

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF BUCKHORN, INC. AND SCHOELLER ARCA SYSTEMS, INC.	COURT CASE NUMBER 3:08-459-TSB-MJN (S.D. OHIO)
DEFENDANT ORBIS CORPORATION	TYPE OF PROCESS WRIT OF EXECUTION

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
KEYBANK, N.A.
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
KeyBank Tower, 10 West 2nd Street, Dayton, OH 45402


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="border: 1px solid black; padding: 5px; width: fit-content;"> John Lomas McKenna Long & Aldridge LLP 1900 K Street NW Washington, DC 20006 </div>	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	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 Fold

Please serve an officer or a managing agent or a general agent of the bank branch. The branch phone number is 937-220-2000.

The United States District Court for the Southern District of Ohio has set a hearing for August 18, 2014 on this matter. Pursuant to the Ohio Revised Code, please complete service by August 11, 2014, 7 days before the hearing.

Signature of Attorney or other Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 202-496-7500	DATE 8/5/14
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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 endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

- DISTRIBUTE TO:**
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