



## Department of the Treasury

### Federal Law Enforcement Agencies

# PROCESS RECEIPT AND RETURN

|   |   |  |   |
|---|---|--|---|
| PLANTIFF<br>United States Of America  |   | COURT CASE NUMBER<br>08-60234-Cr-Zloch   |   |
| DEFENDANT<br>Karin Marshall   |   | TYPE OF PROCESS<br>Preliminary Order Of Forfeiture   |   |
| <b>SERVE<br/>AT</b>   | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED OR DESCRIPTION OF PROPERTY TO SEIZE.<br>\$18,977.98 from Bank of American account# 004430450488<br>ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) |  |   |
|   | USSS  |  |   |
| SEND NOTICE OR SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  |   | NUMBER OF PROCESS TO BE  | 1   |
| AUSA Roger W. Powell<br>United States Attorney's Office<br>500 E. Broward Blvd., Suite 700<br>Ft. Lauderdale, Florida 33394   |   | SERVED IN THIS CASE  | 1   |
|   |   | NUMBER OF PARTIES TO BE  | 1   |
|   |   | SERVED IN THIS CASE  | 1   |
|   |   | CHECK BOX IF SERVICE IS ON USA   | <input checked="" type="checkbox"/>   |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service)<br>Please seize the property referenced above.<br>AGENCY# 311-777-49820-S<br>CATS# 08-USS-000396 |   |  |   |
| Signature of Attorney or other Originator requesting service on behalf of <input checked="" type="checkbox"/> Plaintiff<br><i>[Signature]</i> <input type="checkbox"/> Defendant  |   | TELEPHONE NO.<br>954-356-7255 ext: 3592  | DATE<br><i>4/13/09</i><br>03/02/2009  |
| SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS.   |   |  |   |
| <b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>   |   |  |   |
| I acknowledge receipt for the total number of process indicated.  | District of Origin<br>No. _____   | District to Serve<br>No. _____   | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.<br><i>Michael Gabriel</i>                                |
|   |   | DATE<br><i>4/17/09</i>   |   |
| I HEREBY CERTIFY AND RETURN THAT I ( ) 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 ADDRESS INSERTED BELOW.                     |   |  |   |
| <input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.   |   |  |   |
| NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE  |   | <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)<br><i>1425 NW 62nd St.<br/>Ft. Lauderdale, FL 33309</i>  |   | DATE OF SERVICE<br><i>4/13/09</i>  | TIME OF SERVICE<br><i>3:42</i><br><input type="checkbox"/> AM<br><input checked="" type="checkbox"/> P.M. |
|   |   | SIGNATURE, TITLE AND TREASURY AGENCY<br><i>Michael Gabriel, Special Agent, USSS</i>                                    |   |
| REMARKS:  |   |  |   |





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| DEFENDANT<br>Karin Marshall   |   | TYPE OF PROCESS<br>Preliminary Order Of Forfeiture  |  |
| <b>SERVE<br/>AT</b>   | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC TO BE SERVED OR DESCRIPTION OF PROPERTY TO SEIZE.<br>\$980.27 from Bank of American account# 91000061088821<br>ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) |   |  |
|   | USSS  |   |  |
| SEND NOTICE OR SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  |   | NUMBER OF PROCESS TO BE   | 1  |
| AUSA Roger W. Powell<br>United States Attorney's Office<br>500 E. Broward Blvd., Suite 700<br>Ft. Lauderdale, Florida 33394   |   | SERVED IN THIS CASE   | 1  |
|   |   | NUMBER OF PARTIES TO BE   | 1  |
|   |   | SERVED IN THIS CASE   | 1  |
|   |   | CHECK BOX IF SERVICE IS ON USA  | <input checked="" type="checkbox"/>                                    |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service)<br>Please seize the property referenced above.<br>AGENCY# 311-777-49820-S<br>CATS# 08-USS-000396 |   |   |  |
| Signature of Attorney or other Originator requesting service on behalf of: <input checked="" type="checkbox"/> Plaintiff<br><i>[Signature]</i>  |   | TELEPHONE NO.<br>954-356-7255 ext: 3592   | DATE<br><i>4/21/09</i><br>03/02/2009                                   |
| SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS.   |   |   |  |
| <b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>   |   |   |  |
| I acknowledge receipt for the total number of process indicated   | District of Origin<br>No. _____   | District to Serve<br>No. _____  | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.<br><i>[Signature]</i> |
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| NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE  |   | <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)<br><i>1425 NW 62nd St.<br/>Ft. Lauderdale, FL 33309</i>  |   | DATE OF SERVICE<br><i>4/2/09</i>  | TIME OF SERVICE<br><i>3:42</i>   |
|   |   | SIGNATURE, TITLE AND TREASURY AGENCY<br><i>[Signature], Special Agent, USSS</i>   |  |
| REMARKS:  |   |   |  |