

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

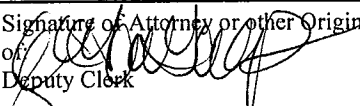
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Randy E. Keyes	COURT CASE NUMBER 09-cv-02380-MSK-BNB
DEFENDANT J. Stucks, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN J. Stucks, Drug Treatment Specialist (DTS) - FCI Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy 67 South, Florence, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Randy E. Keyes 2120 Manitoba Drive Colorado Springs, CO 80910	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 2/17/10
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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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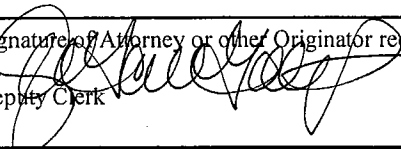
REMARKS:

PLAINTIFF Randy E. Keyes	COURT CASE NUMBER 09-cv-02380-MSK-BNB
DEFENDANT Dr. Krick, et al.,	TYPE OF PROCESS S/C
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Krick, Staff Psychiatrist, DAP Coordinator - FCI Florence
	ADDRESS (Street or RFD, Apartment No., City State and Zip Code) 5880 State Hwy 67 South, Florence, CO 81226

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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 2/17/10
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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: