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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 <b>Averbakh</b>	COURT CASE NUMBER <b>08C144</b>
DEFENDANT <b>Chertoff, et al.</b>	TYPE OF PROCESS <b>S/C</b>

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

**AT** } **Robert Mueller, III, Director, Federal Bureau of Investigation**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**J. Edgar Hoover Building 935 Pennsylvania Ave., NW. Washington, D.C. 20535**

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

David Cook Kenneth Y. Geman & Associates 33 N. LaSalle St., Ste. 2300 Chicago, IL 60602	Number of process to be served with this Form - 285	<b>FILED</b>
	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):

FEB 19 2008 YM  
Feb 19, 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of: \_\_\_\_\_

<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <b>01-16-08</b>
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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 first USM 285 if more than one USM 285 is submitted)</i>	Total Process <b>2 of 6</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>01-16-08</b>
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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) \_\_\_\_\_

Address (complete only if different than shown above)  
**Received signed receipt of certified delivery (green card)**

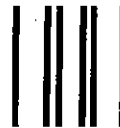
<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	Date of Service <b>1-22-08</b>	Time <b>pm</b>
Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee <b>0</b>	Total Mileage Charges (including endeavors) <b>0</b>	Forwarding Fee <b>6.45</b>	Total Charges <b>6.45</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>6.45</b>	Amount of Refund <b>0</b>
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REMARKS: **Mailed Certified mail 7007071000096006280**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:</p> <p><del>Robert Mueller, III, FBI</del>                  J. Edgar Hoover Building                  935 Pennsylvania Ave. NW                  Washington, DC 20535</p>	<p>B. Received by (Printed Name) <b>D. O. Jones</b> C. Date of Delivery <b>1-25-08</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number                  (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 0710 0000 9600 6230</p> <p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>		

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States Marshal Service  
 2444 S. Dearborn Street, Room 2444  
 Chicago, IL 60604  
 Attn: Civil

08C144

