## 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.

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PLAINTIFF David H. Isberg						COURT CASE NUMBER 09-cv-02131-CMA-KMT							
DEFENDANT Fernando Kim, M.D., et al.,						TYPE OF PROCESS S/C							
⇒ SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Fernando Kim, M.D., Denver Health Medical										SEIZE OR		
AT	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 777 Bannock Street, Denver, CO 80204												
SEND NOTIC	E OF SERVICE CO	PY TO REC	UESTER AT N	AME AND	ADDRE	SS BELOV		Number of process erved with this Fo			1		
David H. Isberg  Boulder County Jail  3200 A import Pood  Number of parties to be													
3200 Airport Road Boulder, CO 80301								served in this case 3 Check for service on U.S.A.					
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers	, and Estima				N EXPEDI	TING SE	ERVICE <u>(Include</u>	Busine	ess and A	<u>lternate</u>		
Signature of Attorney or other Originator requesting service on behalf  Of:  Deputy Clerk  DEFENDANT													
SPACE	BELOW FO	R USE O	F U.S. MAF	RSHAL (	ONLY	- DO N	OT W	RITE BELC	W I	THIS I	INE		
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 District to Serve Signature of Authorized USMS Deputy or Clerk Origin No.													
I hereby certify the process des address indicat	cribed on the individ	have persual, compan	sonally served, _ y, corporation, e	have le	egal evid idress sh	ence of ser own above	vice, or on the	have executed individual, comp	as sho any, e	own in "R tc., show	temarks", n at the		
I hereb	certify and return the	nat I am una	ble to locate the	individual, c	company	, 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					
Address (complete only if different than shown above)						<u> </u>			am pm				
							Signatu	re of U.S. Marsha	l or De	eputy			
Service Fee	Total Mileage Cha (including endeavo			Advance I	Deposits Amount owed to U.S Marshal or		U.S.	Amount	of Refund				
REMARKS:	1		, , , , , , , , , , , , , , , , , , ,										

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PLAINTIFF				100	OURT (	CASE NUN	ABER					
David H. Isberg					COURT CASE NUMBER 09-cv-02131-CMA-KMT							
Boulder Sheriff's Department, et al.,						TYPE OF PROCESS S/C						
SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Boulder Sheriff's Department - c/o Boulder County Attorney's Office											
AT	ADDRESS (Street o 1325 Pearl Street, B			State and Zip	Code)							
	E OF SERVICE CO H. Isberg	PY TO REQU	JESTER AT NA	AME AND A	DDRE	SS BELOV		Number of process served with this Fo				
Boulder County Jail 3200 Airport Road Boulder, CO 80301								Number of parties to be served in this case				
							i	Check for service on U.S.A.				
Addresses, All	TRUCTIONS OR O Telephone Numbers, NAL SERVIO	, and Estimate				N EXPEDI	TING SI	ERVICE <u>(Include</u>	<u>Busin</u>	ess and Altern	<u>ate</u>	
Signature	therney or other Orig	inatorreques	ting service on l	behalf _	X P	LAINTIFF	TEL	EPHONE NUME	BER	DATE	<del></del>	
of: Deplety Clerk						FENDANT	T 303-844-3433 1/26/10					
SPACI	E BELOW FOR	R USE OF	U.S. MAR	SHAL O	NLY	- DO N	OT W	RITE BELC	)W ]	THIS LIN	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.					Signat	ture of Auth	horized USMS Deputy or Clerk Date					
	and return that I cribed on the individed ed below.		onally served, , corporation, e					have executed individual, comp				
I hereb	y certify and return th	nat I am unab	le to locate the i	ndividual, co	mpany,	, corporatio	n, etc., n	amed above (See	remari	ks below)		
Name and title	e of individual served	(if not showi	ı above)					A person of suitab in the defendant's				
Address (complete only if different than shown above)						Date of				am pm		
							Signatu	re of U.S. Marsha	l or De	eputy		
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	ges	Advance I	Deposits	sits Amount owed to U.S. Amount Marshal or		Amount of R	efund	
REMARKS:	1	<u></u>	*					<u> </u>	.,			

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### PROCESS RECEIPT AND RETURN

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PLAINTIFF David H. Isberg						COURT CASE NUMBER 09-cv-02131-CMA-KMT						
DEFENDANT Denver Health's Merril Carter, et al.,  TYPE OF S/C							OCESS					
SERVE →	E NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE CONDEMN Merril Carter, Denver Health											
AT	AT  ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 777 Bannock Street, Denver, CO 80204											
SEND NOTIO	CE OF SERVICE CO	PY TO REC	UESTER AT N	AME AND A	ADDRE	SS BELOV	V: 11	Number of proces	s to be			
	— — — — — — — — — — — — — — — — — — —		`					served with this F		185		
Boulder County Jail 3200 Airport Road Boulder, CO 80301								Number of parties served in this case	3			
Dould	ci, eo 60301						10	Check for service on U.S.A.				
	NAL SERVI		ated Times Availa	able For Serv	rice):							
	Attorney or other Orig	ginator reque	esting service on	behalf _	X P	LAINTIFF	TEI	EPHONE NUM	BER	DATE		
of: Deputy Clerk				-	DE	FENDANT	303	-844-3433		1/26/10		
SPAC	E BELOW FO	R USE O	F U.S. MAI	RSHAL O	NLY	- DO N	OT W	RITE BELO	OW 7	THIS LINE		
								norized USMS Deputy or Clerk Date				
	y and return that Iscribed on the individual									own in "Remarks", tc., shown at the		
I hereb	y certify and return t	hat I am unal	ble to locate the	individual, co	ompany	, corporatio	n, etc., r	amed above (See	remar	ks below)		
Name and titl	e of individual served	d (if not show	vn above)					A person of suitaby in the defendant		and discretion then place of adobe.		
Address (complete only if different than shown above)							Date of	Date of Service Time				
							Signatu	re of U.S. Marsha	al or D	eputy		
Service Fee		tal Mileage Charges Forwarding Fee Total Charge cluding endeavors)		rges	Advance Deposits		Amount owed to U.S. Marshal or		Amount of Refund			
REMARKS:						<u>I</u>		<u> </u>				