#### PROCESS RECEIPT AND RETURN

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

	<del> </del>				on the re	everse of thi	s form.						
DI AINTER					COLIDA	G . GD . W.F.	. (D.D.D.						
PLAINTIFF Joseph J. Flen	ning					CASE NUI 1972-WYD							
DEFENDAN' FNU Camach			•		TYPE OF PROCESS S/C								
SERVE →	NAME OF INDIVI CONDEMN FNU Camacho, PA			ORATION,	ETC., T	O SERVE	OR DES	CRIPTION OF P	ROPEI	RTY TO SI	EIZE OR		
AT 	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy 67 South, Florence, CO 81226												
SEND NOTIC	TE OF SERVICE CO	DV TO DE	NIDOTED AT N	IAME AND	ADDR	FOO DELO	177	N 1 C					
Joseph	CE OF SERVICE CO	<del></del>	ZOESTER AT N	— — — -	- ADDR.	- — — —	- 1	Number of proces served with this F			1		
PO Bo	Florence ox 5000 ce, CO 81226							Number of parties served in this case		6			
·	<u> </u>							Check for service	on U.S	S.A.			
	Telephone Numbers		ated Times Avail	able For Se	rvice):								
Signaturo of A	ttorney or other Orig	ginator reque	esting service on	behalf	<u>X</u>	PLAINTIFF	TE	LEPHONE NUM	BER	DATE			
Departy Clerk					D	EFENDAN	Г 303	3-844-3433		11/4/09			
SPACE	E BELOW FO	R USE O	F U.S. MAI	RSHAL	ONLY	/ - DO N	OT W	RITE BELO	OW 7	THIS LI	NE		
I acknowledge total number of	e receipt for the of process indicated.	Total Process	District of Origin	District to Serve				USMS Deputy or					
	t USM 285 if more (285 is submitted)		No.	No.									
	and return that I cribed on the individed ed below.	have personal	sonally served, _ ny, corporation, e	have letc., at the a	egal evid	dence of ser nown above	vice, or on th	have executed e individual, com	l as sho cany, e	own in "Re etc., shown	narks", at the		
I hereb	y certify and return the	nat I am una	ble to locate the	individual,	company	, corporatio	on, etc., i	named above (See	remar	ks below)			
Name and title	e of individual served	l (if not show	vn above)					A person of suitabg in the defendant					
Address (complete only if different than shown above)								Service	Time		am pm		
							Signatu	re of U.S. Marsha	l or De	eputy			
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Ch	- 1			Amount owed to Marshal or	U.S.	Amount of	Refund		
REMARKS:				1.		1		<b>1</b>					

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

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

#### PROCESS RECEIPT AND RETURN

PLAINTIFF Joseph J. Fleming						COURT CASE NUMBER 09-cv-01972-WYD-MJW							
DEFENDANT TYPE O FNU Curtis, et al., S/C						E OF PROCESS							
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROP CONDEMN FNU Curtis, PA – FPC - Florence										SEIZE OR		
AT	ADDRESS (Street 5880 State Hwy 67			State and Zi	p Code)								
OFNID NOTE	TE OF OFDIAGE OF	DN/ (EQ. DE/	NIEGERD LEN			100 PRI 01			•	<del></del>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Joseph J. Fleming #19956-047							W: Number of process to be served with this Form - 285				1		
FPC – Florence PO Box 5000 Florence, CO 81226								Number of parties to be served in this case					
							Ī	Check for service	on U.	S.A.			
	NAL SERVI		esting service on	behalf _		LAINTIFF	TEI	LEPHONE NUM	BER	DATE			
of: Deputy Clerk	DOUGH		sumg service on	_		FENDAN	200	303-844-3433 11/4/09					
SPACI	E BELOW FO	R USE O	F U.S. MAI	RSHAL C	NLV	- DO N	OT W	RITE REL	OW 7	reis i	INF		
I acknowledge total number of (Sign only firs	e receipt for the	Total Process	District of Origin	District to Serve	7			USMS Deputy or		<del> </del>			
I hereby certify	and return that I_	have pers	sonally served,	have le	gal evid	ence of ser own above	vice, or on the	have executed individual, com	d as sho	own in "Retc., shown	emarks",		
I hereb	y certify and return t	hat I am unat	ole to locate the	individual, co	ompany,	corporatio	n, etc., r	named above (See	remar	ks below)			
Name and title	e of individual served	l (if not show	vn above)					A person of suital					
Address (comp	olete only if different	than shown	above)	-			Date of Service Time				am pm		
							Signatu	re of U.S. Marsh	al or De	eputy			
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	·ges	Advance I	Deposits	Amount owed to Marshal or	o U.S.	Amount	of Refund		
REMARKS:	<del> </del>						<u> </u>	<u> </u>					
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#### PROCESS RECEIPT AND RETURN

PLAINTIFF Joseph J. Fler	ming					CASE NU						
DEFENDAN FNU Ternans	T			T	TYPE OF PROCESS S/C							
SERVE	CONDEMN FNU Ternansky, Correctional Officer – FPC - Florence										3 OR	
ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy 67 South, Florence, CO 81226												
OPNID MOTIO	CE OF CEDIMOR OF	DV TO DEC	VIDOTED ATA									
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELO  Joseph J. Fleming #19956-047  EBC. Florence								W: Number of process to be served with this Form - 285				
FPC – Florence PO Box 5000 Florence, CO 81226								Number of parties to be served in this case				
								Check for service	on U.	S.A.		
<u>Addresses</u> , Al	STRUCTIONS OR O	, and Estima	tted Times Availa	able For Serv	vice):	II. DĂI BĐ		ekvice <u>(inciua</u>	e <u>D</u> ustr	ess anu Alterno	<u>ite</u>	
Signature of	Atterney or other orig	gipator reque	sting service on	behalf _	Х	PLAINTIFE	TE	LEPHONE NUM	BER	DATE		
Deputy Clerk			_	_	D	EFENDAN'	T 303	-844-3433		11/4/09		
SPACI	E BELOW FO	R USE O	F U.S. MAF	RSHAL C	NLY	/ - DO N	OT W	RITE BELO	OW T	THIS LINE	C	
I acknowledge total number of (Sign only firs	e receipt for the of process indicated. It USM 285 if more 1 285 is submitted)	Total Process	District of Origin	District to Serve	t to Signature of Authorized USMS Deputy or Clerk Date							
I hereby certify	and return that I_scribed on the individ	have pers	onally served,	have le	gal evid	dence of ser	vice, or on the	have executed individual, com	d as she	own in "Remarkete., shown at the	cs", ne	
I hereb	y certify and return th	nat I am unal	ole to locate the	individual, co	mpany	, corporatio	n, etc., r	named above (See	remar	ks below)		
Name and title	e of individual served	(if not show	n above)				A person of suitable age and discretion then residing in the defendant's usual place of adobe.					
Address (comp	olete only if different	than shown	above)				Date of	Service	Time	<del></del>	am pm	
							Signatu	re of U.S. Marsha	al or D	eputy		
Service Fee	Total Mileage Cha (including endeavo			Deposits	Deposits Amount owed to U.S Marshal or		Amount of Re	fund				
REMARKS:	<u>.</u>	l.		<u></u>	<del></del>	<del></del>		l		<u> </u>		

### PROCESS RECEIPT AND RETURN

PLAINTIFF Joseph J. Fleming						COURT CASE NUMBER 09-cv-01972-WYD-MJW						
DEFENDANT TYPE OF PROCE S/C							S					
SERVE →	NAME OF INDIVI CONDEMN FNU Johnson, Food				ETC., T	O SERVE	OR DES	CRIPTION OF PI	ROPE	RTY TO SEIZE OR		
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	p Code)							
SEND NOTIO	CE OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRE	SS BELOV	W: i:	Number of proces	s to be	;		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Joseph J. Fleming #19956-047								served with this F				
FPC – Florence PO Box 5000 Florence, CO 81226								Number of parties to be served in this case				
								Check for service	on U.	S.A.		
<u>Addresses</u> , Al	STRUCTIONS OR C I Telephone Numbers	, and Estima				N EXPEDI	TING S	ERVICE <u>(Include</u>	Busin	ess and Alternate		
Signature of	storney or other Orig	ginator reque	sting service on	behalf _	<u>X</u> F	LAINTIFF	TEI	LEPHONE NUMI	BER	DATE		
of: Deputy Clerk				_	DE	EFENDAN	г 303	-844-3433		11/4/09		
SPACI	E BELOW FO	R USE O	F U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO	<b>)W</b> [	THIS LINE		
total number of	e receipt for the of process indicated.	Total Process	District of Origin	District to Serve	o Signature of Authorized USMS Deputy or Clerk Date							
	1 285 is submitted)		No.	No.								
	y and return that I scribed on the individual	have pers	onally served, _ y, corporation, e	have le	gal evid dress sh	lence of ser own above	vice, or on the	have executed individual, comp	l as sho pany, e	own in "Remarks", etc., shown at the		
I hereb	y certify and return the	nat I am unab	le to locate the	individual, co	ompany	, corporation	n, etc., n	amed above (See	remar	ks below)		
Name and title	e of individual served	(if not show	n above)					A person of suitab in the defendant		and discretion then I place of adobe.		
Address (com	plete 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		Forwarding Fee	Total Char	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of Refund		
REMARKS:		<u>.</u>		<u> </u>		<u> </u>		<u> </u>		I		

### PROCESS RECEIPT AND RETURN

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						COURT CASE NUMBER 09-cv-01972-WYD-MJW							
DEFENDANT FNU Sears, et al.,  S/C							SS						
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE (CONDEMN) FNU Sears, Food Services Worker – ADX - Florence												
AT	ADDRESS (Street 6 5880 State Hwy 67			State and Zi	ip Code)	)							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Joseph J. Fleming #19956-047							W:	1					
FPC – Florence PO Box 5000 Florence, CO 81226								Number of parties to be served in this case			6		
							1	Check for service	on U.	S.A.			
<u>Addresses</u> , All	TRUCTIONS OR C Telephone Numbers	, and Estima	ted Times Availa	AT WILL A	.55151 1 vice):	N EXPED	ITING S.	ERVICE <u>(Include</u>	<u>Busin</u>	ess and A	<u>(Iternate</u>		
Signature of A	ltopies of other onic	ginator reques	sting service on	behalf	_XP	LAINTIFF	TEI	TELEPHONE NUMBER DATE					
of Deputy clerk	July 1		_	-	DE	EFENDAN		03-844-3433					
SPACE	BELOW FO	R USE O	FUS. MAR	SHAL C	NI.V	- DO N	OT W	RITE REL	י עער	гите т	INE		
I acknowledge		Total	District of		ī						711112		
total number o	f process indicated.  t USM 285 if more	Process	Origin	District to Serve	Signa	ture of Aut	Authorized USMS Deputy or Clerk Date						
than one USM	285 is submitted)		No.	No.									
	and return that I cribed on the individed below.	have persolual, company	onally served, v, corporation, e	have le	gal evid dress sh	lence of ser own above	vice, or on the	have executed individual, comp	as sho any, e	own in "Retc., show	temarks", n at the		
I hereby	certify and return th	hat I am unab	le to locate the i	ndividual, c	ompany	, corporation	on, etc., r	named above (See	remar	ks below)	)		
Name and title	of individual served	(if not show	n 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	<b></b>	am pm		
							Signatu	re of U.S. Marsha	l or De	eputy			
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Cha	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount	of Refund		
REMARKS:	<u> </u>		30.	<u> </u>				L		<u> </u>			
i will millor													

#### PROCESS RECEIPT AND RETURN

						COURT CASE NUMBER 09-cv-01972-WYD-MJW							
DEFENDANT TYPE OF PRO FNU Keller, et al., S/C							ESS						
SERVE →	NAME OF INDIVI CONDEMN FNU Keller, PA – A			ORATION, I	ЕТС., Т	O SERVE	OR DES	SCRIPTION OF P	ROPE	CRTY TO SE	IZE OR		
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zi	ip Code	;)							
SEND NOTIC	E OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND	ADDR	ESS BELO	W:	Number of proces					
	J. Fleming #19956- Florence	-047					,	served with this F			1		
PO Bo Florence	x 5000 ce, CO 81226				•			Number of parties to be served in this case			6		
							-	Check for service	on U.	S.A.			
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers  NAL SERVIO	, and Estima	ted Times Availd	able For Ser	vice):								
Signature of A	Itorney or other Original	inator reques	sting service on	behalf _	X	PLAINTIFE	TE	LEPHONE NUM	BER	DATE			
Deputy Clark	alter	1		_	D	EFENDAN	Г 303	303-844-3433 11/4/09					
SPACE	BELOW FO	R USE O	F U.S. MAF	RSHAL C	NLY	7 - DO N	OT W	RITE BELO	OW '	THIS LI	NE.		
	receipt for the f process indicated. USM 285 if more	Total Process	District of Origin	District to Serve	st to Signature of Authorized USMS Deputy or Clerk Date					Date			
than one USM	285 is submitted)		No.	No.									
	and return that I cribed on the individed below.	have perso ual, company	onally served,, corporation, e	have le	gal evid dress sh	dence of ser nown above	vice,	have executed individual, comp	l as sho pany, e	own in "Ren etc., shown a	narks", t the		
I hereby	certify and return th	nat I am unab	le to locate the i	ndividual, co	ompany	, corporatio	n, etc., n	named above (See	remar	ks below)			
Name and title	of individual served	(if not show	n above)				A person of suitable age and discretion then residing in the defendant's usual place of adobe.						
Address (comp	lete only if different	than shown o	above)				Date of Service Time			am pm			
							Signatu	re of U.S. Marsha	l or D	eputy			
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Char	ges	Advance I	Deposits Amount owed Marshal or				Refund		
REMARKS:	<del></del>			<u></u>		<u> </u>		L					