PROCESS RECEIPT AND RETURN

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DI A INITIEE					OOUDT	0400 200	4DED		- 			
PLAINTIFF Daniel James	Vigil			i i	COURT CASE NUMBER 09-cv-00810-WYD-MJW							
DEFENDANT Blake McClell				I .	TYPE OF PROCESS S/C							
SERVE →	NAME OF INDIVIDUCION CONDEMN					O SERVE (OR DES	CRIPTION OF PI	ROPEI	RTY TO	SEIZE OR	
AT	Blake McClellan, D	<u> </u>		•	-							
	ADDRESS (Street of 215 Rice Street, Gra			State and Z	ip Code)							
SEND NOTIC	E OF SERVICE CO	DV TO DEOI	IDOTED AT N	AME AND	ADDDE	SEC DEL O	V	Niversham of				
Daniel James Vigil #89058							1	Number of proces served with this F			1	
49030	Correctional Facility Hwy. 71 , CO 80826	ı						Number of parties served in this case			5	
							Ī	Check for service	on U.S	S.A.		
Addresses, All PERSON	TRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estimat	ed Times Availd	able For Se		N EXPEDI	TING S	ERVICE <u>(Include</u>	<u>Busin</u>	ess and A	<u>1lternate</u>	
Signature of A	thorney of other rie	inator reques	ting service on	behalf	X P	PLAINTIFF	TEI	LEPHONE NUMI	BER	DATE	-	
Deputy Clork	and the				DEFENDANT 303-844-3433				4/24/09			
SPACE	BELOW FOI	R USE OF	U.S. MAR	RSHAL (ONLY	- DO N	OT W	RITE BELO)W I	THIS I	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 District of Origin Serve No.					Signature of Authorized US MARSHAL SERVICE SERVICE CLERK SERVICE FORMS FOR: Deputy or Clerk							
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.									lemarks", on at the			
I hereby	certify and return th	nat I am unabl	le to locate the i	individual, o	company	, corporation	n, etc., r	named above (See	remarl	ks below)	
Name and title	of individual served	(if not shown	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	l or De	eputy		
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Cha	arges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount	of Refund	
REMARKS:		-				ı						

PROCESS RECEIPT AND RETURN

PLAINTIFF COURT CASE NO 109-cv-00810-WY1												
Daniel James DEFENDANT					09-cv-00810-WYD-MJW TYPE OF PROCESS							
Chad Searcy,					/C	1 TROOLS						
SERVE →	NAME OF INDIVIT CONDEMN Chad Searcy, Deputy				ETC., T	O SERVE	OR DES	CRIPTION OF P	ROPE	RTY TO SEI	ZE OR	
AT	ADDRESS (Street of 215 Rice Street, Gran	r RFD, Apar	tment No., City	·	p Code)						
SEND NOTIC	E OF SERVICE CO	PY TO REO	UESTER AT N	IAME AND	ADDRI	ESS BELOY	<i>W</i> : 1	Number of proces	ss to be		· · · · · · · · · · · · · · · · · · ·	
Daniel James Vigil #89058								1				
Limon Correctional Facility 49030 Hwy. 71 Limon, CO 80826]		5			
							⊢ ∐	Check for service	on U.	S.A.		
<u>Addresses</u> , All	STRUCTIONS OR O' Telephone Numbers,	and Estimat	KMATION TH led Times Availa	AT WILL AS	SSIST ;	IN EXPEDI	TING S	ERVICE <u>(Include</u>	: Busin	ess and Alter	<u>rate</u>	
Z Z / M/\ \/	ttorney or other original	imator reques	ting service on	behalf _	<u>X</u> 1	PLAINTIFF	TEI	LEPHONE NUM	BER	DATE		
of: Debuty Clerk	general			_	DI	EFENDAN'	Г 303	-844-3433	44-3433 4/24/09			
SPACE	E BELOW FOR	USE OI	TU.S. MAR	RSHAL C	NLY	/ - DO N	OT W	RITE BELO	OW 7	THIS LIN	E	
total number of process indicated. Process Origin Serve SERVICE SERVICE CLER							chorized US MARSHAL Date RK MS FOR: Deputy or Clerk					
	and return that I cribed on the individued below.		onally served,, corporation, e	have le	gal evid	dence of ser	vice,	have executed	l as sho	own in "Rema etc., shown at	ırks", the	
I hereby	y certify and return th	at I am unab	le to locate the	individual, co	mpany	, corporation	n, etc., r	named above (See	remar	ks below)		
Name and title	of individual served	(if not showi	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	al or D	eputy		
Service Fee	Total Mileage Char (including endeavor		forwarding Fee	Total Char	Advance Deposits Amount owed to U.S. Amount Marshal or				Amount of R	Lefund		
REMARKS:						•				·		

PROCESS RECEIPT AND RETURN

PLAINTIFF Daniel James	COURT CASE NUMBER 09-cv-00810-WYD-MJW											
DEFENDANT Mike Roberts,		·			YPE O	F PROCES	S					
SERVE	NAME OF INDIVI CONDEMN Mike Roberts, Depu				ETC., T	O SERVE (OR DESC	CRIPTION OF P	ROPEI	RTY TO SEIZE OR		
AT	ADDRESS (Street of 215 Rice Street, Gra			State and Zi	p Code,)						
	EE OF SERVICE CO		UESTER AT N	AME AND	ADDRE	ESS BELOV		Number of proces served with this Fe				
Limon Correctional Facility 49030 Hwy. 71 Limon, CO 80826							Number of parties to be served in this case					
							j	Check for service	on U.S	S.A.		
Addresses, All	STRUCTIONS OR C Telephone Numbers	, and Estima						******				
Signature of Afforney of other Originator requesting service on behalf X PLAINTIFF TELEPHONE NUMBER DATE									DATE			
Deputy Clerk	an Hey			-	DI	EFENDAN'	Г 303	-844-3433		4/24/09		
SPACI	E BELOW FO	R USE O	F U.S. MAF	RSHAL C	NLY	/ - DO N	OT W	RITE BELO	OW 7	THIS LINE		
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	SER V	VICE VICE CLER	кK	rized US MARSHAL Date FOR: Deputy or Clerk				
	and return that I cribed on the indiviced below.									own in "Remarks", tc., shown at the		
I hereb	y certify and return the	nat I am unal	ble to locate the	individual, c	ompany	, corporatio	n, etc., n	amed above (See	remar	ks below)		
Name and title	of individual served	(if not show	vn above)			-		A person of suitab in the defendant		and discretion then place of adobe.		
Address (complete only if different than shown above) Date of Service Time							am pm					
							Signatu	re of U.S. Marsha	i or D	eputy		
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Cha	rges	Advance I	Deposits Amount owed to U.S. Amount of I Marshal or			Amount of Refund		
REMARKS:	<u> </u>			<u> </u>		- I		<u>. </u>				

PROCESS RECEIPT AND RETURN

PLAINTIFF Daniel James	Vigil	I .	COURT CASE NUMBER 09-cv-00810-WYD-MJW								
DEFENDANT John Brownle					TYPE OF PROCESS S/C						
SERVE →	NAME OF INDIVI CONDEMN John Brownlee, Dep				ETC., T	O SERVE (OR DES	CRIPTION OF PE	ROPER	RTY TO SEIZE OR	
AT	ADDRESS (Street of 215 Rice Street, Gra	or RFD, Apar	rtment No., City	· · · · · · · · · · · · · · · · · · ·	ip Code))					
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND	ADDRE	SS BELOV	W: []	Number of proces	s to be		
Daniel James Vigil #89058								served with this Fo			
Limon Correctional Facility 49030 Hwy. 71 Limon, CO 80826								Number of parties served in this case		5	
								Check for service			
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers	, and Estima				N EXPEDI	TING SI	ERVICE <u>(Include</u>	<u>Buşine</u>	ess and Alternat <u>e</u>	
	thorney or other Orig	zinator reque	sting service on	behalf	<u> </u>	LAINTIFF	TEI	EPHONE NUMI	BER	DATE	
of: (Deputy Clerk	JUL ST	9 =			DI	EFENDAN	Г 303	-844-3433	4/24/09		
SPACI	E BELOW FO	R USE O	F U.S. MAI	RSHAL (ONLY	- DO N	OT W	RITE BELO)W I	THIS LINE	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more Total Origin Serve SERVICE SERVICE CLEI							nthorized US MARSHAL Date RK MS FOR: Deputy or Clerk				
	cribed on the individ		onally served, _ y, corporation, e					have executed individual, comp			
I hereb	y certify and return th	nat I am unal	ole to locate the	individual, c	ompany	, corporatio	n, etc., n	amed above (See	remarl	cs below)	
Name and title	of individual served	l (if not show	n above)					A person of suitabg in the defendant		and discretion then place of adobe.	
Address (complete only if different than shown above)							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 Cha	arges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund	
REMARKS:	-			•							

PROCESS RECEIPT AND RETURN

							CASE NUMBER 810-WYD-MJW					
DEFENDANT Melinda Schul				T` S/		F PROCESS	SS					
⇒	NAME OF INDIVII CONDEMN Melinda Schubert, I					O SERVE (OR DESC	CRIPTION OF PE	ROPEI	RTY TO SEIZE OR		
AT	ADDRESS (Street of 215 Rice Street, Gra			State and Zip	o Code)							
Daniel	E OF SERVICE CO James Vigil #89058		QUESTER AT NA	AME AND A	ADDRE	SS BELOV		Number of processerved with this Fo				
Limon Correctional Facility 49030 Hwy. 71 Limon, CO 80826							Number of parties to be served in this case 5					
							10	Check for service	on U.S	S.A.		
	Telephone Numbers		ated Times Availa	uble For Serv	vice):							
Signature of A	ttørney or other Orig	inator reque	esting service on	behalf _	X P	LAINTIFF	TEI	TELEPHONE NUMBER DATE				
of: Deputy Clerk	HULKE			_	DE	FENDANT	303-844-3433 4/24/09					
SPACE	BELOW FOI	R ÙSE O	F U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELC)W 7	THIS LINE		
	receipt for the f process indicated. USM 285 if more	Total Process	1	District to Serve	SERV							
than one USM	285 is submitted)		No.	No.	SERV	ICE FORM	IS FOR:	Deputy or Clerk				
	and return that I cribed on the individed below.		sonally served, ny, corporation, et			ence of servown above				own in "Remarks", etc., shown at the		
I hereb	certify and return th	nat I am una	ble 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 shov	vn above)					A person of suitab in the defendant'		and discretion then l place of adobe.		
Address (complete 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	rges	Advance D	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund		
REMARKS:	.I			<u>.</u>				<u> </u>		<u> </u>		