

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Michael R. King #13471-064	COURT CASE NUMBER 7:08-cv-134-KKC
DEFENDANT Hector A. Rios, Jr., and Shari Slone	TYPE OF PROCESS Summons, Cmplt, DE #14 and Order
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Hector A. Rios, Jr., Official Capacity ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Michael R. King #13471-064 U.S. Penitentiary P.O. Box 1000 Lewisburg, PA 17837	Number of process to be served with this Form 285	4
	Number of parties to be served in this case	5
	Check for service on U.S.A.	X

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 Fold

SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 606-437-6160	DATE 9/12/2008
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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. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	_____	No. _____	No. _____	_____	_____

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 on the 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 (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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

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 Shari Slone, Official Capacity
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 U.S.P. Big Sandy, P.O. Box 2067, Inez, KY 41224

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