than shown a	bove)				Date of	Service	Time	am pm
							Signatu	re of U.S. Marshal	or De <sub>l</sub>	puty
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Cha	ırges	Advance I	L Deposits	Amount owed to Marshal or	U.S.	Amount of Refund
REMARKS:	I	, , , , , , , , , , , , , , , , , , ,						1		

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohar	nmad Ajaj			1		CASE NUM 006-MSK-R		•	_ <del></del>	
DEFENDANT B. Cunning, et					TYPE OI S/C	F PROCESS	S			
SERVE → AT	NAME OF INDIVIT CONDEMN B. Cunning, Chapla			ORATION,	ETC., TO	O SERVE C	R DES	CRIPTION OF PR	OPER'	TY TO SEIZE OR
AI	ADDRESS (Street of 5880 State Hwy. 67			State and Z	(ip Code)					
Ahmed	E OF SERVICE CO		JESTER AT N	AME AND	ADDRE	ESS BELOW		Number of process served with this Fo		35 1
PO Bo	Florence x 8500 ce, CO 81226							Number of parties served in this case	to be	19
							i	Check for service of	on U.S.	Α
Addresses, All PERSON	TRUCTIONS OR O Telephone Numbers	, and Estimate	ed Times Availa	able For Se	rvice):					
Signature of A of:	ttorney or other Orig	inator reques	ting service on	behalf	<u>X</u> F	PLAINTIFF	TE	LEPHONE NUMB	ER I	DATE
Deputy Clerk	Jos Space				DE	EFENDANT	303	3-844-3433		10/22/09
SPACE	E BELOW FOR	R USE OF	U.S. MAI	RSHAL	ONLY	- DO N	OT W	RITE BELO	W T	HIS LINE
(Sign only firs	receipt for the f process indicated. t USM 285 if more 285 is submitted)	Total Process	District of Origin	District to Serve No.	Signa	ture of Auth	orized (	USMS Deputy or C	Clerk 1	Date
I hereby certify	and return that Icribed on the individ							have executed e individual, comp		
I hereby	certify and return the	iat I am unabl	le to locate the	individual,	company	, corporatio	n, etc., r	named above (See i	remark	s below)
Name and title	of individual served	(if not shown	above)					A person of suitablg in the defendant's		
Address (comp	olete only if different	than shown a	ibove)		•		Date of	Service	Time	am pm
							Signatu	ire of U.S. Marshal	or Dej	outy
Service Fee	Total Mileage Cha (including endeavo		orwarding Fee	Total Ch	arges	Advance D	eposits	Amount owed to Marshal or	U.S.	Amount of Refund
REMARKS:	1	<u> </u>				<u> </u>		<u> </u>		

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohar	nmad Ajaj			1		CASE NUI 006-MSK-I					
DEFENDANT Melvin Dunla				- 1	TYPE O	F PROCES	S				
-	NAME OF INDIVI CONDEMN Melvin Dunlap, DH			DRATION,	ETC., T	O SERVE (	OR DES	CRIPTION OF PI	ROPE	RTY TO SEIZE	OR
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Z	ip Code)	)					
	E OF SERVICE CO		UESTER AT N	AME AND	ADDRE	ESS BELOV		Number of proces served with this F			
PO Bo	Florence x 8500 ce, CO 81226							Number of parties served in this case		19	
	,						- 	Check for service	on U.	S.A.	
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers  NAL SERVIO	, and Estima	ted Times Availa	ible For Ser	vice):						_
Signature of A	ttorney or other Orig	ginator-reques	sting service on	behalf	X I	PLAINTIFF	TEI	LEPHONE NUMI	3ER	DATE	
Departy Clerk				٠.	DE	EFENDAN	Г 303	-844-3433		10/22/09	
SPACE	BELOW FOI	R USE O	F U.S. MAR	SHAL (	ONLY	' - DO N	OT W	RITE BELC	)W ]	THIS LINE	·
(Sign only first	receipt for the f process indicated. USM 285 if more 285 is submitted)	Total Process	Origin	District to Serve	Signa	ture of Autl	horized (	JSMS Deputy or (	Clerk	Date	
I hereby certify	and return that I_cribed on the individ	have persoual, company	onally served,	have le	gal evic	lence of ser own above	vice,	have executed e individual, comp	as sho	own in "Remark tc., shown at the	is",
I hereby	certify and return tl	nat I am unab	le to locate the i	ndividual, c	ompany	, corporatio	n, etc., n	named above (See	remar	ks below)	
	of individual served		• • • • • • • • • • • • • • • • • • • •			····		A person of suitabg in the defendant!	le age	and discretion t	then
Address (comp	lete only if different	than shown d	above)				Date of	Service	Time		am pm
							Signatu	re of U.S. Marsha	l or De	eputy	
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Cha	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Ref	fund
REMARKS:				1		<u>.                                    </u>					

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

	<del></del>							···-			
PLAINTIFF Ahmed Mohar	nmad Ajaj					CASE NUN 006-MSK-I					
DEFENDANT Tomas Gomez					YPE OI C	F PROCES	3				
SERVE	NAME OF INDIVICONDEMN Tomas Gomez, Unit			DRATION, E	TC., T	O SERVE (	OR DES	CRIPTION OF PE	ROPEI	RTY TO SI	EIZE OR
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Zip	o Code)	)					
Ahmed	E OF SERVICE CO	^	UESTER AT NA	AME AND A	ADDRE	ESS BELOV		Number of proces served with this Fo			1
PO Bo	Florence x 8500 ce, CO 81226							Number of parties served in this case			19
							į (	Check for service	on U.S	S.A.	
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers  NAL SERVIO	, and Estimat									
	ttotney or other Orig	inator reques	ying service on b	oehalf	<u>X</u> F	PLAINTIFF	TEI	LEPHONE NUMI	3ER	DATE	
of: Oly Clerk	Shows to	g		_	DE	EFENDANT	303	-844-3433		10/22/09	
SPACE	BELOW FO	R USE OI	F U.S. MAR	SHAL O	NLY	- DO N	OT W	RITE BELC	<b>W</b> 7	THIS LI	NE
(Sign only firs.	receipt for the f process indicated.  t USM 285 if more (285 is submitted)	Total Process	Origin	District to Serve	Signa	ture of Auth	norized (	JSMS Deputy or 0	Clerk	Date	
I hereby certify	and return that Icribed on the individ		onally served,	have le	gal evic	lence of servown above	vice, or on the	have executed individual, comp	as sho	l own in "Re etc., shown	marks", at the
I hereby	certify and return th	nat I am unab	le to locate the i	ndividual, co	mpany	, corporatio	n, etc., n	amed above (See	remar	ks below)	
	of individual served						<sup>/-</sup>	A person of suitab in the defendant's	le age	and discret	
Address (comp	olete only if different	than shown c	ibove)		•		Date of	Service	Time		am pm
							Signatu	re of U.S. Marsha	l or De	eputy	
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	ges	Advance D	eposits	Amount owed to Marshal or	U.S.	Amount o	f Refund
REMARKS:	- <b>L</b>			.1	<del></del>	L		<u> </u>		<u></u>	

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohar	nmad Ajaj					ASE NUI )6-MSK-						
DEFENDANT Wendy Heim,				T'S/		PROCES	S					
SERVE →	NAME OF INDIVI CONDEMN Wendy Heim, SICS			ORATION, E	тс., то	SERVE	OR DES	CRIPTION OF P	ROPEF	RTY TO	SEIZE	E OR
AT	ADDRESS (Street of 5880 State Hwy. 67	or RFD, Apari	tment No., City	State and Zip	o Code)							<del></del>
	E OF SERVICE CO Mohammad Ajaj #		UESTER AT N	AME AND A	ADDRES	S BELOV		Number of process served with this Fo			1	
PO Bo	Florence x 8500 ce, CO 81226							Number of parties served in this case			19	
PROTOR	Se, CO 81220						-  -	Check for service	on U.S	S.A.		
	NAL SERVIO			1 1 10			, , , , , , , , , , , , , , , , , , , ,					
Signature of A	torney of other/Orig	ginator reques	ting service on	behalf _	X PL	AINTIFF	TE	LEPHONE NUMI	3ER	DATE		
Deputy Clerk		J. Company		_	DEF	'ENDAN'	Γ 303	3-844-3433		10/22/0	)9	
SPACE	BELOW FOI	R USE OF	U.S. MAR	RSHAL O	NLY -	DO N	OT W	RITE BELO	)W 7	THIS	LINE	C
		Total Process	District of Origin	District to Serve	Signatu	re of Aut	horized l	USMS Deputy or 0	Clerk	Date	· · · · · ·	
	285 is submitted)		No.	No.								
	and return that I cribed on the individed below.	have perso lual, company	onally served,, corporation, e	have legtc., at the add	gal evide dress sho	nce of ser wn above	vice, or on th	have executed e individual, comp	as sho pany, e	own in "l tc., show	Remark vn at th	cs", ie
I hereby	certify and return the	nat I am unabl	e to locate the	individual, co	ompany, o	corporatio	n, etc., i	named above (See	remarl	ks below	v)	
Name and title	of individual served	(if not shown	above)					A person of suitabg in the defendant's				
Address (comp	olete only if different	than shown a	bove)				Date of	Service	Time			am pm
							Signatu	ire of U.S. Marsha	l or De	eputy		
Service Fee	Total Mileage Cha		orwarding Fee	Total Char	ges /	\dvance I	Deposits	Amount owed to Marshal or	U.S.	Amoun	t of Re	fund
REMARKS:	<u> </u>	<u> </u>		. 1				<u>I</u>				

#### PROCESS RECEIPT AND RETURN

	·	·	· ·			·····	_ <u>~</u>				
PLAINTIFF Ahmed Moha	mmad Ajaj		· · · · · · · · · · · · · · · · · · ·			CASE NU 2006-MSK-		· · · · · · · · · · · · · · · · · · ·	<del></del>		
DEFENDAN B. Janus, et al				I .	TYPE O	F PROCES	SS	7 160			
SERVE	NAME OF INDIVI CONDEMN B. Janus, Case Man			ORATION,	ЕТС., Т	O SERVE	OR DES	CRIPTION OF PI	ROPEI	RTY TO	SEIZE OR
AT	ADDRESS (Street 6 5880 State Hwy. 67	or RFD, Apar South, Flore	tment No., City nce, CO 81226	State and Z	ip Code,	)					
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	IAME AND	ADDRI	ESS BELO	- 1	Number of proces			
	l Mohammad Ajaj # Florence	40637-053				<del></del> -		served with this Fo	orm - 2	285	1
PO Bo	x 8500 ce, CO 81226							Number of parties served in this case			19
							[	Check for service	on U.S	S.A.	
··-	NAL SERVI		sting service on	behalf	XI	PLAINTIFF	TE	LEPHONE NUME	BER	DATE	
Deputy Clerk	Julie				DI	EFENDAN	Т 303	3-844-3433		10/22/0	19
SPACE	BELOW FO	R USE OF	U.S. MAI	RSHAL (	ONLY	′ - DO N	от w	RITE BELC	)W T	THIS	LINE
I acknowledge total number o	receipt for the f process indicated.  t USM 285 if more	Total Process	District of Origin	District to Serve	T			USMS Deputy or (			
	285 is submitted)		No.	No.							
	and return that I_cribed on the individed below.	have persolual, company	onally served, _ v, corporation, e	tc., at the ad	gal evic dress sh	lence of ser own above	vice, or on the	have executed a individual, comp	as sho any, e	wn in "I tc., shov	Remarks", vn at the
I hereby	certify and return the	nat I am unab	le to locate the	individual, c	ompany	, corporation	on, etc., r	named above (See	remark	s below	·)
Name and title	of individual served	l (if not showr	n above)				residing	A person of suitable in the defendant's	le age a s usual	and disc place of	retion then fadobe.
Address (comp	olete only if different	than shown a	ibove)				Date of	Service	Time		am pm
							Signatu	re of U.S. Marshal	or De	puty	
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount	of Refund
REMARKS:		<del> </del>		. 1		l	<del></del> -				<del></del>

#### PROCESS RECEIPT AND RETURN

							***************************************			<del> </del>	
PLAINTIFF Ahmed Mohar	nmad Ajaj			I -		CASE NUN 106-MSK-I					,
DEFENDANT FNU Jones, et					TYPE OF S/C	PROCES	S				
SERVE	NAME OF INDIVID CONDEMN FNU Jones, AFSA -			ORATION, I	ETC., TC	SERVE (	OR DES	CRIPTION OF PR	OPER	RTY TO SEIZ	E OR
<b>A</b> T	ADDRESS (Street of 5880 State Hwy. 67			State and Zi	ip Code)						
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND	ADDRE	SS BELOV		Number of process			<b></b>
	Mohammad Ajaj # - Florence	40637-053						served with this Fo	orm - 2	285 1	<u> </u>
РО Во	x 8500 ce, CO 81226							Number of parties served in this case	to be	19	9
	•						[	Check for service	on U.S	S.A.	
Signature of A	NAL SERVIC		ting service on	behalf	<u>X</u> P	LAINTIFF	TEI	LEPHONE NUME	BER	DATE	
of: () Deputy Clerk	Sall	198		-	DE	FENDANT	Г 303	-844-3433		10/22/09	
SPACE	BELOW FOR	R USE OF	FU.S. MAR	RSHAL (	DNLY	- DO N	OT W	RITE BELO	W T	HIS LIN	E
total number of (Sign only firs	receipt for the f process indicated. t USM 285 if more 285 is submitted)	Total Process	District of Origin	District to Serve No.	Signat	ure of Autl	norized (	JSMS Deputy or (	Clerk	Date	
	and return that I_cribed on the individed below.	have persoual, company	onally served,, corporation, e	have le	egal evide dress sho	ence of services	vice, or on the	have executed e individual, comp	as sho	wn in "Remar tc., shown at t	ks", he
I hereb	certify and return th	nat I am unab	le to locate the	individual, c	ompany,	corporatio	n, etc., r	named above (See	remark	s below)	
Name and title	of individual served	(if not showr	n above)				residing	A person of suitable in the defendant's	le age : s usual	and discretion place of adob	then e.
Address (comp	olete only if different	than shown a	ibove)		_		Date of	Service	Time		am pm
							Signatu	re of U.S. Marsha	l or De	puty	
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Cha	irges	Advance D	Deposits	Amount owed to Marshal or	U.S.	Amount of Re	efund
REMARKS:	. <u> </u>	<u> </u>						<u> </u>			<u>,                                     </u>

