**U.S. Department of Justice**
**United States Marshals Service**
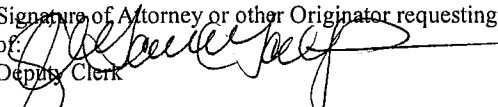
## PROCESS RECEIPT AND RETURN
*See Instructions for "Service of Process by the U.S. Marshal"*
*on the reverse of this form.*

| PLAINTIFF<br>Glenn H. Kemp | COURT CASE NUMBER<br>09-cv-00295-WYD-MJW |
|---|---|
| DEFENDANT<br>Brian Webster, et al., | TYPE OF PROCESS<br>S/C |

| SERVE ➡ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br>Brian Webster c/o Steven Hillis |
|---|---|
| | ADDRESS *(Street or RFD, Apartment No., City State and Zip Code)*<br>730 Sharar Court, Cape Coral, FL 33904 |

| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | | |
|---|---|---|
| Glenn H. Kemp #118797<br>Sterling Corr. Facility<br>PO Box 6000<br>Sterling, CO 80751 | Number of process to be served with this Form - 285 | 1 |
| | Number of parties to be served in this case | 1 |
| | 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 | __X__ PLAINTIFF<br>_____ DEFENDANT | TELEPHONE NUMBER<br>303-844-3433 | DATE<br>1/21/10 |
|---|---|---|---|

## 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. *(Sign only first USM 285 if more than one USM 285 is submitted)* | Total Process | District of Origin<br><br>No. | District to Serve<br><br>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:

| PRIOR EDITIONS<br>MAY BE USED | 1. CLERK OF THE COURT | FORM USM-285 (Rev. 12/15/80) |
|---|---|---|