

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

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

|   |   |   |
|---|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW<br><br>Michael R. King #13471-064<br>U.S. Penitentiary<br>P.O. Box 1000<br>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<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>606-437-6160 | DATE<br>9/12/2008 |
|---|---|----------------------------------|-------------------|

**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.<br><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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SERVICE TO BE MADE PURSUANT TO ATTACHED ORDER

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|---|---|----------------------------------|-------------------|
| Signature of Attorney other Originator requesting service on behalf of: | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>606-437-6160 | DATE<br>9/12/2008 |
|---|---|----------------------------------|-------------------|

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|  |               | No. _____          | No. _____         |  |      |

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| Address ( <i>complete only different than shown above</i> )       | Date   | Time   |
|   |  | <input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Signature of U.S. Marshal or Deputy                               |  |  |

|             |  |                |               |                  |   |
|-------------|--|----------------|---------------|------------------|---|
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