

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

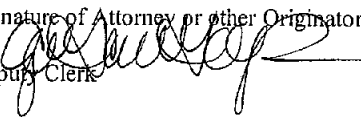
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT David Allred, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN David Allred, Clinical Director - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of:  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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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 first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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 or on the individual, company, etc., shown at the address indicated 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)	_____ 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 Service	Time	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
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REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Barbara Batulis, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Barbara Batulis, Senior Officer - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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Name and title of individual served <i>(if not shown above)</i>	_____ A person of suitable age and discretion then residing in the defendant's usual place of adobe.	
Address <i>(complete only if different than shown above)</i>	Date of Service	Time 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
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REMARKS:

PROCESS RECEIPT AND RETURN

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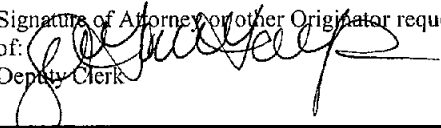
PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Brad Cink, et al.,	TYPE OF PROCESS S/C

SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Brad Cink, Medical Staff - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of:  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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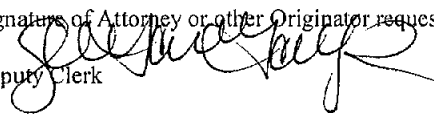
REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT B. Cunning, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN B. Cunning, Chaplain - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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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

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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Address (complete only if different than shown above)	Date of Service	Time	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
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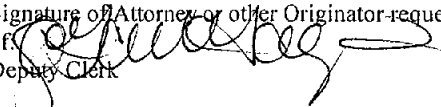
REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Melvin Dunlap, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Melvin Dunlap, DHO - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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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 Service	Time _____ 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
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REMARKS:

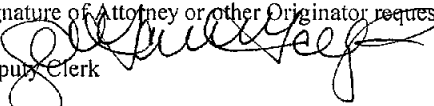
PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Tomas Gomez, et al.,	TYPE OF PROCESS S/C

SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Tomas Gomez, Unit Manager - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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	Check for service on U.S.A.	

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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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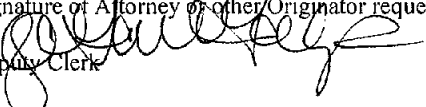
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PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Wendy Heim, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Wendy Heim, SICS Specialist - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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	Check for service on U.S.A.	

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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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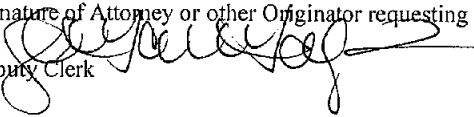
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PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT B. Janus, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN B. Janus, Case Manager - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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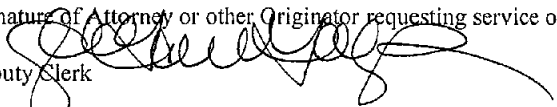
PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEPENDANT FNU Jones, et al.,	TYPE OF PROCESS S/C

SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FNU Jones, AFSA - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of:  Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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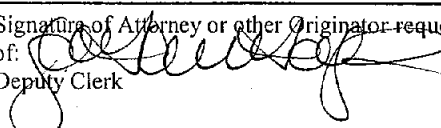
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT D. Krist, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN D. Krist, SIA - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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	Signature of U.S. Marshal or Deputy	

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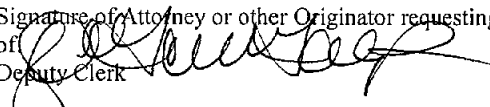
REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT R. Mack, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN R. Mack, ASOE - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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 or on the individual, company, etc., shown at the address indicated 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 <i>(if not shown above)</i>	_____ A person of suitable age and discretion then residing in the defendant's usual place of adobe.		
Address <i>(complete only if different than shown above)</i>	Date of Service	Time	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
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REMARKS:

PROCESS RECEIPT AND RETURN

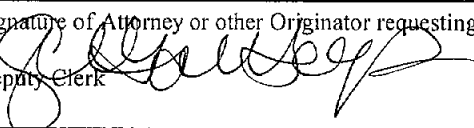
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Rick Martinez, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Rick Martinez, Mail Staff - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date

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 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)	_____ 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 Service	Time _____ 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

REMARKS:

PROCESS RECEIPT AND RETURN

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

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Carl Mestas, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Carl Mestas, Senior Officer - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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 or on the individual, company, etc., shown at the address indicated 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)	_____ 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 Service	Time 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
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REMARKS:

PROCESS RECEIPT AND RETURN

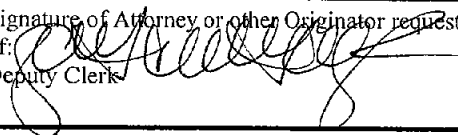
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Steven Nafziger, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Steven Nafziger, Physician - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date

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 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)	_____ 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 Service	Time	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

REMARKS:

PROCESS RECEIPT AND RETURN

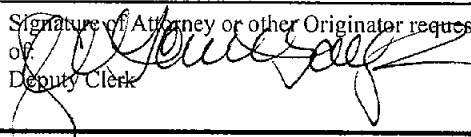
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT FNU Olmstead, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FNU Olmstead, Counselor - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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 Service	Time	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
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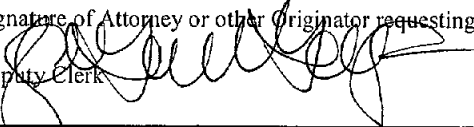
REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Sara Revell, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sara Revell, Warden - USP Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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Name and title of individual served (<i>if not shown above</i>)	_____ A person of suitable age and discretion then residing in the defendant's usual place of adobe.	
Address (<i>complete only if different than shown above</i>)	Date of Service	Time 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
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REMARKS:

PROCESS RECEIPT AND RETURN

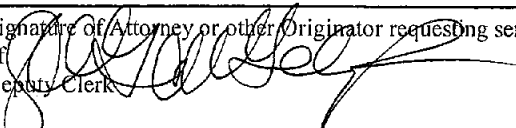
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Dan Roy, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dan Roy, Mail Staff - USP Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 19
	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

Signature of Attorney or other Originator requesting service on behalf of Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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Name and title of individual served <i>(if not shown above)</i>	_____ A person of suitable age and discretion then residing in the defendant's usual place of adobe.		
Address <i>(complete only if different than shown above)</i>	Date of Service	Time	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
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REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT FNU Sproul, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FNU Sproul, Unit Manager - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of: Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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Address <i>(complete only if different than shown above)</i>	Date of Service	Time	am pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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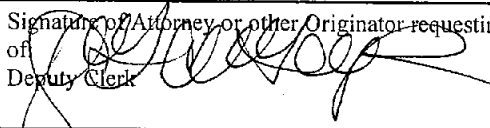
REMARKS:

PLAINTIFF Ahmed Mohammad Ajaj	COURT CASE NUMBER 09-cv-02006-MSK-KLM
DEFENDANT Jon Vigle, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jon Vigle, Senior Officer - ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy. 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ahmed Mohammad Ajaj # 40637-053 ADX - Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	19
	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

Signature of Attorney or other Originator requesting service on behalf of Deputy Clerk 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 10/22/09
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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 abode.	
Address (complete only if different than shown above)	Date of Service	Time _____ 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
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REMARKS: