


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 UNITED STATES OF AMERICA	COURT CASE NUMBER 2:01-cv-125-FTM-29DNF
DEFENDANT DOLORES M. LOVAS	TYPE OF PROCESS SUMMONS & COMPLAINT

SERVE  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DOLORES M. LOVAS

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3635 BOCA CIEGA DRIVE, ~~NAPLES~~ NAPLES, FL 34112

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

UNITED STATES ATTORNEY'S OFFICE
400 N. TAMPA STREET
TAMPA, FL 33602
FLU UNIT (813) 274-6038

Number of process to be served with this Form - 285 1

Number of parties to be served in this case 1

Check for service on U.S.A. NO

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):
Fold

THIS CASE INVOLVES A DEFAULTED STUDENT LOAN. EFFORTS TO SERVE BY MAIL HAVE BEEN UNSUCCESSFUL. PLEASE SERVE BY MAY 25, 2001.

SSN 148-34-3349
DOB 08/24/44

EMPLOYMENT: N/A

Signature of Attorney or other Originator requesting service on behalf of:
Mark A. Stoshak
ADELAIDE G. FEW

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER
(813) 274-6038

DATE
04/30/01

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. <u>18</u>	District to Serve No. <u>18</u>	Signature of Authorized USMS Deputy or Clerk <i>Adams</i>	Date <u>5-2-01</u>
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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, corporation, etc., shown at the address inserted 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)

Address (complete only if different than shown above)

Date of Service _____ Time _____ am _____ pm

Signature of U.S. Marshal or Deputy
[Signature]

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:
5100NP NORTH FOR SUMMER NO FORWARDING ADDRESS DJJ