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 Jerry Lewis D	edrick				COURT CASE NUMBER 09-cv-02662-CMA-MJW							
DEFENDAN J.M. Wilner,				1	YPE O	F PROCESS	}					
SERVE →	NAME OF INDIVI CONDEMN J.M. Wilner, Warde			ORATION, E	TC., T	O SERVE C	R DESC	CRIPTION OF PI	ROPER	TY TO SEIZE OR		
AT	ADDRESS (Street 6 5880 State Hwy. 67			State and Zip	o Code))						
	CE OF SERVICE CO		UESTER AT N	AME AND A	ADDRE	ESS BELOW		Number of proces served with this F		85 1		
PO Bo	Florence ox 7000 nce, CO 81226							Number of parties served in this case		5		
10.000, 00 0.000							10	Check for service	on U.S	.A.		
	Attorney of other original		sting service on	behalf _		PLAINTIFF EFENDANT	202	EPHONE NUMI -844-3433		DATE 4/20/10		
SPAC	E BELOW FO	R USE O	F U.S. MAI	RSHAL C	NLY	7 - DO N	OT W	RITE BELO	W T	HIS LINE		
total number (Sign only fire	e receipt for the of process indicated. st USM 285 if more 1285 is submitted)	Total Process	District of Origin	District to Serve	Signa	ature of Auth	orized U	JSMS Deputy or	Clerk	Date		
	y and return that I_scribed on the individual		onally served, _ y, corporation, e			dence of serv nown above				wn in "Remarks", c., shown at the		
I herel	y certify and return t	hat I am unab	ole to locate the	individual, co	ompany	y, corporatio	n, etc., n	amed above (See	remark	s below)		
Name and titl	e of individual served	d (if not show	n above)			:		A person of suitabg in the defendant		and discretion then place of adobe.		
Address (com	plete only if different	than shown	above)				Date of	Service	Time	am pm		
							Signatu	re of U.S. Marsha	al or De	puty		
Service Fee	Total Mileage Cha (including endeave		Forwarding Fee	Total Char	rges	Advance D	eposits	Amount owed to Marshal or	U.S.	Amount of Refund		
REMARKS:								<u> </u>	<u></u>			

PRIOR EDITIONS MAY BE USED

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

Doc. 44 Att. 2

PROCESS RECEIPT AND RETURN

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

PLAINTIFF Jerry Lewis Do	edrick				COURT CASE NUMBER 09-cv-02662-CMA-MJW								
DEFENDANT B. Greenwood					TYPE O S/C	F PROCES	S						
→	NAME OF INDIVICATION OF THE CONDEMN B. Greenwood, AHS			ORATION,	ЕТС., Т	O SERVE	OR DES	CRIPTION OF PI	ROPEI	RTY TO SE	IZE OR		
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Z	ip Code,)							
	E OF SERVICE CO	:	UESTER AT N	AME AND	ADDRI	ESS BELOV	W:	Number of process served with this Fe			1		
USP Florence PO Box 7000 Florence, CO 81226								Number of parties served in this case			5		
								Check for service	on U.S	S.A.			
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers NAL SERVIO	, and Estimate				IN EXPEDI	TING S	ERVICE <u>(Include</u>	Busin	ess and Alte	ernate		
Signature of A	ttorney or other Orig	inator request	ting service on	behalf	<u>X</u> I	PLAINTIFF	TE	LEPHONE NUME	3ER	DATE			
of: () () () () () () () () () (DI	EFENDAN	Г 303	3-844-3433		4/20/10			
SPACE	BELOW FOR	R USE OF	U.S. MAH	RSHAL (ONLY	7 - DO N	OT W	VRITE BELO)W I	THIS LI	NE		
(Sign only first	· ·	Total Process	District of Origin	District to Serve	Signa	iture of Autl	horized	USMS Deputy or (Clerk	Date			
			<u> </u>	No.	٠								
	and return that I		onally served,, corporation, e			dence of ser nown above			as sho any, e	own in "Ren tc., shown a	narks", at the		
I hereby	certify and return th	nat I am unabl	le to locate the	individual, c	ompany	, corporatio	n, etc.,	named above (See	remark	cs below)			
Name and title	of individual served	(if not shown	above)					A person of suitab g in the defendant's					
Address (comp	lete only if different	than shown a	bove)				Date of	Service	Time		am pm		
							Signatu	ire of U.S. Marsha	l or De	puty			
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Cha	rges	Advance I	Deposits	Amount owed to Marshal or	U.S.	Amount of	Refund		
REMARKS:		<u></u>						<u> </u>		<u> </u>			

PROCESS RECEIPT AND RETURN

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

DI A DITTEE					OLIDT	CASENIIN	ADED		···-				
PLAINTIFF Jerry Lewis D	edrick					662-CMA-	E NUMBER CMA-MJW						
DEFENDAN' B. Cink, et al.				1	YPE O	F PROCES	ESS						
SERVE →	NAME OF INDIVI CONDEMN B. Cink, P.A US	•	IPANY, CORPO	ORATION, E	ETC., T	O SERVE (OR DES	CRIPTION OF PI	ROPE	RTY TO SEIZE			
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Zip	p Code)								
SEND NOTIC	CE OF SERVICE CO	PV TO REC	DIFSTER AT N	AME AND	ADDRE	SS BELOV	λ/· ι]	Number of proces	s to be				
	Lewis Dedrick #2714		— — — ·					served with this F					
USP F	lorence	L 11	Number of parties	to he									
PO Box 7000 Florence, CO 81226								served in this case					
11010100, 00 01220								Check for service	on U.	S.A.			
	l Telephone Numbers		ted Times Availd	able For Serv	vice):								
	Attorney or other Original	ginator reque	sting service on	behalf _	X I	PLAINTIFF	TEI	TELEPHONE NUMBER DATE					
of: Deputy Clerk	KUKUL	/		_	DI	EFENDAN'	T 303-844-3433 4/20/10			4/20/10			
SPAC	E BELOW FO	R USE O	F U.S. MAI	RSHAL C	NLY	- DO N	OT W	RITE BELO	OW 7	THIS LINE			
total number of (Sign only first	e receipt for the of process indicated. st USM 285 if more 4 285 is submitted)	Total Process	District of Origin	District to Serve	Signa	ture of Aut	horized (JSMS Deputy or	Clerk	Date			
	y and return that Iscribed on the individual		onally served, _ y, corporation, e			lence of ser lown above				own in "Remarks etc., shown at the			
I hereb	y certify and return t	hat I am unab	ole to locate the	individual, co	ompany	, corporation	n, etc., r	amed above (See	remar	ks below)			
Name and titl	e of individual served	d (if not show	n above)					A person of suitabg in the defendant					
Address (complete only if different than shown above)						Date of Service Time			a I				
							Signatu	re of U.S. Marsha	al or D	eputy			
Service Fee	Total Mileage Cha		Forwarding Fee	Total Chai	rges	Advance I	I Deposits	Amount owed to Marshal or	U.S.	Amount of Refu			
REMARKS:				1		I		<u> </u>		<u> </u>			

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

PLAINTIFF Jerry Lewis Do	edrick			I -	COURT CASE NUMBER 09-cv-02662-CMA-MJW								
DEFENDANT Mrs. Reichert,				i	YPE OI /C	FPROCES	ESS						
SERVE →	NAME OF INDIVII CONDEMN Mrs. Reichert, P.A.			ORATION, E	ETC., T	O SERVE (OR DES	CRIPTION OF PR	ROPER	RTY TO SEI	ZE OR		
AT	ADDRESS (Street of 5880 State Hwy. 67	or RFD, Apari	tment No., City	State and Zi	p Code)								
SEND NOTIC	E OF SERVICE CO	PY TO REQU	UESTER AT N	AME AND	ADDRE	SS BELOV		Number of process			1		
Jerry Lewis Dedrick #27140-180 USP Florence PO Box 7000								Served with this Form - 285 Number of parties to be					
Florence, CO 81226 Served in this case Check for service on U.S.A.								5.A.	5				
<u>Addresses</u> , All	TRUCTIONS OR O Telephone Numbers, NAL SERVIO	, and Estimate				N EXPEDI	TING S	ERVICE <u>(Include</u>	Busine	ess and Alter	rnate		
Signature of A	ttorney or other Orig	inator reques	ting service on	behalf _	<u>X</u> F	LAINTIFF	TEI	LEPHONE NUME	BER	DATE			
Departy Clerk	MUSAUJ			_	DE	FENDANI	r 303	-844-3433		4/20/10			
SPACE	BELOW FOR	R USE OF	U.S. MAR	RSHAL C	NLY	- DO N	OT W	RITE BELO	W T	HIS LIN	VE		
		Total Process	District of Origin	District to Serve	Signa	ture of Auth	norized (JSMS Deputy or (Clerk	Date			
	285 is submitted)		No.	No.									
	and return that I cribed on the individed below.		nally served,, corporation, e					have executed e individual, comp					
I hereby	certify and return th	at I am unabl	e to locate the i	ndividual, co	ompany	, corporatio	n, etc., r	named above (See	remark	s below)			
Name and title	of individual served	(if not shown	above)			:		A person of suitable in the defendant's					
Address (comp	lete only if different	than shown a	bove)				Date of	Service	Time		am pm		
							Signatu	re of U.S. Marshal	l or De	puty			
Service Fee	Total Mileage Char (including endeavo		orwarding Fee	Total Char	ges	Advance D	Deposits	Amount owed to Marshal or	U.S.	Amount of	Refund		
REMARKS:		· · · · · · · · · · · · · · · · · · ·						<u> </u>	l.	-	·		

PROCESS RECEIPT AND RETURN

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

PLAINTIFF Jerry Lewis D	edrick			COURT CASE NUMBER 09-cv-02662-CMA-MJW								
DEFENDANT L. Milusnic, e					TYPE OF PROCESS S/C							
SERVE →	NAME OF INDIVICONDEMN L. Milusnic, A.W			ORATION, E	TC., TO SER	VE OI	R DESC	CRIPTION OF PE	ROPEI	RTY TO	SEIZE OF	
AT	ADDRESS (Street of 5880 State Hwy. 67			State and Zi	o Code)							
	E OF SERVICE CO		UESTER AT N	AME AND	ADDRESS BE	ELOW	1	Number of proces served with this Fe			1	
USP Florence PO Box 7000 Florence, CO 81226							Number of parties to be served in this case 5					
							i	Check for service	on U.S	S.A.		
PERSON	Telephone Numbers NAL SERVIO	CE										
Signature of A	ttorney or other Orig	ginator reques	ting service on	behalf _	X PLAIN	TIFF	TEL	EPHONE NUME	3ER	DATE		
Deputy Clerk	Jan Stoff			-	DEFEND	ANT	303-844-3433 4/20/10)		
SPACE	BELOW FOR	R USE OF	F U.S. MAI	RSHAL C	NLY - DO	O NC	T W	RITE BELC)W 1	THIS	LINE	
	receipt for the f process indicated. USM 285 if more	Total Process	District of Origin	District to Serve	Signature of	Autho	orized U	JSMS Deputy or (Clerk	Date		
	285 is submitted)		No.	No.								
	and return that I_cribed on the individed below.		onally served, _ v, corporation, e	have le	gal evidence o Iress shown at	of servi bove or	ce, r on the	have executed individual, comp	as sho any, e	own in " tc., show	Remarks", wn at the	
I hereb	certify and return th	nat I am unab	le to locate the	individual, co	mpany, corpo	oration,	, etc., n	amed above (See	remarl	ks belov	v)	
Name and title	of individual served	(if not showr	n above)			r		A person of suitable in the defendant's				
Address (complete only if different than shown above) De						Date of Service Time			am pm			
						S	 Signatui	re of U.S. Marsha	l or De	puty		
Service Fee	Total Mileage Cha (including endeavo		Forwarding Fee	Total Char	ges Advar	nce De	posits	Amount owed to Marshal or	U.S.	Amoun	at of Refund	
REMARKS:	<u> </u>	<u></u>						<u> </u>				