

**PROCESS RECEIPT AND RETURN**

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

U.S. Department of Justice  
United States Marshals Service

PLAINTIFF <i>Byron E. Adams</i>	COURT CASE NUMBER <i>14-366-NLR-DE712</i>
DEFENDANT <i>Richard Harrington, et al</i>	TYPE OF PROCESS <i>Civil summons</i>
<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Samuel Nwabasi</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>[REDACTED]</i>

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

CLERK, U.S. DISTRICT COURT  
750 MISSOURI AVENUE  
EAST ST. LOUIS, IL 62201

Number of process to be served with this Form - 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

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):

MARSHALS SERVICE  
E/MO ST. LOUIS  
FEB 17 PM 3

RECEIVED,  
UNITED STATES MARSHAL  
SOUTHERN DIST.  
ILLINOIS  
E. ST. LOUIS, IL  
FEB 5 PM 4

Signature of Attorney or other Originator requesting service on behalf of: <i>[REDACTED]</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <i>2/10/15</i>
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**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 <i>1</i>	District of Origin No. <i>25</i>	District to Serve No. <i>44</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>2/10/15</i>
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I hereby certify and return that  I have personally served,  I have legal evidence of service,  I 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) <i>MARGARET NWANBASI, WIFE</i>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <i>2-20-15</i> Time <i>09:18</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee <i>\$65<sup>00</sup></i>	Total Mileage Charges (including endeavors) <i>\$26<sup>42</sup></i>	Forwarding Fee <i>\$8<sup>00</sup></i>	Total Charges <i>\$99<sup>42</sup></i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *1 DUSM x 1HR 46 MILES RT x .575 =*