

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 Scherinda Johnson	COURT CASE NUMBER 09-cv-00755-PAB-BNB
DEFENDANT Graebel Companies, Inc	TYPE OF PROCESS s/c
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Graebel Companies, Inc
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 16346 Airport Circle, Aurora, CO 8011

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Scherinda Johnson 819 Dillon Way, #302 Aurora, CO 80011	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	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 303-844-3433	DATE 04/16/09
	<input type="checkbox"/> DEFENDANT		

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	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		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 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: