## PROCESS RECEIPT AND RETURN

PLAINTIFF ALICIO YAN	ES						OURT CASE NUMBER 15-cv-36		
DEFENDANT WENDY MCN	MANUS, et al					1 '	TYPE OF PROCESS COMPLAINT AN	D ORDE	ER
	NAME OF INDIV	/IDUAL, COMI	PANY, CORP	ORATION. ETC	. TO SERVE OR DES	SCRIPTIO	ON OF PROPERTY TO	O SEIZE C	R CONDEMN
SERVE .	Wendy McMar								
AT )	ADDRESS (Street	=			Code)				
	2680 Hwy 301		• •					r-	
SEND NOTICE O	F SERVICE COPY	TO REQUEST	TER AT NAM	E AND ADDRE	SS BELOW		ber of process to be d with this Form 285		
c/o	cio Yanes Noemi Pineda 2 Summerlins C	roceroad Rd					ber of parties to be d in this case	5	
	nasville, NC 28					Chec on U	k for service S.A.	х	
Signature of Attor	ney other Originato	or requesting ser	vice on behalf	of:	PLAINTIFF	TELEPHO	NE NUMBER	DATE	
•	ney other Originato		vice on behalf	نتقا	PLAINTIFF DEFENDANT		ONE NUMBER 30-1330	DATE 12/9/	15
Scott L	Poff, Clerk				DEFENDANT	912-28		12/9/	
SPACE BI I acknowledge rec number of process (Sign only for USA	ELOW FOR ceipt for the total sindicated.				DEFENDANT	912-28 <b>)T WI</b>	80-1330 RITE BELOW	12/9/	
SPACE BI I acknowledge rec number of process (Sign only for USM than one USM 283)	ELOW FOR teipt for the total sindicated. M 285 if more 5 is submitted)	Total Process	U.S. MA  District of Origin  No	RSHAL O	NLY DO NO Signature of Author	912-28 DT WI rized USM	80-1330 RITE BELOW	12/9/ 7 THIS	Date  Date  cess described
SCOTT L  SPACE BI I acknowledge rec number of process (Sign only for USM than one USM 283 I hereby certify an on the individual,	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I are company, corporate	Total Process  have personally tion, etc., at the	U.S. MA  District of Origin  No  served , □ haddress shown	RSHAL O	NLY DO NO Signature of Author	912-28 DT WI rized USM executed any, corpo	RITE BELOW  AS Deputy or Clerk  as shown in "Remarks pration, etc. shown at the	12/9/ 7 THIS	Date  Date  cess described
Scott L  SPACE BI I acknowledge rec number of process (Sign only for USI than one USM 283 I hereby certify an on the individual,	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I are company, corporate	Total Process  have personally tion, etc., at the am unable to lo	U.S. MA  District of Origin  No  served ,  haddress shown that the indivi	RSHAL O	DEFENDANT  NLY DO NO  Signature of Author  e of service,  have the individual, compa	912-28 DT WI rized USM executed any, corpo	RITE BELOW  AS Deputy or Clerk  as shown in "Remarks pration, etc. shown at the	12/9/ 7 THIS s*, the proof the address	Date  Date  Dess described inserted below.
Scott L  SPACE BI I acknowledge rec number of process (Sign only for USM than one USM 283 I hereby certify an on the individual,  I hereby certi	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I	Total Process  have personally tion, etc., at the am unable to lo	U.S. MA  District of Origin  No  served ,  haddress shown that the indivi	RSHAL O	DEFENDANT  NLY DO NO  Signature of Author  e of service,  have the individual, compa	912-28 DT WI rized USM executed any, corpo	as shown in "Remarks oration, etc. shown at the see remarks below)  A person of suit then residing in	12/9/ 7 THIS s*, the proof the address	Date  Date  Dess described inserted below.
Scott L  SPACE BI I acknowledge rec number of process (Sign only for USM than one USM 283 I hereby certify an on the individual,  I hereby certi	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I company, corporatify and return that I individual served (i	Total Process  have personally tion, etc., at the am unable to lo	U.S. MA  District of Origin  No  served ,  haddress shown that the indivi	RSHAL O	DEFENDANT  NLY DO NO  Signature of Author  e of service,  have the individual, compa	912-28 DT WI rized USM executed any, corpo	as shown in "Remarks pration, etc. shown at the residing in of abode	12/9/ 7 THIS  s*, the proof the address and defendant  Time	Date  Date  Described inserted below.  and discretion is usual place
SCOTT L  SPACE BI I acknowledge rec number of process (Sign only for USM than one USM 283 I hereby certify an on the individual,  I hereby certi	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I company, corporatify and return that I individual served (i	have personally tion, etc., at the am unable to lo if not shown above)	District of Origin  No  served , haddress shown recate the individual.	RSHAL O	DEFENDANT  NLY DO NO  Signature of Author  e of service,  have the individual, compa	912-28 DT WI rized USM executed any, corporate dispose (S	as shown in "Remarks pration, etc. shown at the residing in of abode  Date	12/9/ 7 THIS s*, the proone address table age a defendant Time	Date  Date  Described inserted below.  and discretion is usual place
Scott L  SPACE BI I acknowledge rec number of process (Sign only for USM than one USM 283 I hereby certify an on the individual,  I hereby certi Name and title of Address (complete	ELOW FOR ceipt for the total sindicated. M 285 if more 5 is submitted) and return that I individual served (individual served (	have personally tion, etc., at the am unable to lo if not shown above)	District of Origin  No  served , haddress shown recate the individual.	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comportation, etc. named	912-28 DT WI rized USM executed any, corporate dispose (S	as shown in "Remarks oration, etc. shown at the residing in of abode  Date  Signature of U.S. Marsh owed to U.S. Marsh	12/9/ 7 THIS s*, the proone address table age a defendant Time	Date  Date  Described inserted below.  and discretion is usual place

- PRINT 5 COPIES: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## PROCESS RECEIPT AND RETURN

PLAINTIFF ALICIO YANES						COURT CASE NUMBER 2:15-cv-36			
DEFENDANT WENDY MCMANUS, et a	.1					TYPE OF PROCESS COMPLAINT AND ORDER			
NAME OF IN	DIVIDUAL, COM	PANY, CORP	ORATION. ETC	C. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE O	R CONDEMN	
SERVE Suzanne Ha	stings, Warden	FCI Jesup							
AT ADDRESS (S	reet or RFD, Apara	tment No., City	, State and ZIP (	Code)					
2680 Hwy :	01 South, Jesu	p, GA 3159	9						
SEND NOTICE OF SERVICE C	OPY TO REQUES	TER AT NAM	IE AND ADDRE	ESS BELOW	Num	ber of process to be			
						ed with this Form 285	3		
Alicio Yanes c/o Noemi Pine	da					ber of parties to be	5		
242 Summerlin	****	•			30110	od III tilis casc			
Kenasville, NC	28349				Chec on U	k for service .S.A.	X		
Per Order of the Court da	ted 12/9/15.							Fold	
		. 1.1.16			TEL EDUC	NIE NIE ODED	DATE		
Signature of Attorney other Origi		vice on behalf	11	PLAINTIFF		ONE NUMBER	DATE		
Scott L. Poff, Cle	rk			DEFENDANT	912-28	30-1330	12/9/		
and the second s	rk			DEFENDANT	912-28	30-1330	12/9/		
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more	rk OR USE OF		RSHAL O	DEFENDANT	912-28 OT WI	80-1330 RITE BELOW	12/9/		
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	DR USE OF Total Process	U.S. MA  District of Origin  No	RSHAL O  District to Serve  No	NLY DO NO	912-28 OT WI	RITE BELOW  MS Deputy or Clerk	12/9/7 THIS	LINE Date	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more	DR USE OF Total Process have personally	U.S. MA  District of Origin  No	RSHAL O  District to Serve  No	DEFENDANT  NLY DO NO  Signature of Author	912-28 OT WI	RITE BELOW  AS Deputy or Clerk  as shown in "Remarks	12/9/7 THIS	Date  ess described	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I	DR USE OF Total Process have personally poration, etc., at the	U.S. MA  District of Origin  No  served , haddress shown	RSHAL O  District to Serve  No	Signature of Autho	912-28 OT WI rized USA	RITE BELOW  AS Deputy or Clerk  as shown in "Remarks oration, etc. shown at the	12/9/7 THIS	Date  ess described	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corp	Total Process have personally oration, etc., at the	District of Origin  No  served , ha address shown heate the individual contents.	RSHAL O  District to Serve  No	Signature of Autho	912-28 OT WI rized USA	RITE BELOW  AS Deputy or Clerk  as shown in "Remarks oration, etc. shown at the	THIS  "THIS  ", the procedure address in the age and t	Date  Date  ess described enserted below.  d discretion	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I con the individual, company, corp  I hereby certify and return th	Total Process  have personally oration, etc., at the at I am unable to lod (if not shown about 1).	District of Origin  No  served , ha address shown heate the individual contents.	RSHAL O  District to Serve  No	Signature of Autho	912-28 OT WI rized USA	as shown in "Remarks oration, etc. shown at the See remarks below)  A person of suit then residing in	THIS  "THIS  ", the procedure address in the age and t	Date  Date  ess described enserted below.  d discretion	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corp  I hereby certify and return th Name and title of individual serve	Total Process  have personally oration, etc., at the at I am unable to lod (if not shown about 1).	District of Origin  No  served , ha address shown heate the individual contents.	RSHAL O  District to Serve  No	Signature of Autho	912-28 OT WI rized USA	as shown in "Remarks oration, etc. shown at the see remarks below)  A person of suit then residing in of abode	THIS  s", the procedure address in the age and defendant's	Date  ess described enserted below.  d discretion usual place	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I on the individual, company, corp  I hereby certify and return th Name and title of individual serve	Total Process  Total Process  have personally poration, etc., at the at I am unable to led (if not shown above)  Charges Forward	District of Origin  No  served , □ ha address shown ocate the individuals.	RSHAL O  District to Serve  No	Signature of Autho	912-28 DT WI rized USA executed any, corporate displayed above (S	as shown in "Remarks oration, etc. shown at the see remarks below)  A person of suit then residing in of abode  Date	THIS s", the procedure address in the age and defendant's Time arshal or Defendant	Date  ess described enserted below.  d discretion usual place	
Scott L. Poff, Cle  SPACE BELOW FO  I acknowledge receipt for the tota number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I con the individual, company, corp  I hereby certify and return th Name and title of individual serve  Address (complete only different of the company)  Service Fee Total Mileage	Total Process  Total Process  have personally poration, etc., at the at I am unable to led (if not shown above)  Charges Forward	District of Origin  No  served , ha address shown acate the individual one)	RSHAL O  District to Serve  No ave legal evidence above on the on dual, company, of	DEFENDANT  NLY DO NO  Signature of Autho  ee of service,  have the individual, comportation, etc. name	912-28 DT WI rized USA executed any, corporate displayed above (S	as shown in "Remarks oration, etc. shown at the See remarks below)  A person of suit then residing in of abode  Date  Signature of U.S. Marsh	THIS s", the procedure address in the age and defendant's Time arshal or Defendant	Date  ess described enserted below.  d discretion usual place	

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## PROCESS RECEIPT AND RETURN

