

U.S. Department of Justice
United States Marshals Service

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

| | |
|------------------------------------|-------------------------------------------------|
| PLAINTIFF Wayne Doyle | COURT CASE NUMBER 3:07-CV-003 TMR/mrm |
| DEFENDANT John McConagha | TYPE OF PROCESS |

SERVE **AT** **Clark County Library**
 NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
201 Fountain ave Springfield Ohio 45506

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

| | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------|--|
| Wayne Doyle 202 W Southern ave Springfield OHIO 45506 | 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 Alternative Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF DEFENDANT

TELEPHONE NUMBER: _____ DATE: _____

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 2 | District of Origin No. 061 | District to Serve No. 061 | Signature of Authorized USMS Deputy or Clerk Magdaleen Ann Gustin | Date 3/5/07 |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|-----------------------|

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 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): _____

Address (complete only if different than shown above): _____

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service: _____ Time: _____ am/pm

Signature of U.S. Marshal or Deputy: _____

| | | | | | | |
|-------------|---------------------------------------------|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|---------------------------------------------|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS: **CMR: 7006 0100 0000 2814 4399 - 3/8/07**
green card received dated - 3/10/07
closed & returned - 3/20/07

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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------|
| A. Signature X <i>[Handwritten Signature]</i> | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) <i>TERRY [unclear]</i> | C. Date of Delivery <i>3-10</i> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | |

1. Article Addressed to:

Clark County Library
201 Fountain Ave.
Springfield OH, 45506

3. Service Type

| | |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) **7006 0100 0000 2814 4399**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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

PLAINTIFF Wayne Doyle COURT CASE NUMBER 3:07-cv-003 TMR/MRM

DEFENDANT John McConagha TYPE OF PROCESS

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT

John McConagha
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
201 Fountain ave Springfield OHIO 45506

| | | | |
|----------------------------------------------------------------------------------|--|-----------------------------------------------------|-------------------|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | | Number of process to be served with this Form - 285 | |
| <u>Wayne Doyle</u> <u>202 W Southern ave</u> <u>Springfield OHIO 45506</u> | | Number of parties to be served in this case | <u>07 MAR - 5</u> |
| | | 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):
Fold

Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF DEFENDANT TELEPHONE NUMBER DATE

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 | District of Origin No. | District to Serve No. | Signature of Authorized USMS Deputy or Clerk | Date |
|----------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-----------------------|----------------------------------------------|------|

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 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) 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 Time am pm Signature of U.S. Marshal or Deputy

| | | | | | | |
|-------------|---------------------------------------------|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|---------------------------------------------|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS: CMR: 7006 0100 0000 2814 4368 - 3/8/07
green card received dated - 3/10/07
closed + returned - 3/20/07


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.

1. Article Addressed to:

John McConagha
 201 Fountain Ave.
 Springfield, OH 45506

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|
| A. Signature  | | <input type="checkbox"/> Agent <input type="checkbox"/> Address |
| B. Received by (Printed Name) Terry McConagha | C. Date of Delivery 3-10 | |
| D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | |

3. Service Type

| | |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7006 0100 0000 2814 4368

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-11