

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 Brian M. Stroud	COURT CASE NUMBER 09-cv-01078-CMA-BNB
DEFENDANT Dr. Holden, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Holden – Arkansas Valley Medical Research Center
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1100 Carson Avenue, La Junta, CO 81050

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Brian M. Stroud #117960 Fort Lyon Corr. Facility PO Box 1000 – Bldg 5-2-39 Fort Lyon, CO 81038	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 2
	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 6/4/09
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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:

PRIOR EDITIONS  
MAY BE USED

**1. CLERK OF THE COURT**

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service

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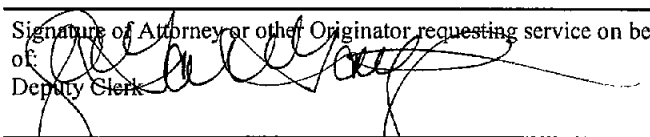
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF Brian M. Stroud	COURT CASE NUMBER 09-cv-01078-CMA-BNB
DEFENDANT Dr. Dennis, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Dennis – Arkansas Valley Medical Research Center
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 1100 Carson Avenue, La Junta, CO 81050

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Brian M. Stroud #117960 Fort Lyon Corr. Facility PO Box 1000 – Bldg 5-2-39 Fort Lyon, CO 81038	Number of process to be served with this Form - 285	1
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