PLAINTIFF ALICIO YANES				COURT CASE NUM 2:15-cv-36	BER
DEFENDANT -WENDY MCMANUS, et al				TYPE OF PROCESS COMPLAINT AN	D ORDER
SERVE AT Regional Director ADDRESS (Street of	or, Southern Region or RFD, Apartment No.,	n FBOP City, State and ZIP	Code)	SCRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SEND NOTICE OF SERVICE COPY	ek Pkwy, Building 2 TO REQUESTER AT N			Number of process to be served with this Form 285	3
Alicio Yanes c/o Noemi Pineda 242 Summerlins Cro	ossroad Rd			Number of parties to be served in this case	5
Kenasville, NC 2834				Check for service on U.S.A.	X
Per Order of the Court dated	2/9/15.				Fold
Signature of Attorney other Originator Scott L. Poff, Clerk  SPACE BELOW FOR			PLAINTIFF DEFENDANT	TELEPHONE NUMBER 912-280-1330 T WRITE BELOW	12/9/15 V THIS LINE
	Total Process District of Origin			ized USMS Deputy or Clerk	Date
I hereby certify and return that I ha on the individual, company, corporatio	ve personally served , n, etc., at the address sho	have legal evidence have legal evidence have on the or	ce of service,  have n the individual, compa	executed as shown in "Remark any, corporation, etc. shown at t	ss", the process described he address inserted below.
I hereby certify and return that I am  Name and title of individual served (if returns the content of the		dividual, company, o	corporation, etc. named	☐ A person of sui	table age and discretion defendant's usual place
Address (complete only different than so	hown above)			Date	Time an
				Signature of U.S. M	larshal or Deputy
Service Fee Total Mileage Charging including endeavors		Total Charges	Advance Deposits	Amount owed to U.S. Marsh (Amount of Refund*)	nal* or
ı					

- PRINT 5 COPIES: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

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## PROCESS RECEIPT AND RETURN

PLAINTIFF ALICIO YANES		COURT CASE NUMBER 2:15-cv-36	BER						
DEFENDANT WENDY MCMANUS, et al						TYPE OF PROCESS COMPLAINT AN	D ORDI	ER	
NAME OF INDIV	IDUAL, COMPA	ANY, CORF	PORATION, ETC	. TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY T	O SEIZE	OR CONDE	MN
SERVE Director FBOP									
AT ADDRESS (Street	or RFD, Apartm	ent No., City	v, State and ZIP C	Code)					
U.S. Depart of	Justice, 320 F	irst St., N	W, Washingto	on, DC 20534					
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAM	IE AND ADDRE	SS BELOW		per of process to be d with this Form 285	3		
Alicio Yanes c/o Noemi Pineda 242 Summerlins C	rossroad Rd				300,300,000,000	per of parties to be d in this case	5		-
Kenasville, NC 283					Check on U.	k for service S.A.	х		-
All Telephone Numbers, and Estimated Per Order of the Court dated		•						_1	Fold
service.									
Signature of Attorney other Originato	r requesting servi	ice on behalf	f of:	PLAINTIFF	TELEPHO	NE NUMBER	DATE		
Scott L. Poff, Clerk				DEFENDANT	912-28	0-1330	12/9	/15	
SPACE BELOW FOR	LISE OF I	IS MA	RSHAL O	NLV DO NO	OT WE	RITE BELOW	THIS	LINE	
I acknowledge receipt for the total number of process indicated.	Total Process	District of Origin	District to Serve	Signature of Autho				Date	
(Sign only for USM 285 if more than one USM 285 is submitted)		No	No						
I hereby certify and return that I  hon the individual, company, corporat	nave personally so	erved . D h	ave legal evidenc	e of service, have the individual, comp	e executed any, corpo	as shown in "Remark ration, etc. shown at t	s", the pro he address	cess describe	d ow.
☐ I hereby certify and return that I	am unable to loca	ate the indivi	idual, company, c	orporation, etc. name	d above (S	ee remarks below)			
Name and title of individual served (i)						A person of suit then residing in of abode			
Address (complete only different than	shown above)					Date	Time		an
						Signature of U.S. M	l Iarshal or l	Deputy	_
Service Fee Total Mileage Chrincluding endeave		ng Fee	Total Charges	Advance Deposits	100000000000000000000000000000000000000	nt owed to U.S. Marsh unt of Refund*)	nal* or		
REMARKS:									

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  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

# PROCESS RECEIPT AND RETURN

PLAINTIFF ALICIO YANES					OURT CASE NUMB 15-cv-36	BER	
DEFENDANT WENDY MCMANUS, et al					YPE OF PROCESS OMPLAINT ANI	D ORDE	R
SERVE AT Attorney General ADDRESS (Street or I	RFD, Apartment No., C	ity, State and ZIP (	'ode)			O SEIZE OI	R CONDEMN
	tice, 950 Pennsylv			0001			
SEND NOTICE OF SERVICE COPY TO	REQUESTER AT NA	ME AND ADDRE			er of process to be with this Form 285	3	
Alicio Yanes c/o Noemi Pineda 242 Summerlins Cross	sroad Rd.				er of parties to be in this case	5	
Kenasville, NC 28349				Check on U.S	for service S.A.	x	
All Telephone Numbers, and Estimated Fold  Per Order of the Court dated 12		, necy.					Fold
Signature of Attorney other Originator rec	questing service on beha	alf of:	PLAINTIFF	TELEPHON	NE NUMBER	DATE	
Scott L. Poff, Clerk			DEFENDANT	912-280	0-1330	12/9/1	15
SPACE BELOW FOR U	SE OF U.S. M.	ARSHAL O	NLY DO NO	OT WR	ITE BELOW	THIS	LINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	al Process District of Origin	District to Serve	Signature of Author	rized USM	S Deputy or Clerk		Date
I hereby certify and return that I \( \square\) have on the individual, company, corporation,	personally served , at the address show	have legal evidence vn above on the on	e of service,  have the individual, compa	executed a	as shown in "Remarks ation, etc. shown at th	s", the proce ne address in	ess described nserted below.
☐ I hereby certify and return that I am t	unable to locate the indi	vidual, company, c	orporation, etc. named	d above (Se	e remarks below)		
Name and title of individual served (if not	shown above)				A person of suit then residing in of abode		
Address (complete only different than sho	wn above)				Date	Time	☐ ar
					Signature of U.S. M	arshal or De	eputy
Service Fee Total Mileage Charge including endeavors)	s Forwarding Fee	Total Charges	Advance Deposits		nt owed to U.S. Marsh nt of Refund*)	al* or	
REMARKS:							

PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## U.S. Department of Justice

... United States Marshals Service

## PROCESS RECEIPT AND RETURN

WENDY MCMANUS, et al  COMPLAINT AND  SERVE  AT  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  22 Barnard Street, Suite 300, Savannah, GA 31412  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Alicio Yanes clo Noemi Pineda 242 Summerlins Crossroad Rd. Kenasville, NC 28349  Number of process to be served with this Form 285  Number of process to be served with this asse Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  Per Order of the Court dated 12/9/15.  Signature of Automey other Originator requesting service on behalf of: Societ L. Poff, Clerk  Special Instructions of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey other Originator requesting service on behalf of: Signature of Automey during the shown in "Remarks" on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., sown at the new of a shown in "Remarks" on the individual of a shown of about of Refund*)  Name and title of individual served (if not shown above)  Fovariant process District of Origin Service of Service, and a Adva	BER	COURT CASE NUMB :15-cv-36						S	PLAINTIFF ALICIO YANE
SERVE AT  U.S. Attorney for the SDGA ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 22 Barnard Street, Suite 300, Savannah, GA 31412  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be served with this Form 285  Alicio Yanes  c/o Noemi Pineda 242 Summerlins Crossroad Rd. Kenasville, NC 28349  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  4  Per Order of the Court dated 12/9/15.  Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW 1 acknowledge receipt for the total number of process indicated.  No.  No.  No.  Service Fee  Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount of Refund*)  Amount of Refund*)  Amount of Refund*)  Amount of Refund*)	D ORDER		1.2					ANUS, et al	DEFENDANT WENDY MCM
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  22 Barnard Street, Suite 300, Savannah, GA 31412  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Alicio Yanes  c/o Noemi Pineda  242 Summerlins Crossroad Rd.  Kenasville, NC 28349  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  4  Per Order of the Court dated 12/9/15.  Signature of Attorney other Originator requesting service on behalf of:  Scott L. Poff, Clerk  Signature of Attorney other Originator requesting service on behalf of:  Special instructions of the Court dated 12/9/15.  Signature of Attorney other Originator requesting service on behalf of:  Special instructions of the Court dated 12/9/15.  Signature of Authorized USMS Deputy or Clerk  Signature of process indicated.  Service Service, In have executed as shown in "Remarks" not he individual, company, corporation, etc. at the address shown above on the on the individual, company, corporation, etc. shown at the nervisidual or including endeavors)  Total Mileage Charges Forwarding Fee Including endeavors)  Forwarding Fee Intel Charges Including endeavors)  Forwarding Fee Intel Charges Advance Deposits Amount of Refund*)	O SEIZE OR CONDEMN	ON OF PROPERTY TO	SCRIPTIO	. TO SERVE OR DE	DRATION, ETC	PANY, CORP	UAL, COM	NAME OF INDIVIDU	-
22 Barnard Street, Suite 300, Savannah, GA 31412  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Alicio Yanes c/o Noemi Pineda 242 Summerlins Crossroad Rd. Kenasville, NC 28349  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of: SCOTT L. Poff, Clerk  Signature of Attorney other Originator requesting service on behalf of: SCOTT L. Poff, Clerk  Signature of Attorney other Originator requesting service on behalf of: SCOTT L. Poff, Clerk  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is animitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks' on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the nesiding in of abode  Address (complete only different than shown above)  Forwarding Fee Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marsha (Amount of Refund*)									
Alicio Yanes o/o Noem Pineda 242 Summerlins Crossroad Rd. Kenasville, NC 28349  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  4 Per Order of the Court dated 12/9/15.  Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW  I acknowledge receipt for the total number of process indicated. (Sign only for USA' 285 if more than one USA' 285 is submitted)  I hereby certify and return that I may have personally served, have legal evidence of service, have executed as shown in "Remarks' on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown above)  Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Including endeavors)  Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Including endeavors)  Total Charges Advance Deposits Amount own to U.S. Marsha (Amount of Refund*)				Code)	State and ZIP C	ment No., City	RFD, Apart	ADDRESS (Street or	AT
Alicio Yanes  c/o Noemi Pineda 242 Summerlins Crossroad Rd.  Kenasville, NC 28349  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:  SCOTT L. Poff, Clerk  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW  I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I may be personally served, have legal evidence of service, have executed as shown in "Remarks' on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the individual served (if not shown above)  Address (complete only different than shown above)  Total Mileage Charges including endeavors)  Forwarding Fee  Total Mileage Charges including endeavors)  Forwarding Fee  Total Charges  Advance Deposits  Amount oved to U.S. Marsha (Amount of Refund*)					, GA 31412	0, Savannal	, Suite 30	22 Barnard Street,	•
c/o Noemi Pineda 242 Summerlins Crossroad Rd. Kenasville, NC 28349    Check for service on U.S.A.	3			SS BELOW	E AND ADDRE	TER AT NAM	O REQUES'	SERVICE COPY TO	SEND NOTICE OF
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and A All Telephone Numbers, and Estimated Times Available for Service):  d  Per Order of the Court dated 12/9/15.  Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW I acknowledge receipt for the total number of process indicated. (Sign only for USM 283 if more than one USM 283 if more than one USM 283 if more handown of USM 283 if more handown of USM 283 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks' on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the Individual served (If not shown above)  Name and title of individual served (If not shown above)  Date  Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marsha (Amount of Refund*)	5		The state of the s				sroad Rd	Noemi Pineda	c/o 1
All Telephone Numbers, and Estimated Times Available for Service):    All Telephone Numbers, and Estimated Times Available for Service):   All Telephone of the Court dated 12/9/15.   Signature of Attorney other Originator requesting service on behalf of:	X								
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including endeavors) (Amount of Refund*)	farshal or Deputy	Signature of U.S. Ma							4-0-011F***
REMARKS:	nal* or			Advance Deposits	otal Charges	ling Fee			Service Fee
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									REMARKS:

- PRINT 5 COPIES: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED