J.S. Department of Justice Jnited States Marshals Service	e	:				IPT AND RE		
PLAINTIFF SHERRYL LYNN JACOBS	<u></u>		FEB	1 6 2012		COURT CASE NUME 7:12-CV-20-FL	BER	
DEFENDANT ROBESON COUNTY PUBL	IC LIBRARY	, ET AL.	U.S. Marsho	in Borrigo, EDN	C	TYPE OF PROCESS Summons/Complai	nt/Waiv	er of Service
SERVE AT NAME OF INDIVIDUAL SERVE ROBESON CO ADDRESS (Stree) 101 N. CHEST	OUNTY PUBI t or RFD, Apartm	LIC LIBRA ment No., City,	ARY , State and ZIP (Code)	DESCRIPT	ION OF PROPERTY TO	O SEIZE (OR CONDEMN
SEND NOTICE OF SERVICE COP						mber of process to be yed with this Form 285	3	
						mber of parties to be yed in this case	6	
L						eck for service U.S.A.		
•		able for Servi				Incinae Daginess unu 1		Fold
All Telephone Numbers, and Estim	ated Times Availd		ice):	PLAINTIFF		ONE NUMBER	DATE	Fold
All Telephone Numbers, and Estima	ated Times Availa	ice on behalf	of:	PLAINTIFF DEFENDANT	TELEPH	ONE NUMBER		
All Telephone Numbers, and Estimated Signature of Attorney other Originated SPACE BELOW FOR I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	or requesting servi	ice on behalf U.S. MA District of Origin	of: RSHAL O District to Serve	PLAINTIFF DEFENDANT NLY DO Signature of Au	TELEPH NOT W thorized US	ONE NUMBER		LINE Date 2-16-12
Signature of Attorney other Originate SPACE BELOW FOF 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	Total Process have personally setion, etc., at the ad-	ice on behalf U.S. MA District of Origin No. 56 erved , haddress shown	of: RSHAL O District to Serve No. 56 we legal evidence above on the on	PLAINTIFF DEFENDANT NLY DO Signature of Au Cavol te of service, hat the individual, co	NOT W thorized US Smith ave execute mpany, cor	TRITE BELOW MS Deputy or Clerk d as shown in "Remarks poration, etc. shown at the	THIS	LINE Date 2-16-12 cess described
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Signature of Attorney other Originate SPACE BELOW FOR acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I on the individual, company, corporat I hereby certify and return that I Name and title of individual served (see	Total Process have personally setion, etc., at the adam unable to localif not shown above	ice on behalf U.S. MA District of Origin No. 56 erved, □ haddress shown ate the individe	of: RSHAL O District to Serve No. 56 we legal evidence above on the ondual, company, or serve the order of the order o	PLAINTIFF DEFENDANT NLY DO Signature of Au Cavol te of service, hathe individual, co	NOT We thorized US Smith ave execute mpany, cormed above	MS Deputy or Clerk d as shown in "Remarks poration, etc. shown at the (See remarks below) A person of suit then residing in of abode Date	s", the proof address able age a defendant	Date 2-16-12 cess described inserted below. and discretion is usual place

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items, 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery				
or on the front if space permits. CNS 1. Article Addressed to: Robeson County Public Library InkN. Chestant St. Lumberton, N.C	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:				
24 3 58	3. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise C.O.D.				
712 LV ZO FL	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label) 7 🖂 1	1 1150 0000 9264 9022				
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540				

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF SHERRYL L	YNN JACOBS	> 28 (\$ 28 <u> </u>		<u>\$4.</u> - ^ = \$\$\$\$€\$£; - '%			COURT CASE NUME :12-CV-20-FL	BER	7- ₆₁	
DEFENDANT ROBESON C	ENDANT BESON COUNTY PUBLIC LIBRARY, ET AL.					TYPE OF PROCESS Sulumons/Complaint/Waiver in Service				Service
	NAME OF INDI	VIDUAL, COM	PANY, CO	RPORATION. ET	C. TO SERVE OR DES	SCRIPTIO	ON OF PROPERTY TO	O SEIZE	он сог	NDEMN
SERVE)	ROBERT F. F						FEB 1	6 2012		
AT				City, State and ZIP			Emerge memoranistrative and emergence	annumber of the second	l	
	101 N. CHES	TNUT ST., I	UMBER'	TON, NC 2835	8		U.S. Marshals 3	Service, I	LUNU	
SEND NOTICE (OF SERVICE COP	Y TO REQUES	TER AT NA	AME AND ADDRI	ESS BELOW		per of process to be d with this Form 285	3		
ı							per of parties to be	6		
						Check on U.	x for service S.A.			
	RUCTIONS OR OX				IN EXPEDITING SE	KVICE <u>(I</u>	<u>nciude Business</u> and A	<u>suernate /</u>	<u> aaress</u>	<u>Fold</u>
Signature of Attor	mey other Originate	or requesting ser	vice on beh	_	PLAINTIFF DEFENDANT	TELEPHO	NE NUMBER	DATE		
SPACE B	ELOW FOR	R USE OF	U.S. M.	ARSHAL O	NLY DO NO	T WR	RITE BELOW	THIS	LIN	E
number of process	acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more Total Process District of Origin Serve		Serve	Signature of Authorized USMS Deputy or Clerk				Date		
than one USM 28	•		_{No.} <u>56</u>	No. 56	Carol Sm	iith			2-10	<u>6-12</u>
					ce of service, I have the individual, compa					
☐ I hereby cert	ify and return that I	am unable to lo	cate the indi	ividual, company, o	corporation, etc. named	above (Se	ee remarks below)			
Name and title of	individual served (if not shown abo	ove)		FILED		A person of suit then residing in of abode			
Address (complete	e only different that	n shown above)		DENING	B 2 4 2012 P. IAVARONE, CLERK TRICT COURT, EDNC DEP CLK		Date 2-22-12 Signature of U.S. M. Curve S			□ ar □ pr
Service Fee	Total Mileage Ch	~	ling Fee	Total Charges	Advance Deposits		nt owed to U.S. Marsh	al* or		_
४००	including endeav	ors)		800		1	int of Refund*) Solution (Section 1)	0 ->		
REMARKS: 2-2	4-12 Se	M 7011	ned hed	0000 926	64 8988			,		

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 - 2. USMS RECORD
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5. ACKNOWLEDGMENT OF RECEIPT

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. ∠ ∨ 5 1. Article Addressed to: Obsert F. Fisher	A. Signature Agent Addressee Addres
28358 712 CV 20 FL	Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. Restricted Delivery? (Extra Fee) □ Yes
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(Transfer from service label) 7 🖂 1	1 1150 0000 9264 8988
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