

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.

FILED
IN CLERK'S OFFICE

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER MBD # 04-MC-10238 JGD
DEFENDANT NIMA KARAMOUZ	TYPE OF PROCESS ORDER TO SHOW CAUSE
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Nima Karamouz	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 70 Carlton Road, Waban, MA 02168	

2004 SEP 28 P 3:30

U.S. DISTRICT COURT
DISTRICT OF MASS.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Patricia M. Connolly, AUSA U.S. Attorney's Office 1 Courthouse Way - Suite 9200 Boston, MA 02210	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.	2004 SEP 15 A 11:47

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

Please serve on or before 10/15, 2004

Signature of Attorney or other Originator requesting service on behalf of: <i>Patricia M. Connolly</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3282	DATE 9/7/04
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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. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Nancy Salauer</i>	Date 9/15/04
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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) RWOS	<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) RWOS	Date of Service 9/15/04
	Time 06:00 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	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:
*1 copy of process etc
RWOS
no address*