

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 Earl William Campbell, Jr.	COURT CASE NUMBER 09-cv-01041-CMA-KLM
DEFENDANT Dr. Floyd Pohlman, 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 Dr. Floyd Pohlman
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 3420 Kuhio Highway, Lihue, Hawaii 96766

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Earl William Campbell, Jr. - # 43916 Sterling Correctional Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	3
	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 9/15/09
-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------	-----------------

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
----------------------------------------------------------------------------------------------------------------------------------	---------------	---------------------------	--------------------------	----------------------------------------------	------

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

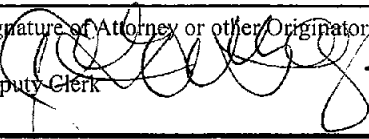
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Earl William Campbell, Jr.	COURT CASE NUMBER 09-cv-01041-CMA-KLM
DEFENDANT Sertling Regional Medical Center, 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 Sterling Regional Medical Center
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 615 Fairhurst Street, Sterling, CO 80751

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Earl William Campbell, Jr. - # 43916 Sterling Correctional Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	3
	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 9/15/09
--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------	-----------------

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

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

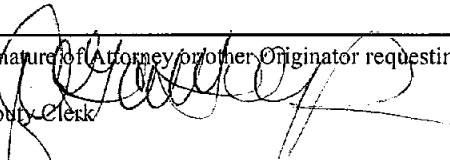
REMARKS:

PLAINTIFF Earl William Campbell, Jr.	COURT CASE NUMBER 09-cv-01041-CMA-KLM
DEFENDANT Kathryn Rittenhouse, 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 Kathryn Rittenhouse
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 6210 Co. Road A.A., Idalia, CO 80735

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Earl William Campbell, Jr. - # 43916 Sterling Correctional Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	3
	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 9/15/09
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------	-----------------

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
----------------------------------------------------------------------------------------------------------------------------------	---------------	---------------------------	--------------------------	----------------------------------------------	------

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: