

U.S. Department of Justice  
United States Marshals Service

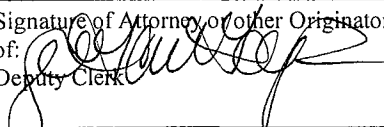
**PROCESS RECEIPT AND RETURN**  
*See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.*

PLAINTIFF Michael W. Northcutt	COURT CASE NUMBER 09-cv-02279-CMA-BNB
DEFENDANT Anthony I. Osagie, 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 Anthony I. Osagie, Physician Assistant – ADX Florence
	ADDRESS ( <i>Street or RFD, Apartment No., City State and Zip Code</i> ) 5880 Hwy 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ----- Michael W. Northcutt #06104-112 ADX – Florence PO Box 8500 Florence, CO 81226	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	5
	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 10/26/09
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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. ( <i>Sign only first USM 285 if more than one USM 285 is submitted</i> )	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 ( <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:

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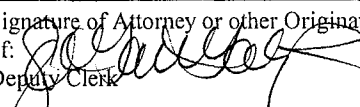
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PLAINTIFF Michael W. Northcutt	COURT CASE NUMBER 09-cv-02279-CMA-BNB
DEFENDANT Dr. David P. Allred, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. David P. Allred, Clinical Director – ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy 67 South, Florence, CO 81226

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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 10/26/09
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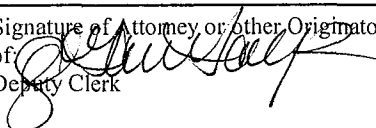
REMARKS:

PLAINTIFF Michael W. Northcutt	COURT CASE NUMBER 09-cv-02279-CMA-BNB
DEFENDANT Nona R. Gladbach, 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 Nona R. Gladbach, R.N. – ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy 67 South, Florence, CO 81226

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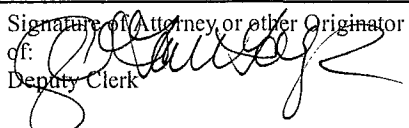
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PLAINTIFF Michael W. Northcutt	COURT CASE NUMBER 09-cv-02279-CMA-BNB
DEFENDANT David P. Scheifelbein, et al.,	TYPE OF PROCESS S/C
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN David P. Scheifelbein, Physician Assistant – ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy 67 South, Florence, CO 81226

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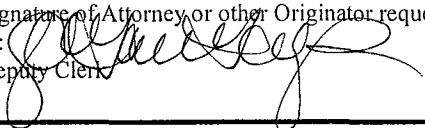
REMARKS:

PLAINTIFF Michael W. Northcutt	COURT CASE NUMBER 09-cv-02279-CMA-BNB
DEFENDANT R. Wiley, 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 R. Wiley, Warden – ADX Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 Hwy 67 South, Florence, CO 81226

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