#### PROCESS RECEIPT AND RETURN

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

PLAINTIFF Jason E. Walk	er					CASE NUN 828-DME-						
DEFENDANT Sheriff Maketa				T'S/		F PROCES:	ESS					
SERVE	NAME OF INDIVII CONDEMN Sheriff Maketa, El P				TC., T	O SERVE (	OR DESC	CRIPTION OF PI	ROPE	RTY TO S	EIZE OR	
AT	ADDRESS (Street o 210 South Tejon Str				Code)	)						
										- 1		
	E OF SERVICE CO Walker #85495	PY TO REC	QUESTER AT N	AME AND A	ADDRE	ESS BELOV		Number of proces served with this Fo			1	
Buena Vista Correctional Facility PO Box 2017 Buena Vista, CO 81211								Number of parties to be   served in this case			5	
Bucha Vista, CO 01211								Check for service	on U.S	S.A.		
Addresses, All	TRUCTIONS OR O' Telephone Numbers,	and Estimo				N EXPEDI	IING SI	ERVICE <u>(Include</u>	Busin	ess ana Al	<u>ternate</u>	
Signature of A	thorney or other Orig	inator reque	esting service on	behalf _	<u>X</u> F	PLAINTIFF	TEL	TELEPHONE NUMBER DAT				
Deserty Clerk DEFENDANT								Г 303-844-3433				
SPACE	BELOW FOR	RUSEO	F U.S. MAR	RSHAL O	NLY	- DO N	OT W	RITE BELO	)W '	THIS L	INE	
I acknowledge total number o	receipt for the	Total Process	District of Origin	District to Serve	1			JSMS Deputy or (		1	<u> </u>	
	285 is submitted)			No.				<del></del>		<u> </u>		
	and return that I cribed on the individed below.							have executed individual, comp				
I hereby	certify and return th	at I am una	ble to locate the i	ndividual, co	mpany	, corporatio	n, etc., n	amed above (See	remar	ks below)		
Name and title	of individual served	(if not shov	vn above)	Ž.				A person of suitab in the defendant's				
Address (comp	lete only if different	than shown	above)		**		Date of Service Time				am pm	
							Signatu	re of U.S. Marsha	l or De	eputy		
Service Fee	re Fee Total Mileage Charges Forwarding Fee Total Charges Advance I (including endeavors)						Deposits Amount owed to U.S. Amount or			Amount o	f Refund	
REMARKS:	· · · · · · · · · · · · · · · · · · ·			•		<u> </u>		<del></del>				

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

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

### PROCESS RECEIPT AND RETURN

PLAINTIFF						CASE NUN				· · · · · ·		
Jason E. Walk	er 				09-cv-02828-DME-CBS							
DEFENDANT Lt. Brandt, et					TYPE OF PROCESS S/C							
SERVE →	NAME OF INDIVI CONDEMN Lt. Brandt, El Paso			DRATION, E	TC., T	O SERVE (	OR DES	CRIPTION OF P	ROPEI	RTY TO SI	EIZE OR	
AT	ADDRESS (Street of 2739 E. Las Vegas	or RFD, Apar Street, Colora	tment No., City do Springs, CO	State and Zip 80906	Code)	}						
CENT NOTE	TO OF SERVICE CO	DV TO DEO	HECTED AT N	AME AND A	DDDE	SES DEI OI	W· .1	Number of proces	es to he			
. <del></del> _	E OF SERVICE CO	CREQ	— — — — -	AME AND A			"— — ;	served with this F	Form - 2	285	1	
Jason E. Walker #85495 Buena Vista Correctional Facility PO Box 2017								Number of parties to be served in this case 5				
Buena	Vista, CO 81211							Check for service		5 A		
<u>Addresses</u> , All	STRUCTIONS OR OF TELEPHONE Numbers	, and Estimat				N EXPEDI	TING S	ERVICE <u>(Include</u>	e <u>B</u> usin	ess and Alt	ernate	
Signature of Attorney or other Originator requesting service on behalf X PLAINTIFF							TEI	TELEPHONE NUMBER DATE				
of Deput Clerk Defendant							303-844-3433			3/11/10		
SPACI	E BELOW FO	R USE OI	F U.S. MAR	SHAL O	NLY	- DO N	OT W	RITE BELO	ow i	THIS LI	NE	
I acknowledge 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				JSMS Deputy or		1		
I hereby certify the process des address indicat	and return that I_cribed on the individed below.	have perso lual, company	onally served,, corporation, e	have leg	gal evid Iress sh	lence of ser own above	vice, or on the	have executed individual, com	d as sho pany, e	own in "Re etc., shown	marks", at the	
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	remar	ks below)		
Name and title	of individual served	l (if not show)	n above)	X				A person of suital in the defendant				
Address (com	olete only if different	than shown i	zbove)			<del></del>	Date of Service Tin				am pm	
							Signatu	re of U.S. Marsha	al or De	eputy		
Service Fee	Total Mileage Cha (including endeavo					e Deposits Amount owed to U.S. Am			Amount o	f Refund		
REMARKS:				.1	<u>,</u>	I		<u> </u>		·	·	

### PROCESS RECEIPT AND RETURN

PLAINTIFF Jason E. Walk	er			COURT CASE NUMBER 09-cv-02828-DME-CBS								
DEFENDANT Lt. Zani, et al.			· · · · · · · · · · · · · · · · · · ·	T S/		PROCES	S					
SERVE →	NAME OF INDIVI CONDEMN Lt. Zani, El Paso Co	•		DRATION, E	TC., T	O SERVE (	OR DESC	CRIPTION OF PE	ROPEI	RTY TO SEIZE	OR	
AT	ADDRESS (Street of 2739 E. Las Vegas S	or RFD, Apa Street, Color	rtment No., City ado Springs, CO	State and Zip 80906	Code)							
	CE OF SERVICE CO	PY TO REC	QUESTER AT N	AME AND A	DDRE	SS BELOV		Number of processerved with this Fe				
Buena Vista Correctional Facility PO Box 2017 Buena Vista, CO 81211								Number of parties to be served in this case				
Duolite Vibragi Co Ci Di I							· i	Check for service	on U.S	S.A.		
Addresses, All	STRUCTIONS OR O Telephone Numbers	, and Estime	nted Times Availa	able For Serv								
Signature of Altorney of other Originator requesting service on behalf of: Deputy Clerk DeFENDANT								202 044 2422			DATE 3/11/10	
SPACI	E BELOW FO	R USE O	F U.S. MAF	RSHAL O	NLY	- DO N	OT W	RITE BELO	)W ]	THIS LINE	i -	
total number of (Sign only firs	e receipt for the of process indicated. t USM 285 if more (285 is submitted)	Total Process	District of Origin	District to Serve	Signa	ture of Autl	horized (	JSMS Deputy or (	Clerk	Date		
I hereby certify the process des address indicat	and return that I cribed on the individed below.	have per ual, compar	sonally served, _ ny, corporation, e	have le	gal evid Iress sh	lence of ser own above	vice, or on the	have executed individual, comp	as sho	own in "Remark etc., shown at the	s", e	
I hereb	y certify and return th	nat I am una	ble to locate the i	individual, co	mpany	, corporatio	n, etc., n	amed above (See	remar	ks below)		
Name and title	e of individual served	(if not show	vn above)	ж. Х			A person of suitable age and discretion then residing in the defendant's usual place of adobe.					
Address (comp	plete only if different	than shown	above)				Date of Service Time				am pm	
							Signatu	re of U.S. Marsha	l or D	eputy		
Service Fee	Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance De							Deposits Amount owed to U.S. Amount of Marshal or			——— fund	
REMARKS:	. I					<u> </u>				•		
						_	. <u>.</u>					

### PROCESS RECEIPT AND RETURN

PLAINTIFF Jason E. Walk	er		٠.		COURT CASE NUMBER 09-cv-02828-DME-CBS								
DEFENDANT Deputy Horto					TYPE OF PROCESS S/C								
SERVE →	NAME OF INDIVI CONDEMN Deputy Horton, El I				TC., T	O SERVE	OR DES	CRIPTION OF P	ROPEF	RTY TO SEIZE	OR		
AT	ADDRESS (Street of 2739 E. Las Vegas	or RFD, Apa Street, Color	rtment No., City ado Springs, CC	State and Zip 80906	Code,	)							
						ICC DEL O	17.	T C	1	<u> </u>			
	CE OF SERVICE CO E. Walker #85495	PY TO REC	QUESTER AT N	AME AND A	ADDRI	ESS BELO		Number of proces served with this F					
Buena Vista Correctional Facility PO Box 2017 Buena Vista, CO 81211								Number of parties to be served in this case 5					
Bucila	V 15ta, CO 01211						<u>-</u>	Check for service	on U.S	3.A.			
PERSO	Telephone Numbers	CE _					<b></b>			وي د د د د چې د د د پار د د د پار د د د د د د د د د د د د د د د د د د د			
Signature of	storney or other Orig	inator reque	esting service on	behalf _	<u>X</u> I	PLAINTIFF	i TEI	TELEPHONE NUMBER DATE					
Deputy Clerk Defen							TT 303-844-3433 3/11/10						
SPACI	E BELOW FO	RUSEO	FUS MAI	SHAL O	NI.V	- DO N	OT W	RITE BELO	)W 1	THIS LINE	<del></del>		
I acknowledge total number of (Sign only firs	e receipt for the of process indicated.	Total Process	District of Origin	District to Serve	7			JSMS Deputy or					
	(1 285 is submitted)	<u> </u>			legal evidence of service, have executed as sh								
the process des address indicat		ual, compan	y, corporation, e	tc., at the add	iress sh	own above	or on the	e individual, com	pany, e	tc., shown at th	e 		
I hereb	y certify and return the	nat I am una	ble to locate the	individual, co	mpany	, corporation	on, etc., n	amed above (See	remarl	cs below)			
Name and title	e of individual served	(if not show	vn above)	<i>(</i>				A person of suitab in the defendant					
Address (comp	plete only if different	than shown	above)				Date of	Date of Service Time			am pm		
							Signatu	re of U.S. Marsha	al or De	puty			
Service Fee	rvice Fee Total Mileage Charges Forwarding Fee To (including endeavors)				Advance Deposits Amount owed to U.S. Marshal or				Amount of Re	fund			
REMARKS:		<b></b>				<u>.                                    </u>		<u> </u>	1				

### PROCESS RECEIPT AND RETURN

PLAINTIFF Jason E. Wall	xer			COURT CASE NUMBER 09-cv-02828-DME-CBS									
DEFENDAN' Deputy Mott,					TYPE OF PROCESS S/C								
SERVE	NAME OF INDIVISION OF INDIVISI	,		ORATION, E	TC., T	O SERVE (	OR DES	CRIPTION OF P	ROPE	RTY TO SEIZE	OR		
AT	ADDRESS (Street of 2739 E. Las Vegas S				o Code,	)							
SEND NOTIO	CE OF SERVICE CO	PY TO REQ	UESTER AT N	AME AND A	ADDRI	SS BELOV	W: []	Number of proces	s to be				
	E. Walker #85495							served with this F	`orm - :	285 1			
Buena Vista Correctional Facility PO Box 2017 Buena Vista, CO 81211  Number of parties to be served in this case									5				
									on U.	S.A.			
	Telephone Numbers		ted Times Availa	able For Serv	vice):								
Signature of	Attorney or ather Orig	inator reques	sting service on	behalf _	<u>X</u> I	PLAINTIFF	TEI	TELEPHONE NUMBER DATE		DATE			
of: (// ()/ Deputy Clerk	SILVEYS	4		_	DI	EFENDAN	r 303	-844-3433		3/11/10			
SPACI	E BELOW FOI	R USE O	F U.S. MAF	RSHAL O	NLY	' - DO N	OT W	RITE BELO	)W	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	ture of Aut	horized (	JSMS Deputy or	Clerk	Date			
hereby certify he process des address indicat	y and return that I scribed on the individual ted below.	have personal, company	onally served, _ y, corporation, e	have legate, at the add	gal evic iress sh	lence of ser own above	vice, _ or on the	have executed individual, comp	i as sho pany, e	own in "Remarks etc., shown at the	s", e		
I hereb	y certify and return th	nat I am unab	le to locate the i	individual, co	mpany	, corporation	n, etc., n	amed above (See	remar	ks below)	·		
Name and title	e of individual served	(if not show	n above)	X			residing	A person of suitab in the defendant	le age 's usua	and discretion to l place of adobe	hen		
Address (com	plete only if different	than shown c	above)	-,			Date of	Service	Time		am pm		
							Signatu	re of U.S. Marsha	al or D	eputy			
Service Fee	Total Mileage Charges (including endeavors)  Forwarding Fee Total Charges		Charges Advance Depo		L Deposits	posits Amount owed to U.S. Ame Marshal or			und				
REMARKS:	·····					<u> </u>			,				