

DEFENDANT	TYPE OF PROCESS
nima Karamouz	Order to Show Cause
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT	Nima Karamouz
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	113 Lakeview Drive, Centerville, MA 02633

2004 OCT -4 AM:49
 RECEIVED
 U.S. MARSHAL SERVICE
 BOSTON, MA

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Patricia M. Connolly, AUSA U.S. Attorney's Office 1 Courthouse Way - Suite 920 Boston, MA 02210	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

PLEASE SERVE ON OR BEFORE OCTOBER 22, 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 10/4/04
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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 Delaney</i>	Date 10/4/04
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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) <i>Natasha Karamouz (mother)</i>	<input checked="" 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) <i>at same address</i>	Date of Service 10/15/04
<i>46 miles 20 trip</i>	Time 8:05 am
	Signature of U.S. Marshal or Deputy <i>Stephen [Signature]</i>

Service Fee <i>45</i>	Total Mileage Charges (including endeavors) <i>53.29</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: