

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Mark Louis Sandon	COURT CASE NUMBER 7:8-cv-188-ART
DEFENDANT Bureau of Prisons, et al.	TYPE OF PROCESS Summons and Complaint & Order
SERVE AT } NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN United States Attorney ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Mark Louis Sandon 46889-008 FCI Pekin P.O. Box 5000 Pekin IL 61555 </div>	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.	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

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 12/6/04
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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
<input type="checkbox"/>		No. <input type="checkbox"/>	No. <input type="checkbox"/>		

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

Service Fee	Total Mileage Charges including endeavors	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

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Mark Louis Sandon	COURT CASE NUMBER 7:08-cv-188-ART
DEFENDANT Bureau of Prisons, et al.	TYPE OF PROCESS Summons and Complaint and Order
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN U. S. Attorney General ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5137 Robert F. Kennedy Blvd., 10 Street & Constitution Avenue, N.W., Washington, DC 20530	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <hr/> Number of parties to be served in this case <hr/> Check for service on U.S.A. X
Mark Louis Sandon - 46889-008 F. C. I. Pekin P.O. Box 5000 Pekin, IL 61555	

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*):

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PER ATTACHED ORDER , THE US MARSHAL SHALL SERVE SUMMONS, COMPLAINT AND ORDER UPON (1) US ATTORNEY EDKY AND US ATTORNEY GENERAL

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 12/6/04
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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 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 _____	

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DEFENDANT Bureau of Prisons, et al.	TYPE OF PROCESS Summons and Complaint & Order
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SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 NEWTON KENDIG - Bureau of Prisons Central Office
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 320 First Street NW; Washington, D.C. 20534

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SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 JEFF ALLEN - Bureau of Prisons Central Office
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 320 First Street NW; Washington, D.C. 20534

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Signature of U.S. Marshal or Deputy	

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 MIKE NELSON - Bureau of Prisons Central Office
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 320 First Street NW; Washington, D.C. 20534

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C.L. POLAND - U. S. P. FLORENCE
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P.O. BOX 7500; FLORENCE COLORADO 81226

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