


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 Raymond Jackson	COURT CASE NUMBER Summons in a Civil Action
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DEFENDANT Corrections Corporation of America, et al	TYPE OF PROCESS 06-1241 CKK
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SERVE  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Center for Correctional Health Policy and Studies, Inc

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1015 15th St., NW, Ste. 1000, Washington, DC 20005

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

[]	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 Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

RECEIVED
 MAR 26 A 9:28
 U.S. MARSHALS OFFICE
 DISTRICT OF COLUMBIA

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. 16	District to Serve No. 16	Signature of Authorized USMS Deputy or Clerk <i>Francis P. Tolliver</i>	Date 3/26/07
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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 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) * MELANIE HENDERSON / FULFILLMENT SPECIALIST	<input type="checkbox"/> 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 4-2-07
	Time 3:20 pm
	Signature of U.S. Marshal or Deputy <i>Ray W. Apple #5759</i>

Service Fee 45.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: