## 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.

D. 1		-		1.	OLIDA	OAGENT	(DEE					
PLAINTIFF Terry Tyler		COURT CASE NUMBER 09-cv-02561-DME-KLM										
DEFENDANT Unit Manager			TYPE OF PROCESS S/C									
SERVE	NAME OF INDIVI CONDEMN Unit Manager Derr	OR DESC	CRIPTION OF PI	ROPE	RTY TO S	SEIZE OR						
AT	ADDRESS (Street of 5880 State Hwy 67			State and Zip	p Code)							
SEND NOTIC	CE OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRE	ESS BELOV	W: 11	Number of proces	s to be	;		
		served with this Form - 285										
Terry Tyler #15253-045 USP Atwater PO Box 019001								Number of parties to be				
	er, CA 95301						served in this case			3		
								Check for service on U.S.A.				
<u>Addresses</u> , Ali	STRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estima				N EXPEDI	TING SI	ERVICE <u>(Include</u>	Busin	ess and A	<u>lternate</u>	
										1		
Signature of	ttorney or other Otig	inator reque	sting service on	behalf _	<u>X</u> F	PLAINTIFF	TEL	TELEPHONE NUMBER DATE				
Dependent Defendan							T 303-844-3433 2/3/10			2/3/10		
SPACI	E BELOW FO	R USE O	F U.S. MAF	RSHAL C	NLY	- DO N	OT W	RITE BELO	<b>)W</b> 7	THIS L	INE	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more)  Total District of Origin Serve							norized USMS Deputy or Clerk Date					
	1 285 is submitted)		No.	No.								
	and return that Iscribed on the individual							have executed individual, comp				
I hereb	y certify and return the	hat I am unat	ole to locate the i	individual, co	ompany	, corporatio	n, etc., n	amed above (See	remar	ks 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		
							Signatu	re of U.S. Marsha	l or D	eputy		
Service Fee	Total Mileage Cha		Forwarding Fee	Total Char	Charges Advance Depos			Amount owed to Marshal or	Amount	of Refund		
REMARKS:				1		1	·	I		<u> </u>		

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PLAINTIFF Terry Tyler					COURT CASE NUMBER 09-cv-02561-DME-KLM								
DEFENDANT Captain Chris, et al.,						TYPE OF PROCESS S/C							
SERVE →	NAME OF INDIVI CONDEMN Captain Chris – US	,	IPANY, CORPO	ORATION,	ETC., T	O SERVE (	OR DES	CRIPTION OF PI	ROPEI	RTY TO SI	EIZE OR		
AT	ADDRESS (Street of 5880 State Hwy 67			State and Z	(ip Code	)							
	EE OF SERVICE CO	PY TO REQ	UESTER AT N.	AME AND	ADDRE	ESS BELOV		Number of proces served with this F			1		
USP Atwater PO Box 019001 Atwater, CA 95301						Number of parties to be served in this case 3							
							i	Check for service	on U.S	S.A.			
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estima				IN EXPEDI	ITING S	ERVICE <u>(Include</u>	Busin	ess and Alı	<u>ernate</u>		
Signature of A	ttorney or other Orig	jinator reque	sting service on	behalf	XI	PLAINTIFF	TE	LEPHONE NUM	BER	DATE			
of Deputy Clerk	Mesey				DI	EFENDAN	Г 303	3-844-3433		2/3/10			
SPACE	E BELOW FO	R USE O	F U.S. MAR	SHAL (	ONLY	- DO N	OT W	VRITE BELO	OW 7	THIS LI	NE		
total number of (Sign only firs	receipt for the f process indicated. t USM 285 if more [285 is submitted]	Total Process	District of Origin	District to Serve	Signa	ture of Autl	horized	USMS Deputy or	Clerk	Date			
I hereby certify	and return that Icribed on the individ		onally served, _	have l				have executed e individual, comp					
I hereby	y certify and return the	nat I am unab	ole to locate the i	ndividual, o	company	, corporatio	on, etc., i	named above (See	remar	ks below)			
Name and title	of individual served	l (if not show	n above)		1.1.1			A person of suitabg in the defendant					
Address (comp	plete only if different	than shown	above)				Date of	f Service	Time		am pm		
S						Signatu	ignature of U.S. Marshal or Deputy						
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Cha	arges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount o	f Refund		
REMARKS:	<u> </u>	1_	<del></del>	<del></del>		1 :	<del></del>	<u>.L</u>		<u> </u>	<del></del>		

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PLAINTIFF Terry Tyler	<del> </del>		COURT CASE NUMBER 09-cv-02561-DME-KLM									
DEFENDANT TYPE OF I A.W. Jones, et al., S/C							OCESS					
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO CONDEMN  A.W. Jones, Acting Warden – USP Florence												
A1	ADDRESS (Street of 5880 State Hwy 67			State and Zip	o Code,	)						
CENTE MOZIC		DV TO DTO	A INCOME A TAL	43 (F. 43 F)		DOG PRI O	····	N. 1 0				
Terry	CE OF SERVICE CO Tyler #15253-045	PY 10 REC	UESTER AT N	AME AND A	ADDRI	ESS BELO		Number of proces served with this F				
USP Atwater PO Box 019001 Atwater, CA 95301								Number of parties to be served in this case 3				
							ĺ	Check for service on U.S.A.				
<u>Addresses</u> , Ali	STRUCTIONS OR O	, and Estima				DAI DD.		EKTOD <u>(metude</u>	. Dusiril	мо ини листине		
Signature of Attorney or other Originator requesting service on behalf  X PLAINTIFF  of:  X PLAINTIFF								TELEPHONE NUMBER DATE				
Deput Clerk DEFENDANT DEFENDANT								-844-3433	2/3/10			
SPACI	E BELOW FOI	R USE O	F U.S. MAF	RSHAL O	NLY	/ - DO N	OT W	RITE BELO	OW 1	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	District to Serve	Signa	nture of Aut	horized I	USMS Deputy or	Clerk	Date		
I hereby certify	and return that I scribed on the individ		sonally served,	have leg		dence of ser		have executed have eindividual, com	d as sho pany, e	wn in "Remarks", tc., shown at the		
I hereb	y certify and return th	nat I am unal	ole to locate the i	individual, co	mpany	, corporation	on, etc., r	named above (See	remark	s below)		
	e of individual served		<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		7		ole age	and discretion then		
Address (complete only if different than shown above)							Date of	Date of Service Time		am pm		
							Signatu	re of U.S. Marsha	al or De			
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	e Total Charges Advance		Advance I	Deposits Amount owed to Marshal or		U.S. Amount of Refund			
REMARKS:	<del></del>			<u> </u>		<u> </u>		1		· · · · · · · · · · · · · · · · · · ·		