

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 John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Governor Bill Ritter, 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 Governor Bill Ritter
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 136 State Capitol, Room 136, Denver, CO 80203-1792

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. 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	10
	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 – MUST BE SIGNED FOR BY AN ATTORNEY

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 11/20/09
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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
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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:

PROCESS RECEIPT AND RETURN

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PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Martha Mueller, 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 Martha Mueller, Nurse – Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. 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	10
	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	<u> X </u> PLAINTIFF <u> </u> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 11/20/09
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_____ 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:

PROCESS RECEIPT AND RETURN

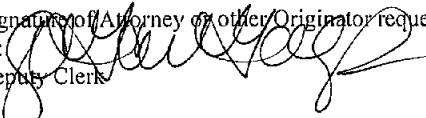
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Barry Goldsmith, 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 Barry Goldsmith, M.D. - Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285 1
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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 11/20/09
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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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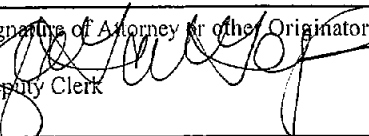
REMARKS:

PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Stephen Kreibs, 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 Stephen Kreibs, M.D. - Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. 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 10
	Check for service on U.S.A.

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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 11/20/09
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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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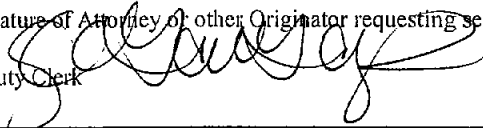
REMARKS:

PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT P.A. Brian Webster, 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 Brian Webster, P.A. – Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285	1
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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 11/20/09
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Name and title of individual served (<i>if not shown above</i>)	_____ A person of suitable age and discretion then residing in the defendant's usual place of adobe.	
Address (<i>complete only if different than shown above</i>)	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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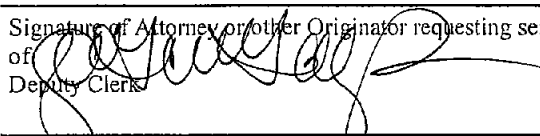
REMARKS:

PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Tejender Singh, 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 Tejender Singh, P.A. – Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285	1
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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 11/20/09
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	Signature of U.S. Marshal or Deputy		

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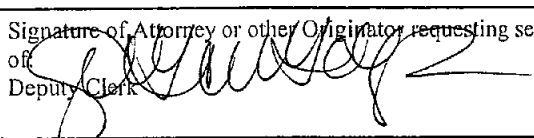
REMARKS:

PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Joseph Fortunato, 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 Joseph Fortunato- Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285	1
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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 11/20/09
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Name and title of individual served <i>(if not shown above)</i>	_____ A person of suitable age and discretion then residing in the defendant's usual place of adobe.		
Address <i>(complete only if different than shown above)</i>	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:

PROCESS RECEIPT AND RETURN

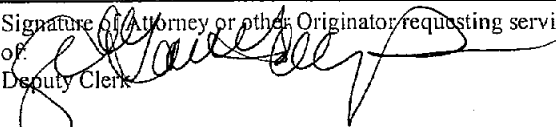
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PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Joann Stock, et al.	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Joann Stock, P.A. -- Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: John Nasious #98775 Sterling Corr. Facility PO Box 6000 Sterling, CO 80751	Number of process to be served with this Form - 285 1
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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 11/20/09
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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		

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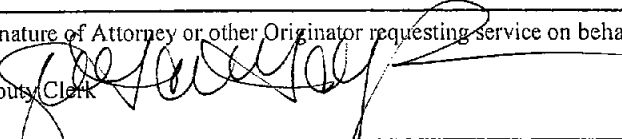
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PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Nancy White, et al.	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Nancy White, R.N. – Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

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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 11/20/09
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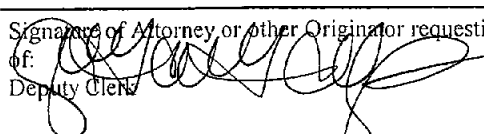
REMARKS:

PLAINTIFF John Nasious	COURT CASE NUMBER 09-cv-01051-ZLW-KMT
DEFENDANT Joseph Wermers, 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 Joseph Wermers, M.D.- Physicians Health Partner
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1515 Arapahoe Street, Suite 300, Tower 1, Denver, CO 80202

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PERSONAL SERVICE

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 303-844-3433	DATE 11/20/09
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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: