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.

	<u> </u>												
PLAINTIFF Earl William (amphell Ir		COURT CASE NUMBER 09-cy-01041-CMA-KLM										
DEFENDANT	Γ	Т	TYPE OF PROCESS										
Dr. Floyd Pohlman, et al., SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION CONDEMN						S/C N, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR							
→ AT	Dr. Floyd Pohlman												
		DDRESS (Street or RFD, Apartment No., City State and Zip Code) 20 Kuhio Highway, Lihue, Hawaii 96766											
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRI	ESS BELOV		Number of proces					
Earl William Campbell, Jr. – # 43916 Sterling Correctional Facility								served with this Form - 285					
PO Box 6000 Sterling, CO 80751							Number of parties to be served in this case			3			
								Check for service					
Addresses, All	STRUCTIONS OR O Telephone Numbers	, and Estima -						TO INCOME	DW	obb dried Prince / Apple			
Signature of Attorney of Originator requesting service on behalf X PLAINTIFI								TELEPHONE NUMBER DATE					
Doputy Clerk	DI	EFENDAN'	NDANT 303-844-3433 9/15/09			9/15/09							
SPACE	E BELOW FO	R USE O	F U.S. MAR	RSHAL C	NLY	7 - DO N	OT W	RITE BELO	OW 7	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 District of Origin Serve No.					to Signature of Authorized USMS Deputy or Clerk Date								
I hereby certify	and return that I_	have pers	onally served,	have le	gal evid	dence of ser	vice, or on the	have executed individual, com	i as sho pany, e	own in "Remarks", tc., shown at the			
	y certify and return th	nat I am unab	ole to locate the i	individual, co	ompany	, corporatio	n, etc., n	amed above (See	remar	ks 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			
							Signatu	re of U.S. Marsha	al or De	eputy			
Service Fee	Total Mileage Cha (including endeave		Forwarding Fee	Total Char	Charges Advance De		l Deposits	Amount owed to U.S. Marshal or		Amount of Refund			
REMARKS:	<u> </u>	L		1		<u>L</u>							

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	·			1								
PLAINTIFF Earl William Campbell, Jr.					COURT CASE NUMBER 09-cv-01041-CMA-KLM							
DEFENDANT Sertling Region	Γ onal Medical Center,		TYPE OF PROCESS S/C									
SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE (CONDEMN Sterling Regional Medical Center										ZE OR	
AT	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 BELO Earl William Campbell, Jr. – # 43916								Number of process to be served with this Form - 285			1	
Sterling Correctional Facility PO Box 6000 Sterling, CO 80751							-	Number of parties to be served in this case			3	
Sterm	g, CO 60731						- -	Check for service on U.S.A.			·	
PERSO	NAL SERVIC	C E			,		··· ···			 		
Signature of Attorney or other Originator requesting service on behalf Originator requesting service on behalf X PLAINTIFF								TELEPHONE NUMBER DATE				
Deputy Clerk DEFENDAN						EFENDAN	Γ 303	303-844-3433 9/15/09				
SPAĆI	E BELOW FOI	R USE OF	U.S. MAR	RSHAL O	NLY	' - DO N	OT W	RITE BELO	OW 7	THIS LI	VE	
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. No.							thorized USMS Deputy or Clerk Date					
	and return that I_cribed on the individed below.		onally served,, corporation, e	have leg	gal evic	lence of ser own above	vice,	have executed individual, com	i as sho pany, e	own in "Rem tc., shown a	arks", t the	
I hereby	y certify and return th	at I am unabl	le to locate the i	ndividual, co	mpany	, corporation	n, etc., r	named above (See	remarl	ks 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				am pm	
							Signatu	re of U.S. Marsha	al or De	eputy		
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Char	narges Advance Deposi		L Deposits	Amount owed to U.S. Am Marshal or		Amount of	Refund	
REMARKS:						·						

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 Kathryn Rittenhouse, et al., TYI S/C						TYPE OF PROCESS S/C							
SERVE	NAME OF INDIVI CONDEMN Kathryn Rittenhous		MPANY, CORPO	ORATION, E	TC., T	O SERVE (OR DES	CRIPTION OF PR	ROPEI	RTY TO SEIZI	B OR		
AT	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 BELO Earl William Campbell, Jr # 43916								Number of process to be served with this Form - 285					
Sterling Correctional Facility PO Box 6000 Sterling, CO 80751								Number of parties to be served in this case					
Storm	6, 00 00/31						- -	Check for service on U.S.A.					
PERSO	NAL SERVIO	CE					· 1.						
Signature of	utomey/opother/Onig	ginator reque	sting service on	behalf _	<u>X</u> F	PLAINTIFF	TEI	TELEPHONE NUMBER DATE					
of: Deput Clerk Defendan								-844-3433	9/15/09				
SPACI	E BELOW FŐI	R USE O	F U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO)W 7	THIS LINI	E		
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. No.						ture of Autl	uthorized USMS Deputy or Clerk Date						
I hereby certify	and return that I scribed on the individ	have pers	onally served, _	have leg	gal evid lress sh	lence of ser own above	vice, or on the	have executed individual, comp	as sho	l own in "Remarl etc., shown at th	ks",		
I hereb	y certify and return the	hat I am unab	ole to locate the	individual, co	mpany	, corporatio	n, etc., n	amed above (See	remar	ks 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)										am pm			
							Signatu	re of U.S. Marsha	l or D	eputy			
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	ges	Advance I	Deposits	Amount owed to Marshal or	ed to U.S. Amount		fund		
REMARKS:	<u> </u>	1.				<u> </u>	•••	<u> </u>		<u></u>			