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Moha	mmad Ajaj		·	II.	OURT CASE 9-cv-02006-M							
DEFENDAN' D. Krist, et al.				T`S/	YPE OF PRO C	CESS		<u>, ,                                    </u>				<del></del>
SERVE AT	NAME OF INDIVI CONDEMN D. Krist, SIA - ADX ADDRESS (Street of 5880 State Hwy. 67	K Florence	tment No., City			VE OF	R DES	CRIPTION OF PE	ROPER	RTY TO	SEIZI	E OR
<del> </del>	3860 State 11wy. 07	South, Ploter	ice, CO 81220	·				<del></del>				
Ahmed	CE OF SERVICE CO	<del></del>	JESTER AT N	IAME AND A	ADDRESS BE	ELOW:		Number of proces served with this Fe			1	
PO Bo	Florence x 8500 ce, CO 81226							Number of parties served in this case			19	,
							[	Check for service	on U.S	S.A.		
Addresses, All	STRUCTIONS OR O Telephone Numbers	, and Estimate	ed Times Availa	able For Serv	ice):							
Signature of A	therney or other Orig	inator request	ting service on	behalf _	X PLAIN	TIFF	TEI	LEPHONE NUME	3ER	DATE		_
Deputy Clerk	HILL CONTRACTOR				DEFEND	DANT	303	-844-3433		10/22/	09	
SPACE	E BELOW FOI	R USE OF	U.S. MAI	RSHAL O	NLY - DO	O NO	T W	RITE BELC	)W T	THIS	LINE	C
total number of (Sign only firs	receipt for the of process indicated. t USM 285 if more 1 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of	f Autho	orized (	JSMS Deputy or (	Clerk	Date	<del></del> ,	
hereby certify	and return that I cribed on the individ		nally served,	have leg	gal evidence of ress shown al	of servi	ce,	have executed individual, comp	as sho any, e	own in 'tc., sho	'Remarl wn at th	ks", ne
I hereb	y certify and return tl	nat I am unabl	e to locate the	individual, co	mpany, corpo	oration,	, etc., n	named above (See	remarl	cs belov	(א	
Name and title	of individual served	(if not shown	above)			re		A person of suitabg in the defendant!				
Address (comp	olete only if different	than shown a	bove)			Γ	Date of	Service	Time	<del></del>		am pm
						S	Signatu	re of U.S. Marsha	l or De	puty		
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Char	ges Adva	nce De	posits	Amount owed to Marshal or	U.S.	Amour	it of Re	fund
REMARKS:	_L	L									<del></del>	

# PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohai	nmad Ajaj				OURT CASE NU P-cv-02006-MSK					
DEFENDANT R. Mack, et al				T' S/	YPE OF PROCE	SS				
SERVE →	NAME OF INDIVI CONDEMN R. Mack, ASOE - A			ORATION, E	TC., TO SERVE	OR DES	CRIPTION OF PR	ROPER	TY TO SEIZ	E OR
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Zip	Code)					
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	DDRESS BELO	)W:	Number of process	s to be	<del></del>	<u>.</u>
	Mohammad Ajaj #	40637-053				-	served with this Fo	orm - 2	85 1	
РО Во							Number of parties served in this case		19	9
						F	Check for service	on U.S	.A.	
Signature of A	tto ney or other Orig		sting service on	behalf _	X PLAINTIF	F TE	LEPHONE NUME	BER	DATE	
of Debuty Clerk	AUCO	10/			DEFENDAN	<sub>VT</sub> 303	3-844-3433		10/22/09	
SPACE	BELOW FOR	R USE OI	F U.S. MAF	RSHAL O	NLY - DO N	V TO	RITE BELC	)W T	HIS LIN	E
(Sign only firs	receipt for the f process indicated.  t USM 285 if more (285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Au	thorized	USMS Deputy or (	Clerk	Date	<del></del>
hereby certify	and return that I_		onally served,	have leg	al evidence of se ress shown above	ervice,	have executed e individual, comp	as sho	wn in "Remar c., shown at t	rks", he
I hereby	certify and return th	nat I am unab	le to locate the	individual, co	mpany, corporati	ion, etc., i	named above (See	remark	s below)	
Name and title	of individual served	(if not showi	n above)				A person of suitable in the defendant's			
Address (comp	lete only if different	than shown c	ibove)			Date of	Service	Time		am pm
						Signatu	ire of U.S. Marsha	l or De	puty	
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Charg	ges Advance	Deposits	Amount owed to Marshal or	U.S.	Amount of Re	efund
REMARKS:	<u> </u>	<u>l</u> -			!		<u> </u>			

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Moha	mmad Ajaj	,				CASE NU 2006-MSK-					
DEFENDAN Rick Martine	=				TYPE O	F PROCES	S				
SERVE	NAME OF INDIVICONDEMN Rick Martinez, Mai			ORATION,	ETC., T	O SERVE	OR DES	CRIPTION OF P	ROPE	RTY TO SEI	ZE OR
AT	ADDRESS (Street 5880 State Hwy. 67	or RFD, Apa South, Flor	urtment No., City ence, CO 81226	State and Z	ip Code	)					
SEND NOTIO	CE OF SERVICE CO	OPY TO REC	QUESTER AT N	IAME AND	ADDR	ESS BELO	W: i	Number of proces	ss to be		<del></del> -
	d Mohammad Ajaj #	40637-053	- <u> </u>					served with this F			1
РО Во	- Florence ox 8500 ice, CO 81226							Number of parties served in this case			19
	STRUCTIONS OR (							Check for service			
	l Telephone Number:		ated Times Avail	able For Ser	vice):						
Signature of	Attorney or other Original	ginator reque	esting service on	behalf	<u>X</u>	PLAINTIFF	TEI	LEPHONE NUMI	BER	DATE	
Depart Clerk	SOUS	39/			D	EFENDAN'	Г 303	-844-3433		10/22/09	
SPACI	E BELOW FO	R USE O	F U.S. MAI	RSHAL (	ONLY	/ - DO N	OT W	RITE BELO	OW :	THIS LIN	VE
total number of	e receipt for the of process indicated.  It USM 285 if more	Total Process	District of Origin	District to Serve	Signa	ture of Aut	horized (	JSMS Deputy or	Clerk	Date	
	(1 285 is submitted)		No.	No.							
	and return that I cribed on the individual delow.	have pers lual, compan	sonally served, _ iy, corporation, e	have letc., at the ad	egal evid dress sh	dence of ser nown above	vice, or on the	have executed individual, comp	l as she bany, e	own in "Rem etc., shown at	arks", the
I hereb	y certify and return t	hat I am una	ble to locate the	individual, c	ompany	, corporatio	on, etc., n	amed above (See	remar	ks below)	
Name and title	e of individual served	l (if not show	vn above)		-			A person of suitabg in the defendant			
Address (comp	olete only if different	than shown	above)				Date of	Service	Time		am pm
							Signatu	re of U.S. Marsha	ıl or D	eputy	
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Cha	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of I	Refund
REMARKS:	<u> </u>	<del></del>		<u> </u>		1		<u> </u>		<u></u>	

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohai	nmad Ajaj				COURT CASE NUMBER 09-cv-02006-MSK-KLM							
DEFENDANT Carl Mestas, e					TYPE OF PROCESS S/C							
<b>→</b>	NAME OF INDIVI CONDEMN Carl Mestas, Senior			ORATION,	ETC., T	O SERVE (	OR DES	CRIPTION OF PI	ROPER	TY TO SEIZE	E OR	
AT	ADDRESS (Street of 5880 State Hwy, 67				ip Code,	)						
	E OF SERVICE CO		UESTER AT N	IAME AND	ADDRI	ESS BELOV		Number of proces served with this Fo		85 1		
Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence GO 81236							Number of parties to be   served in this case			19	<u> </u>	
Florence	ce, CO 81226	⊢	Check for service	-		w						
<u>Addresses</u> , All	TRUCTIONS OR C Telephone Numbers	, and Estimat	RMATION TH	IAT WILL A able For Ser	ASSIST : rvice):	IN EXPEDI	TING S	ERVICE <u>(Include</u>	<u>Busine</u>	ss and Alterna	<u>ite</u>	
of: (/ //	ttorney or other Orig	rinator reques	ting service on	behalf	XI	PLAINTIFF	TEI	LEPHONE NUME	BER	DATE	<del></del> -	
Deputy Člerk	<del>360°</del>	7			DI	EFENDANT	T 303-844-3433 10/22/09			10/22/09		
SPACE	BELOW FO	R USE OF	U.S. MAI	RSHAL (	ONLY	- DO N	OT W	RITE BELC	WT	HIS LINE	_	
total number o (Sign only first	receipt for the f process indicated.  USM 285 if more 285 is submitted)	Total Process	District of Origin	District to Serve	Signa	iture of Auth	norized (	JSMS Deputy or (	Clerk	Date		
hereby certify	and return that I	have persoual, company	nally served,	have le	egal evid	lence of serviown above	vice,	have executed e individual, comp	as show	wn in "Remark c., shown at the	es",	
I hereby	certify and return th	nat I am unab	le to locate the	individual, c	ompany	, corporatio	n, etc., n	named above (See	remark	s below)		
Name and title	of individual served	(if not showr	above)					A person of suitable in the defendant's				
Address (comp	lete only if different	than shown a	ibove)		-		Date of	Service	Time		am pm	
							Signatu	re of U.S. Marsha	l or De <sub>l</sub>	puty		
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Cha	ırges	Advance D	eposits	Amount owed to Marshal or	U.S.	Amount of Ref	und	
REMARKS:	1			<u> </u>	·	<u> </u>	. <u>-</u>	<u> </u>		_		

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Moha	mmad Ajaj				COURT CASE NUMBER 09-cv-02006-MSK-KLM							
DEFENDANT Steven Nafzig				1	TYPE OF PROCESS S/C							
SERVE →	NAME OF INDIVI CONDEMN Steven Nafziger, Pl			ORATION,	ETC.,	ΓΟ SERVE	OR DES	SCRIPTION OF P	ROPE	RTY TO	SEIZE OR	
AT	ADDRESS (Street of 5880 State Hwy. 67	or RFD, Apa	rtment No., City		Zip Cod	<u> </u>						
						<u> </u>		· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>	
	E OF SERVICE CO		UESTER AT N	NAME AND	ADDR	ESS BELO	w:	Number of processerved with this F			I	
ADX - Florence PO Box 8500 Florence, CO 81226						Number of parties to be					19	
2 10.01	,						F 1	Check for service	on U.S	S.A.	<del></del>	
PERSON	Telephone Numbers	C <b>E</b>			rvice):		· · · · · · · · · · · · · · · · · · ·					
Signature of A	torney or other Orig	inator reque	sting service on	behalf	<u>X</u>	PLAINTIFF	TE.	LEPHONE NUM	BER	DATE		
Deputy Clerk	HUG				DEFENDANT   303-844-3433   10/22/09				9			
SPACE	BELOW FOR	R USE O	F U.S. MAI	RSHAL (	ONLY	Y - DO N	OT W	RITE BELO	)W i	HIS	INE	
I acknowledge total number o (Sign only first	receipt for the f process indicated.  USM 285 if more	Total Process	District of Origin	District to Serve	7			USMS Deputy or				
	285 is submitted)		No.	No.	_						•	
	and return that I cribed on the individed below.	have perso ual, company	onally served, _ y, corporation, e	have letc., at the ac	egal evi Idress sl	dence of ser nown above	vice, or on th	have executed e individual, com	l as sho pany, e	wn in "F tc., show	Remarks",	
I hereby	certify and return th	at I am unab	le to locate the	individual, o	compan	y, corporatio	n, etc., i	named above (See	remarl	s below	<del></del>	
	of individual served				:		1	A person of suitabg in the defendant	le age	and discr	retion then	
Address (comp	lete only if different	than shown d	ibove)				Date of	Service	Time		am pm	
							Signatu	re of U.S. Marsha	l or De	puty		
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Cha	ırges	Advance L	Deposits	Amount owed to Marshal or	U.S.	Amount	of Refund	
REMARKS:	<del>1, , </del>			-1		<u> </u>	·	I		-		

# PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohar	mmad Ajaj	-			COURT CASE NUMBER 09-cv-02006-MSK-KLM						
DEFENDANT FNU Olmstea			· · ·	,	TYPE OF PROCESS S/C						
SERVE → AT	NAME OF INDIVI CONDEMN FNU Olmstead, Co			ORATION,	ETC., T	O SERVE	OR DES	CRIPTION OF PI	ROPE	RTY TO SE	IZE OR
AI	ADDRESS (Street of 5880 State Hwy. 67			State and Z	ip Code	·)					
	E OF SERVICE CO		UESTER AT N	AME AND	ADDRI	ESS BELO	1	Number of proces served with this F			1
ADX - Florence PO Box 8500 Florence, CO 81226								Number of parties to be served in this case			19
	<del> </del>							Check for service	on U.S	S.A.	
Addresses, All PERSON	TRUCTIONS OR C Telephone Numbers	c, and Estima	ted Times Availd	able For Ser	vice):		iiind 5	ERVICE <u>Include</u>	Busin	ess ana Atte	<u>rnate</u>
Signature of A	thorney or other Orig	ginator reque	sting service on	behalf _	<u>X</u> I	PLAINTIFF	TE	TELEPHONE NUMBER DATE			
Deputy Clerk	pur ju			-	Dì	EFENDAN	NDANT 303-844-3433 10/22/09				
SPACE	BELOW FO	R USE O	F U.S. MAR	RSHAL (	ONLY	/ - DO N	OT W	RITE BELO	)W ]	THIS LI	VE.
total number o	receipt for the f process indicated. USM 285 if more	Total Process	District of Origin	District to Serve	to Signature of Authorized USMS Deputy or Clerk Date						
I hereby certify	and return that I_cribed on the individed below.	have pers	No. onally served, _ y, corporation, e	No. have le	gal evid	dence of ser	vice, or on the	have executed e individual, comp	as sho	own in "Remete., shown a	narks",
I hereby	certify and return th	nat I am unab	le to locate the i	ndividual, c	ompany	, corporatio	n, etc., r	named above (See	remarl	ks below)	
	of individual served					•	/	A person of suitab	le age	and discretion	on then
Address (comp	lete only if different	than shown e	above)				Date of	Service	Time	<del></del>	am pm
							Signatu	re of U.S. Marsha	l or De	eputy	
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Chai	rges	Advance D	Deposits Amount owed to U.S. Amount of Marshal or			Refund	
REMARKS:	<del>-</del>	<u></u>	<del></del>	<u> </u>	<del></del>	l		<u> </u>	ļ	<u> </u>	

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Mohan	mmad Ajaj				COURT CASE NUMBER 09-cv-02006-MSK-KLM							
DEFENDANT Sara Revell, et			-		TYPE OF PROCESS S/C							
SERVE	NAME OF INDIVI CONDEMN Sara Revell, Warde			ORATION,	ETC., T	O SERVE	OR DES	SCRIPTION OF P	ROPEF	RTY TO	SEIZE OR	
AT	ADDRESS (Street of 5880 State Hwy. 67	or RFD, Apa South, Flor	ertment No., City ence, CO 81226	State and Z	ip Code	)				<u> </u>		
Ahmed	E OF SERVICE CO Mohammad Ajaj # Florence		QUESTER AT N	AME AND — — -	ADDRI	ESS BELO'	1	Number of proces served with this F			1	
PO Box 8500 Florence, CO 81226								Number of parties served in this case			19	
								Check for service	on U.S	S.A.		
Addresses, All PERSON	TRUCTIONS OR C Telephone Numbers	, and Estime	nted Times Availa	able For Sei	rvice):	IN EXPED	ITING S	ERVICE <u>(Include</u>	<u>Busine</u>	ess and A	<u>Illernate</u>	
27 Z VW 11	ttorney or other Orig	tinator r <del>equ</del> e	sting service on	behalf	<u>X</u>	PLAINTIFF	TE	LEPHONE NUMI	BER	DATE		
of: Deputy Clerk	JULI	PIG	<del></del>		DI	DEFENDANT   303-844-3433   10/22/09				<del>)</del>		
SPACE	BELOW FO	R USE O	F U.S. MAF	RSHAL	ONLY	/ - DO N	от и	RITE BELO	WI	TRIF	JNE	
I acknowledge total number o (Sign only first	receipt for the	Total Process	District of Origin	District to Serve				USMS Deputy or			21112	
	and return that I cribed on the individed below.	have persual, compan	sonally served, y, corporation, e	have lete., at the ac	egal evid ldress sh	dence of ser	vice, or on th	have executed e individual, comp	as sho any, et	wn in "R	emarks", n at the	
I hereby	certify and return th	nat I am unab	ole to locate the i	individual, o	company	. corporatio	n. etc 1	named above (See	remark	s helow)		
	of individual served			<u> </u>	<u> </u>	<u>.                                      </u>		A person of suitabg in the defendant	le age a	and discr	etion then	
Address (comp	lete only if different	than shown	above)				Date of	Service	Time		am pm	
							Signatu	ire of U.S. Marsha	l or De	puty		
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Cha	nrges	Advance I	l Deposits	Amount owed to Marshal or	U.S.	Amount	of Refund	
REMARKS:	·					<u> </u>		<u> </u>				

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Ahmed Moha	PLAINTIFF Ahmed Mohammad Ajaj						COURT CASE NUMBER 09-cv-02006-MSK-KLM						
DEFENDANT Dan Roy, et a					YPE O	F PROCES	CESS						
SERVE →	NAME OF INDIVI CONDEMN Dan Roy, Mail Staf			ORATION, E	ETC., T	O SERVE	OR DES	CRIPTION OF PI	ROPE	RTY TO SE	EIZE OR		
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Zi	p Code	)							
	CE OF SERVICE CO		QUESTER AT N	AME AND	ADDR	ESS BELOV		Number of proces served with this F			1		
ADX -	Florence x 8500	40037-053						Number of parties to be					
	Florence, CO 81226								on U.	S A	19		
<u>Addresses</u> , All	STRUCTIONS OR C Telephone Numbers NAL SERVIO	s, and Estimo	ORMATION TH ated Times Availa	able For Serv	55151 vice):	IN EXPEDI	TING S	ERVICE <u>(Include</u>	: Buşin	ess and Alt	<u>ernate</u>		
Signapare of A	tto <b>y</b> ney or other Brig	ginator reque	esong service on	behalf _	X1	PLAINTIFF	TEI	EPHONE NUMI	BER	DATE			
of Departy Clerk	HALSO	7		<del>-</del>	DI	EFENDAN'	303	-844-3433		10/22/09			
SPACE	BELOW FO	R USE O	F U.S. MAR	RSHAL C	NLY	7 - DO N	OT W	RITE BELO	)W T	THIS LI	NE		
total number of (Sign only first	receipt for the f process indicated.  t USM 285 if more [285 is submitted]	Total Process	District of Origin	District to Serve	o Signature of Authorized USMS Deputy or Clerk Date								
I hereby certify	and return that I_cribed on the individ	l have pers lual, compar	sonally served, _	have le	gal evid	dence of ser nown above	vice, or on the	have executed individual, comp	as sho	own in "Reretc., shown	narks", at the		
I hereb	y certify and return the	nat I am una	ble to locate the i	individual, co	ompany	. corporatio	n. etc n	amed above (See	remar	ks below)			
	of individual served				- 1	,	A	A person of suitab in the defendant	le age	and discret			
Address (comp	plete only if different	than shown	above)				Date of	Service	Time		am pm		
							Signatu	re of U.S. Marsha	l or D	eputy			
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	harges Advance Deposits Amount ow Marshal or				U.S.	J.S. Amount of Refund			
REMARKS:	<u> </u>									L			

#### PROCESS RECEIPT AND RETURN

				<del></del>							
PLAINTIFF Ahmed Moha	nmad Ajaj				COURT CASE NUMBER 09-cv-02006-MSK-KLM						
DEFENDANT FNU Sproul, o					YPE O /C	F PROCES	CESS				
SERVE →	NAME OF INDIVI CONDEMN FNU Sproul, Unit N			DRATION, E	ЕТС., Т	O SERVE (	OR DES	CRIPTION OF PI	ROPE	RTY TO SEIZE O	
AT	ADDRESS (Street of 5880 State Hwy. 67	or RFD, Apar	tment No., City	State and Zi	p Code,	)					
	CE OF SERVICE CO	- — — <sup>-</sup>	UESTER AT N.	AME AND	ADDRI	ESS BELOV	1	Number of proces served with this F			
РО Во	ADX - Florence PO Box 8500 Florence, CO 81226							Number of parties served in this case	19		
							į.	Check for service	on U.	S.A.	
<u>Addresses</u> , All	TRUCTIONS OR C Telephone Numbers	, and Estimai	ted Times Availa	at will A	55151 ; vice):	in expedi	TING SI	ERVICE <u>(incluae</u>	Busin	ess ana Auernaie	
Signature of A	ttorney or other Orig	inetor reques	eting service on l	behalf _	X I	PLAINTIFF	TEI	EPHONE NUMI	IBER DATE		
Deputy Clerk	June	N.		_	DI	EFENDANT	303	<b>-</b> 844-3433		10/22/09	
SPACE	BELOW FO	R USE OI	F U.S. MAR	SHAL C	NLY	/ - DO N	OT W	RITE BELO	)W	THIS LINE	
I acknowledge total number of (Sign only firs	receipt for the f process indicated. t USM 285 if more	Total Process	District of Origin	District to Serve							
than one USM	285 is submitted)			No.	<u> </u>						
	and return that I cribed on the individed ed below.		onally served,,, corporation, e	have le	gal evid dress sh	dence of ser- nown above	vice, or on the	have executed individual, comp	l as she pany, e	own in "Remarks", etc., shown at the	
I hereb	y certify and return th	nat I am unab	le to locate the i	ndividual, co	ompany	, corporatio	n, etc., n	amed above (See	remar	ks below)	
Name and title	of individual served	(if not show	n above)					A person of suitab in the defendant		and discretion then I place of adobe.	
Address (comp	plete only if different	than shown c	above)				Date of	Service	Time	am pm	
							Signatu	re of U.S. Marsha	l or D	eputy	
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	rges	Advance I	Deposits Amount owed to U.S. Amount of Marshal or			Amount of Refund	
REMARKS:	<u> </u>			.1		<u> </u>	<del></del>				

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

PLAINTIFF Ahmed Moha	mmad Ajaj				COURT CASE NUMBER 09-cv-02006-MSK-KLM							
DEFENDAN' Jon Vigle, et a					ΓΥΡΕ ( S/C	OF PROCES	SS		-	-		
SERVE	NAME OF INDIVICONDEMN Jon Vigle, Senior C			ORATION,	ETC., 1	TO SERVE	OR DES	SCRIPTION OF P	ROPE	ERTY TO	) SEIZE OR	
<b>A</b> T	ADDRESS (Street 5880 State Hwy. 67				ip Code	?)		-				
Ahmed	CE OF SERVICE CO d Mohammad Ajaj # - Florence	<del>_</del> _	QUESTER AT N	NAME AND	O ADDRESS BELOW:			Number of process to be served with this Form -			1	
РО Во	x 8500 ce, CO 81226				Number of parties to be served in this case					:	19	
							i	Check for service	on U.	S.A.		
PERSON	NAL SERVIO	CE					· · · · · ·					
	ttorney or other Orig	ginator-requ	esting service on	behalf _	<u>X</u>	PLAINTIFI	7 TE	LEPHONE NUM	BER	DATE		
Deputy Clerk	HUMO			-	D	EFENDAN	T 303	-844-3433		10/22/0	)9	
SPACE	E BELOW FO	R USE C	F U.S. MAI	RSHAL (	NLY	7 - DO N	OT W	RITE BELO	OW '	THIS	LINE	
I acknowledge total number o (Sign only first	receipt for the f process indicated.  t USM 285 if more (285 is submitted)	Total Process	District of Origin	District to Serve	o Signature of Authorized USMS Deputy or Clerk Date							
···		<u> </u>		No.						<u> </u>		
	and return that I cribed on the individed ed below	have per lual, compa	sonally served, _ ny, corporation, e	have le etc., at the add	gal evi dress sl	dence of ser nown above	vice, or on th	have executed have individual, comp	l as sh pany, e	own in "I etc., shov	Remarks", vn at the	
I hereby	certify and return th	nat I am una	ble to locate the	individual, co	ompany	, corporatio	n, etc., r	named above (See	remar	ks below	<i></i>	
	of individual served				· · ·			A person of suitabg in the defendant	le age	and disc	retion then	
Address (comp	lete only if different	than shown	above)				Date of	Service	Time	<u> </u>	am pm	
							Signatu	re of U.S. Marsha	l or D	eputy		
Service Fee	Total Mileage Char (including endeavo		Forwarding Fee	Total Char	·ges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount	of Refund	
REMARKS:	<del>*</del>			<u> </u>						L		