PROCESS RECEIPT AND RETURN

				Un	ine iev	erse oj inis	jorm.					
PLAINTIFF Casey B. Rodi	iguez				COURT CASE NUMBER 08-cv-02505-PAB-CBS							
DEFENDANT Dr. Allred, et					TYPE OF PROCESS S/C							
SERVE →	NAME OF INDIVII CONDEMN Dr. Allred	DUAL, COM	PANY, CORPO	DRATION, E	TC., TC	SERVE C	OR DESC	CRIPTION OF PR	OPER	TY TO SEIZ	E OR	
AT	ADDRESS (Street of 5880 State Highway				Code)							
	E OF SERVICE CO		UESTER AT N	AME AND A	ADDRE	SS BELOV		Number of process served with this Fo		85	1	
ADX – Florence PO Box 8500 Florence, CO 81226								Number of parties served in this case			5	
1 10101100, 00 01220								Check for service	on U.S.	.A.		
<u>Addresses</u> , Ali	STRUCTIONS OR O Telephone Numbers	, and Estim <mark>a</mark> t						1				
Signature of	phyney on other Orig	inator reques	ting service on	behalf	X P	LAINTIFF	TEI	LEPHONE NUME	BER [DATE		
of: Deputy Clork	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			_	DE	FENDANI	NT 303-844-3433 6/11/09					
SPACI	E BELOW FOI	R USE OI	F U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELO	W T	HIS LIN	E	
I acknowledge total number of (Sign only firs	e receipt for the of process indicated. It USM 285 if more 1285 is submitted)	Total Process	District of Origin	District to Serve				JSMS Deputy or (\neg			
I hereby certify the process de- address indicate	and return that I recibed on the individued below.							have executed e individual, comp				
I hereb	y certify and return th	hat I am unab	le to locate the	individual, co	ompany	, corporatio	n, etc., r	named above (See	remark	s below)		
Name and titl	e of individual served	l (if not show	n above)					A person of suitabg in the defendant's				
Address (complete 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 Cha		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of I	Refund	
REMARKS:	_1					<u> </u>	<u>-</u>	1,				
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PROCESS RECEIPT AND RETURN

PLAINTIFF Casey B. Rodr	iguez				COURT CASE NUMBER 08-cv-02505-PAB-CBS							
DEFENDANT HSA Smith, et					TYPE OF PROCESS S/C							
⇒ ⇒	NAME OF INDIVII CONDEMN HSA Smith (Assista		IPANY, CORPO	RATION, I	ETC., TO	O SERVE C	OR DES	CRIPTION OF PR	OPER	RTY TO SEL	ZE OR	
A T	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Highway 67 South, Florence, CO 81226											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Casey B. Rodriguez #08561-097 ADV. Flammar And Address Below: Number of process to be served with this Form - 285										1		
ADX – Florence PO Box 8500 Florence, CO 81226								Number of parties to be served in this case 5				
								Check for service	on U.S	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												
	torney or other Original	inator reques	sting service on b	pehalf _	<u>X</u> P	LAINTIFF	TEI	LEPHONE NUME	BER	DATE		
of: (1) Of the control of the contro	Jack	KKI		-	DE	FENDANT	303	-844-3433		6/11/09		
SPACE	BELOW FOR	R USE O	F U.S. MAR	SHAL (DNLY	- DO N	OT W	RITE BELC	W]	THIS LIN	Œ	
(Sign only first	receipt for the f process indicated. USM 285 if more 285 is submitted)	Total Process	Origin	District to Serve No.	Signa	ture of Auth	orized (JSMS Deputy or (Clerk	Date	<u>-</u>	
	and return that I_cribed on the individed below.							have executed individual, comp				
I hereby	certify and return th	nat I am unab	le to locate the in	ndividual, c	ompany	, corporatio	n, etc., r	named above (See	remarl	ks below)		
Name and title	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 am					
							Signatu	re of U.S. Marsha	l or De	eputy		
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Cha	rges	Advance D	Deposits	Amount owed to Marshal or	U.S.	Amount of l	Refund	
REMARKS:			<u>.</u>	<u> </u>		I		<u> </u>		<u> </u>		

PROCESS RECEIPT AND RETURN

PLAINTIFF Casey B. Rodi	COURT CASE NUMBER 08-cv-02505-PAB-CBS											
DEFENDANT Dr. Nafzinger,				T'S/		PROCESS	SS					
SERVE	NAME OF INDIVII CONDEMN Dr. Nafzinger	OUAL, COM	PANY, CORPO	PRATION, E	TC., TC	SERVE C	OR DESC	CRIPTION OF PR	OPER	TY TO SEIZ	Æ OR	
AT	ADDRESS (Street of 5880 State Highway				o Code)					··-		
	CE OF SERVICE CO B. Rodriguez #0856	`	UESTER AT N	AME AND A	ADDRE	SS BELOV		Number of process erved with this Fo		285	1	
ADX - Florence PO Box 8500 Florence, CO 81226							Number of parties to be served in this case 5					
							i	Check for service of	on U.S	S.A.		
Addresses, All	STRUCTIONS OR O	, and Estimai						Z. T. Z. Internate				
	Atomey or other Orle	ingtor reques	sting service on	behalf _	<u>X</u> P	LAINTIFF	TEL	EPHONE NUME	BER	DATE		
of: Deputy Clerk				_	DE	FENDAN'I	303	-844-3433		6/11/09		
SPACI	E BELOW FOI	R USE O	F U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELO	W 7	THIS LIN	Œ	
total number of (Sign only firs	e receipt for the of process indicated. If USM 285 if more (1285 is submitted)	Total Process	District of Origin	District to Serve	Signat	ure of Auti	norized U	JSMS Deputy or (Clerk	Date		
I hereby certify	and return that I_		onally served, _	have le				have executed individual, comp				
	y certify and return th	nat I am unab	le to locate the i	individual, co	ompany,	corporatio	n, etc., n	amed above (See	remarl	ks below)		
Name and title	e of individual served	(if not show	n above)	-				A person of suitable in the defendant's				
Address (com	olete only if different	than shown o	above)				Date of	Service	Time		am pm	
							Signatu	re of U.S. Marsha	l or De	eputy		
Service Fee	Total Mileage Cha		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of F		
REMARKS:	<u> </u>			<u> </u>				ı				

PROCESS RECEIPT AND RETURN

PLAINTIFF Casey B. Rodi	iguez		<u>.</u>			CASE NUM 505-PAB-C					
DEFENDANT HSA Bauer, et		•		TY S/0		PROCESS	S				
SERVE	NAME OF INDIVII CONDEMN HSA Bauer	DUAL, COMI	PANY, CORPO	DRATION, E	rc., to	SERVE C	R DESC	CRIPTION OF PR	ROPER	TY TO SEIZ	E OR
AT	ADDRESS (Street of 5880 State Highway				Code)						
		DV / TO D D O /	IDOMED AND		DDDD	aa DEL AU	7 .				
	E OF SERVICE CO B. Rodriguez #0856	- 	JESTER AT N.	AME AND A	DDKE	SS BELOV		Number of process served with this Fo			
ADX – Florence PO Box 8500 Florence CO 81226								Number of parties to be served in this case 5			
Florence, CO 81226								Check for service	on U.S	S.A.	
	NAL SERVIO		<u> </u>	1.1.16	3/ 5	A YA FERRITA	TPI	EDITORIE VILLA	DED	E A TE	
of /	the new or other drie	rinator reques	ting service on	behalf		LAINTIFF	202	LEPHONE NUMI -844-3433	BER	DATE 6/11/09	
Deputy Clerk	′ ′ ′)		_	DE	FENDAN	303	-044-5455		0,11707	
SPACI	E BELOW FO	R USE OF	U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO)W 7	THIS LIN	E
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	Signat	ture of Autl	norized (JSMS Deputy or	Clerk	Date	
I hereby certify the process des address indicate	and return that I cribed on the individed below.	lual, company	onally served, _ v, corporation, e	have leg	ress sh	own above	or on the		pany, e	tc., shown at	rks", the
I hereb	y certify and return the	nat I am unabl	le to locate the	individual, co	mpany,	, corporation	n, etc., r	amed above (See	remar	ks below)	
Name and title	e of individual served	l (if not showr	n above)					A person of suitabg in the defendant			
Address (complete only if different than shown above)						Date of	Service	Time		am pm	
							Signatu	re of U.S. Marsha	d or D	eputy	
Service Fee	Total Mileage Cha		Forwarding Fee	Total Char	ges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of R	Lefund
REMARKS:	•						· · · · · · · · ·				

PROCESS RECEIPT AND RETURN

PLAINTIFF Casey B. Rod	riouez	ASE NUM										
DEFENDANT Lt. Janson, et	Γ		<u>, </u>		YPE OF	PROCESS						
SERVE →	NAME OF INDIVI CONDEMN Lt. Janson	DUAL, COM	PANY, CORPO			SERVE O	R DESC	RIPTION OF PE	ROPER	TY TO SEIZE OR		
AT	ADDRESS (Street of 5880 State Highway				Code)							
SEND NOTIO	CE OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRES	S BELOW		Number of proces		85 1		
ADX -	B. Rodriguez #0856 - Florence ox 8500	1-097					<u> </u>	Number of parties	to be			
Florence, CO 81226								erved in this case		.A.		
	NAL SERVI	,	ting service on	hehalf	X PI	.AINTIFF	TEL	EPHONE NUMI	BER I	DATE		
of: Deputy Clerk	Attorney or amort Gris	mator regges	ting service on	benaii		ENDANT	200	844-3433	BEK	6/11/09		
SPACI	E BELOW FO	R USE OI	F U.S. MAR	RSHAL O	NLY	- DO N	от w	RITE BELO)W T	HIS LINE		
total number (Sign only first	e receipt for the of process indicated. st USM 285 if more 4 285 is submitted)	Total Process	District of Origin	District to Serve	Signatu	ire of Auth	orized U	ISMS Deputy or	Clerk	Date		
I hereby certif	y and return that I scribed on the individ		onally served,							wn in "Remarks", tc., shown at the		
	by certify and return t			individual, co	ompany,	corporatio				······································		
Name and titl	e of individual served	d (if not showi	n above)			:		A person of suitab in the defendant		and discretion then place of adobe.		
Address (com	plete only if different	than shown o	above)				Date of	Service	Time	am pm		
							Signatu	re of U.S. Marsha	al or De	eputy		
Service Fee	Total Mileage Cha		Forwarding Fee	Total Char	rges	Advance D	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund		
REMARKS:		<u></u>		<u> </u>	L							