

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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

PLAINTIFF Randy Scott	COURT CASE NUMBER 2:13-CV-157-FTM-99-DNF
DEFENDANT Gary Alexander Crowe	TYPE OF PROCESS SUMMONS ORIGINAL COMPLAINT

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

Gary Alexander Crowe
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
25145 SW NEILL RD SHERWOOD, OR 97140-7300

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

RANDY SCOTT 343 HAZELWOOD AVE S LEHIGH ACRES, FL 33936	Number of process to served with this Form 283	RECEIVED U.S. MARSHAL 2013 MAY 23 AM 1:50 ST. MYERS JUL 22 PM 2:11 DISTRICT OF FLORIDA ST. MYERS
	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 25145 SW NEILL RD SHERWOOD, OR 97140-7300 or at work 1020 SW Taylor, Suite 240 Portland, Oregon 97205 Service includes summons, complaint, exhibits and notice of filing

Signature of Attorney other Originator requesting service on behalf of: *Paul A. Scott* PLAINTIFF DEFENDANT TELEPHONE NUMBER 2393007007

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 No. <u>18</u>	District to Serve No. <u>65</u>	Signature of Authorized USMS Deputy or Clerk <i>John Boyd 5/28/13</i>	Date <u>5-23-2013</u>
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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 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 (if not shown above)

Address (complete only different than shown above)

Date 5/31/13 Time 10:08 am pm

Signature of U.S. Marshal or Deputy *John Lindgren #30422*

Service Fee \$110.00 <u>8</u>	Total Mileage Charges including endeavors	Forwarding Fee <u>8</u>	Total Charges \$110.00 <u>18</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$110.00 - \$0.00
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REMARKS: Executed at 1020 SW Taylor, Suite 240, Portland, OR, with one prior service. *cm 7011 2970 0001 98524 62M - Ret'd unable to find - 5/26/13 assigned for personal service*

- 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

RECEIVED
U.S. MARSHAL
MAY 28 PM 3:14
PORTLAND, OREGON

U.S. MARSHALS SERVICE
Rev. 12/15/80
Automated 01/00

FILED