#### PROCESS RECEIPT AND RETURN

Omica sia				on	the rev	verse of this	form.					
PLAINTIFF Shane McMill	an					CASE NUM 709-WYD-I						
DEFENDANT Warden Wiley				1 "	TYPE OF PROCESS S/C							
⇒ ⇒	NAME OF INDIVI CONDEMN Warden Wiley – AD			DRATION, E	TC., TC	SERVE C	OR DESC	CRIPTION OF PR	ROPER	TY TO SEIZE OR		
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	Code)							
	E OF SERVICE CO		QUESTER AT NA	AME AND A	DDRE	SS BELOV	V: 1 s	Number of process erved with this Fo		285 1		
ADX - PO Bo Floren				Number of parties served in this case		8						
1101011	30, 00 0.220						[0	Check for service	on U.S	S.A.		
	Telephone Numbers											
of:	ttomey or other Orig	inator reque	esting service on l	behalf _	X P	LAINTIFF		EPHONE NUME		DATE		
Deputy Clerk				-	DE	FENDANT	303	-844-3433	·	2/11/10		
SPACI	E BELOW FO	R USE O	F U.S. MAR	SHAL O	NLY	- DO N	OT W	RITE BELO	)W I	THIS LINE		
total number of (Sign only firs	receipt for the f process indicated.  t USM 285 if more (285 is submitted)	Total Process	Origin	District to Serve	t to Signature of Authorized USMS Deputy or Clerk Date							
I hereby certify	and return that I cribed on the individ		sonally served, _	have le						own in "Remarks", tc., shown at the		
I hereb	y certify and return th	nat I am una	ble to locate the i	ndividual, co	mpany	, corporatio	n, etc., n	amed above (See	remarl	ks below)		
Name and title	of individual served	l (if not show	vn above)					A person of suitab in the defendant		and discretion then place of adobe.		
Address (comp	olete 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 endeave	_ ,	Forwarding Fee	Total Char	ges	Advance I	Deposits	Amount owed to Marshal or	U.S.	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 Shane McMill	an			I		CASE NUN 709-WYD-				
DEFENDANT Associate War	den Fox, et al.,			T' S/		F PROCES!	S			
SERVE →	NAME OF INDIVI CONDEMN Associate Warden F	ŕ	,	ORATION, E	TC., TO	O SERVE (	OR DESC	CRIPTION OF PR	ROPEI	RTY TO SEIZE OR
AT	ADDRESS (Street of 5880 State Hwy 67	or RFD, Apai	rtment No., City	State and Zip	o Code)				-	
	E OF SERVICE CC	^	UESTER AT N	AME AND A	ADDRE	SS BELOV		Number of processerved with this Fo		
ADX – Florence PO Box 8500 Florence, CO 81226								Number of parties served in this case		8
	,						[7	Check for service	on U.	S.A.
	Telephone Numbers		ieu i inies Avalle	AUTE TUT SETV					-	
Signalare of A	tomey or other Orig	ginator reque	sting service on	behalf _	<u>X</u> P	LAINTIFF	TEI	LEPHONE NUM	3ER	DATE
of. Deputy Clork	WWW G			_	DE	FENDANT	303	-844-3433		2/11/10
SPACE	E BELOW FO	R USE O	F U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELO	)W T	THIS LINE
I acknowledge total number of (Sign only firs		Total Process	District of Origin	District to Serve	<del></del>			JSMS Deputy or (		
I hereby certify the process des	and return that Icribed on the individ		onally served, _	have le		ence of ser				Down in "Remarks", etc., shown at the
address indicat	y certify and return the	hat I am unah	ale to locate the i	individual co	mpany	corporatio	n etc n	amed above (See	remar	ks helow)
	e of individual served	*****		individual, oc	mpuny	, corporatio	A	· · · · · · · · · · · · · · · · · · ·	le age	and discretion then
Address (comp	olete 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 endeave		Forwarding Fee	Total Char	ges	Advance I	L Deposits	Amount owed to Marshal or	U.S.	Amount of Refund
REMARKS:				-d				<u> </u>		

#### PROCESS RECEIPT AND RETURN

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PLAINTIFF Shane McMill	an			1		CASE NUN 709-WYD-1		·		
DEFENDANT Associate War	den Jones, et al.,	··· - · · · · · · · · · · · · · · · ·		1	TYPE OF	F PROCESS	8			
SERVE →	NAME OF INDIVII CONDEMN Associate Warden Jo			ORATION, I	ETC., TO	O SERVE C	R DESC	CRIPTION OF PR	OPER	TY TO SEIZE OR
AT	ADDRESS (Street of 5880 State Hwy 67			State and Z	ip Code)					
	on apprecia	DI MO DDOI	TEGERER ATTA		4 D D D E	og pri ou	<del></del>			
Shane	E OF SERVICE CO McMillan #07580-09		JESTER AT N		ADDRE	SS BELOV		Number of process served with this Fo		85 1
PO Bo	- Florence x 8500 ce, CO 81226				Number of parties to be served in this case					
Tioren	00, 00 81220						-   (	Check for service	on U.S	.A.
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estimate				N EXPEDI	TING SI	ERVICE <u>(Include</u>	Busine	ss and Alternate
Signature of A	ttorner or other Orig	inator request	ting service on	behalf	XP	LAINTIFF	TEL	EPHONE NUME	BER	DATE
of. Deput Clerk	all bet		Ü			EFENDANT	202	-844-3433		2/11/10
SPACE	E BELOW FOI	R USE OF	U.S. MAI	RSHAL (	ONLY	- DO N	OT W	RITE BELO	WT	HIS LINE
(Sign only firs	f process indicated. t USM 285 if more	Total Process	District of Origin	District to Serve	Signa	ture of Autl	norized U	JSMS Deputy or (	Clerk	Date
	(285 is submitted)	<u> </u>	No.	No.						
	and return that I cribed on the individed ed below.							have executed individual, comp		
I hereb	y certify and return the	nat I am unabl	le to locate the	individual, o	company	, corporatio	n, etc., n	amed above (See	remark	s below)
Name and title	of individual served	(if not shown	ı above)					A person of suitables in the defendant's		and discretion then place of adobe.
Address (comp	olete only if different	than shown a	ibove)				Date of	Service	Time	am pm
							Signatu	re of U.S. Marsha	l or De	puty
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:	<u> </u>		<del></del>	<del>L</del>				<u> </u>		

### PROCESS RECEIPT AND RETURN

PLAINTIFF Shane McMill	an					CASE NUN 709-WYD-				
DEFENDANT Unit Manager	Javernick, et al.,			T'S/		F PROCES!	S			
SERVE	NAME OF INDIVII CONDEMN Unit Manager Javer			RATION, E	TC., T	O SERVE (	OR DESC	CRIPTION OF PE	ROPEF	RTY TO SEIZE OR
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	Code)			W-00-		
						100 PRI 01				T
	E OF SERVICE CO		UESTER AT NA	AME AND A	ADDRE	SS BELOV		Number of proces served with this Fe		
	McMillan #07580-09 - Florence	91					Ľ	with this i	01111 2	1
PO Bo								Number of parties		0
Floren	ce, CO 81226						⊢	served in this case		8
···			<del>, , , ,</del>					Check for service		
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estima				N EXPEDI	TING SI	ERVICE <u>(incruae</u>	Busin	ess ana Auernaie
Signature of A	thorney or other Only	inator reque	sting service on b	ehalf _	X F	LAINTIFF	TEI	EPHONE NUMI	BER	DATE
of: Deputy Clerk	Here Je			_	DE	EFENDANT	303	-844-3433		2/11/10
()		V								<u> </u>
SPACI	BELOW FOI	R USE O	F U.S. MAR	SHAL O	NLY	- DO N	OT W	RITE BELO	)W 7	THIS LINE
total number of (Sign only firs	receipt for the f process indicated. t USM 285 if more 285 is submitted)	Total Process	Origin	District to Serve	Signa	ture of Auth	norized (	JSMS Deputy or	Clerk	Date
<del> </del>	and return that I	have pers	sonally served,		gal evid	lence of ser	vice.	have executed	l as sho	own in "Remarks",
the process des address indicat	cribed on the individ									
I hereb	certify and return tl	nat I am unal	ole to locate the i	ndividual, co	mpany	, corporatio	n, etc., n	amed above (See	remar	ks below)
Name and title	of individual served	(if not show	vn above)					A person of suitabg in the defendant		and discretion then place of adobe.
Address (comp	olete only if different	than shown	above)	· - · · · · · · · · · · · · · · · · · ·			Date of	Service	Time	am pm
							Signatu	re of U.S. Marsha	al or Do	eputy
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	ges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund
REMARKS:	<u> </u>			1		<u> </u>		<u> </u>		<u> </u>
KLIVII IICKS.										

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Shane McMil	lan	700.61	<del></del>	ž.		CASE NUN 709-WYD-					
DEFENDAN' Unit Manager	Γ Collins, et al.,			E .	YPE O	F PROCESS					
SERVE →	NAME OF INDIVI CONDEMN Unit Manager Colli	,	,	ORATION, E	ETC., T	O SERVE (	OR DESC	CRIPTION OF P	ROPE	RTY TO SEIZE OR	
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	n Code,	)					
	CE OF SERVICE CO	`	UESTER AT N	AME AND A	ADDRI	ESS BELOV		Number of proce served with this l			
ADX - PO Bo	- Florence ox 8500 ce, CO 81226						[]  -  -	8			
1 101011	00, 00 01220			,			10	Check for service	on U.S	S.A.	
of Deputy Clerk	Attomey of other for i		and the second	-	Dl	PLAINTIFF	303	LEPHONE NUM -844-3433		DATE 2/11/10	
SPACI	E BELOW FO	R USE O	F U.S. MAI	RSHAL C	NLY	/ - DO N	OT W	RITE BEL	OW 3	THIS LINE	
total number of (Sign only firs	e receipt for the of process indicated. It USM 285 if more 1285 is submitted)	Total Process	District of Origin No.	District to Serve	Signa	iture of Auti	norized (	JSMS Deputy or	Clerk	Date	
I hereby certify	and return that I_scribed on the individ	have persolual, company	onally served, _	have le	gal evid	dence of ser	vice,	have execute individual, con	d as sho	own in "Remarks", tc., shown at the	
I hereb	y certify and return the	hat I am unab	le to locate the	individual, co	ompany	, corporatio	n, etc., n	amed above (Se	e remar	ks below)	
Name and title	e of individual served	l (if not show	n above)					A person of suita in the defendan		and discretion then place of adobe.	
Address (com	plete only if different	than shown o	above)			, , , , , , , , , , , , , , , , , , , ,	Date of	Service	Time	am pm	
							Signatu	re of U.S. Marsh	al or De	eputy	
Service Fee	Total Mileage Cha (including endeave		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed t Marshal or	o U.S.	Amount of Refund	
REMARKS:	. •			<u> </u>		- <del>!</del>		·		·	

### PROCESS RECEIPT AND RETURN

Shane McMillan						CASE NUN 709-WYD-1				
DEFENDANT Case Manager Fer	nlon, et al.,		· · · · · · · · · · · · · · · · · · ·	<u>_</u>	YPE OI	PROCESS				<del></del>
SERVE CCC				DRATION, E	TC., TO	O SERVE C	OR DESC	CRIPTION OF PI	ROPER	TY TO SEIZE OR
	DRESS (Street of Street of State Hwy 67 S			State and Zip	Code)					
OFFICE ALOTTOP OF	AE GERVIOE OO	DV TO DEOL	TECTED ATEN	AME AND A	DDDE	ec pri Ou		Jumbar of massa	a ta ha	
SEND NOTICE C			<u> </u>	— — — —	<del></del>			Number of proces erved with this Fo		85 1
Shane Mci ADX – Flo	Millan #07580-09 orence						L	I 1 C ''	. 1	
PO Box 8:								Number of parties to be served in this case		
Florence,	CO 81226						(	Check for service	on U.S	i.A.
Addresses, All Tell PERSONA			eu 1 imes Availe	uvie ror serv	ncej:					
Signature of Alton	ney or other Orig	inator reques	ting service on	behalf _	X F	LAINTIFF	TEL	EPHONE NUM	BER	DATE
Deputy Clerk	nesta 1			_	DE	EFENDANI	303	-844-3433		2/11/10
SPACE B	ELOW FO	R USE OF	U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO	)W T	THIS LINE
I acknowledge rectotal number of processing only first US than one USM 28	ocess indicated.  SM 285 if more	Total Process	District of Origin	District to Serve	Signa	ture of Autl	norized U	JSMS Deputy or	Clerk	Date
I hereby certify and		have nerco	<u> </u>	1	ral evid	lence of ser	vice	have executed	as sho	wn in "Remarks",
the process describ address indicated b	ed on the individ	ual, company	, corporation, e	etc., at the add	iress sh	own above	or on the	individual, com	pany, e	tc., shown at the
I hereby ce	rtify and return th	nat I am unab	le to locate the	individual, co	mpany	, corporatio	n, etc., n	amed above (See	remarl	cs below)
Name and title of	individual served	(if not show	ı above)					A person of suitabg in the defendant		and discretion ther place of adobe.
Address (complet	e only if different	than shown c	ibove)				Date of	Service	Time	am pm
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	otal Mileage Cha ncluding endeavo		Forwarding Fee	Total Char	·ges	Advance I	 Deposits	Amount owed to Marshal or	U.S.	Amount of Refund
DEM A DVG						1		<u>.                                    </u>		L
REMARKS:										

#### PROCESS RECEIPT AND RETURN

DI ADITUED					OLIDT CASE	NII IM (D)	מי				
PLAINTIFF Shane McMill	an				OURT CASE -cv-01709-W						
DEFENDANT Counselor Ma		,		TY S/	YPE OF PRO C	CESS					
SERVE	NAME OF INDIVII CONDEMN Counselor Madison			ORATION, E	TC., TO SER	VE OR	DESC	CRIPTION OF PE	ROPEI	OT YTS	SEIZE OR
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	Code)			· · · · · · · · · · · · · · · · · · ·			
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRESS BE	ELOW:	11	Number of proces	s to be		
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PO Bo	- Florence x 8500 ce, CO 81226						Number of parties to be served in this case				8
								Check for service	on U.S	S.A.	
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Signature of A	thorney or other Orig	inator reques	sting service on	behalf _	X PLAIN	TIFF	TEL	EPHONE NUMI	BER	DATE	
of: Olerk	fills	P		_	DEFENI	DANT	303-	-844-3433		2/11/10	
SPACI	E BELOW FOI	R USE O	F U.S. MAI	RSHAL O	NLY - DO	O NO	ΓW	RITE BELO	<b>)W</b> 3	THIS	LINE
total number of	receipt for the of process indicated.  t USM 285 if more	Total Process	District of Origin	District to Serve	Signature of	f Authori	zed (	JSMS Deputy or	Clerk	Date	
	(285 is submitted)	-	No.	No.							
	and return that Icribed on the individed below.		onally served, _ y, corporation, e					have executed individual, comp			
I hereb	y certify and return th	nat I am unab	ole to locate the	individual, co	ompany, corpo	oration, e	etc., n	amed above (See	remar	ks below	')
Name and title	e of individual served	l (if not show	n above)			res		A person of suitabg in the defendant			
Address (com	olete only if different	than shown	above)			Da	ite of	Service	Time	······································	am pm
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Service Fee	Total Mileage Cha (including endeavo	•	Forwarding Fee	Total Char	ges Adva	nce Dep	osits	Amount owed to Marshal or	U.S.	Amoun	t of Refund
REMARKS:	<u> </u>									<del>!</del>	

#### PROCESS RECEIPT AND RETURN

DEFENDANT		709-WYD-	NUMBER YD-KLM									
Warden Davis				TY S/		PROCES	ESS					
⇒ ⇒	NAME OF INDIVII CONDEMN Warden Davis – AD		PANY, CORPO	ORATION, E	TC., TC	) SERVE (	OR DESC	CRIPTION OF P	ROPEI	RTY TO SEIZE OR		
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	Code)							
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	DDRE	SS BELOV		Number of proces				
	McMillan #07580-09	91					. — — ; 	served with this F	orm - :	285 1		
PO Bo	Florence x 8500 ce, CO 81226						] 	8				
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<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers  VAL SERVIO	, and Estimat						Incrade	. Davill	WIND TARRET PARTS		
Signature of	ttorney of other Orig	inator reques	ting service on	behalf _	<u>X</u> P	LAINTIFF	TEI	EPHONE NUM	BER	DATE		
of: Deputy Clerk	guezoe.			_	DE	FENDAN'	Г 303	-844-3433		2/11/10		
SPACE	E BELOW FO	R USE OI	U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELO	OW I	THIS LINE		
total number of	receipt for the f process indicated. t USM 285 if more	Total Process	District of Origin	District to Serve	Signat	ture of Aut	horized (	JSMS Deputy or	Clerk	Date		
	285 is submitted)		No.	No.	<u></u>							
	and return that Icribed on the individed below.		onally served,v, corporation, e							own in "Remarks", etc., shown at the		
	y certify and return th	hat I am unab	le to locate the	individual, co	mpany	, corporation	on, etc., r	amed above (See	remar	ks below)		
Name and title	of individual served	l (if not showi	1 above)					A person of suitals in the defendant		and discretion then l place of adobe.		
Address (comp	plete only if different	than shown c	above)				Date of	Service	Time	am pm		
							Signatu	re of U.S. Marsh	al or D	eputy		
Service Fee	Total Mileage Cha (including endeave		Forwarding Fee	Total Char	ges	Advance I	l Deposits	Amount owed to Marshal or	o U.S.	Amount of Refund		
REMARKS:						·		·		<del>h</del>		