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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

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

William M. Schmalfeldt, Sr.		COURT CASE NUMBER # 1:15-cv-01241-RDB						
DEFENDANT Described Conducted					TYPE OF PROCESS			
Patrick G. Grady et al				L				
NAME OF INDIVIDUA	AL, COMPANY, CO	RPORATION. ETC	C. TO SERVE OR DES	CRIPTIC	ON OF PROPERTY TO	O SEIZE (OR CONDEM	
SERVE Scott Hinckley			~ 1)		,			
AT ADDRESS (Street or Ri		Tity, State and ZIP ((ode)					
31 Lawton Rd., Shi				,				
SEND NOTICE OF SERVICE COPY TO I	Number of process to be		1					
		served with this Form 2		1				
William M. Schmalfeldt, Sr. 6636 Washington Blvd., #71					Number of parties to be served in this case		3	
Elkridge, MD 21075						-	-	
					k for service S.A.			
Signature of Attorney other Originator requ	_		PLAINTIFF		NE NUMBER	DATE		
Signature of Attorney other Originator requ	- Pro Sa		DEFENDANT	410-20	6-9637	7/2/1	15	
SPACE BELOW FOR US	- Pro Sa		DEFENDANT NLY- DO NO	410-20 T WF	6-9637 RITE BELOW	7/2/1	LINE	
SPACE BELOW FOR US acknowledge receipt for the total Total	E OF U.S. M. Process District of	ARSHAL O	DEFENDANT	410-20 T WF	6-9637 RITE BELOW	7/2/1	15	
SPACE BELOW FOR US acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more	Fre S.M. Process District of Origin	ARSHAL O	DEFENDANT NLY- DO NO	410-20 T WF	6-9637 RITE BELOW	7/2/1	LINE	
SPACE BELOW FOR US acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted)	Process District of Origin	ARSHAL O District to Serve No	DEFENDANT NLY— DO NO Signature of Author	410-20 OT WF	6-9637 RITE BELOW IS Deputy or Clerk	7/2/1 7 THIS	LINE Date	
SPACE BELOW FOR US acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that [] have p	Process District of Origin No	ARSHAL O District to Serve No have legal evidence	DEFENDANT NLY— DO NC Signature of Author c of service, have	410-20 OT WF ized USM	6-9637 RITE BELOW S Deputy or Clerk as shown in "Remarks	7/2/1 7 THIS	Date Date Coss described	
SPACE BELOW FOR US	Process District of Origin No ersonally served , tc., at the address show	ARSHAL O District to Serve No have legal evidence wn above on the on	DEFENDANT NLY— DO NC Signature of Author e of service, have the individual, compa	410-20 T WF ized USM executed iny, corpo	6-9637 RITE BELOW S Deputy or Clerk as shown in "Remarks ration, etc. shown at the	7/2/1 7 THIS	Date Date Coss described	
SPACE BELOW FOR US I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have pon the individual, company, corporation, et	Process District of Origin No	ARSHAL O District to Serve No have legal evidence wn above on the on	DEFENDANT NLY— DO NC Signature of Author e of service, have the individual, compa	410-20 T WF ized USM executed iny, corpo	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in	7/2/1 7 THIS s", the prome address	Date Date cess described inserted below	
SPACE BELOW FOR US acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) (I hereby certify and return that I have point the individual, company, corporation, et	Process District of Origin No personally served, tc., at the address shown above)	ARSHAL O District to Serve No have legal evidence wn above on the on	DEFENDANT NLY— DO NC Signature of Author e of service, have the individual, compa	410-20 T WF ized USM executed iny, corpo	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit	7/2/1 7 THIS s", the prome address	Date Date cess described inserted below and discretion susual place	
SPACE BELOW FOR US acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I have poin the individual, company, corporation, et I hereby certify and return that I am un Name and title of individual served (if not see	Process District of Origin No personally served, tc., at the address shown above)	ARSHAL O District to Serve No have legal evidence wn above on the on	DEFENDANT NLY— DO NC Signature of Author e of service, have the individual, compa	410-20 T WF ized USM executed iny, corpo	as shown in "Remarks ration, etc. shown at the residing in of abode	7/2/17 THIS s", the prome address able age a defendant Time	Date Date cess described inserted below and discretion 's usual place	
SPACE BELOW FOR US I acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) Thereby certify and return that I have poin the individual, company, corporation, et like individual in the individual served (if not submitted). Address (complete only different than shown	Process District of Origin No ersonally served, tc., at the address shown above) mabove)	ARSHAL O District to Serve No have legal evidence we above on the on ividual, company, c	PLAINTIPP DEFENDANT NLY— DO NO Signature of Author e of service, have the individual, comparorporation, etc. named	410-20 DT WF ized USM executed ny, corpo above (5)	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. M.	7/2/17 7 THIS 7 THIS 8", the prome address able age a defendant Time	Date Date cess described inserted below and discretion 's usual place	
SPACE BELOW FOR US acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) (I hereby certify and return that I have point the individual, company, corporation, et	Process District of Origin No personally served, tc., at the address shown above)	ARSHAL O District to Serve No have legal evidence wn above on the on	DEFENDANT NLY— DO NC Signature of Author e of service, have the individual, compa	410-20 PT WF ized USM executed ny, corpo above (Se	as shown in "Remarks ration, etc. shown at the residing in of abode Date	7/2/17 7 THIS 7 THIS 8", the prome address able age a defendant Time	Date Date cess described inserted below and discretion 's usual place	
SPACE BELOW FOR US I acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) Thereby certify and return that I have poin the individual, company, corporation, etc. I hereby certify and return that I am un Name and title of individual served (if not submitted) Address (complete only different than shown.	Process District of Origin No ersonally served, tc., at the address shown above) mabove)	ARSHAL O District to Serve No have legal evidence we above on the on ividual, company, c	PLAINTIPP DEFENDANT NLY— DO NO Signature of Author e of service, have the individual, comparorporation, etc. named	410-20 PT WF ized USM executed ny, corpo above (Se	as shown in "Remarks ration, etc. shown at the residing in of abode Date Signature of U.S. Marsh towed to U.S. Marsh	7/2/17 7 THIS 7 THIS 8", the proone address able age a defendant Time arshal or I	Date Date cess described inserted below and discretion 's usual place	

- DISTRIBUTE TO: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 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.
 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 11/13

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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

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LAINTIFF Villiam M. Schmalfeldt, Sr.						COURT CASE NUMBER # 1:15-cv-01241-RDB				
efendant atrick G. Grady et al					TYPE OF PROCESS					
SERVE David Edgren					SCRIPTI	ON OF PROPERTY TO) SEIZE	OR CON	DEMN	
	et or RFD, Apartmen			Code)						
1150 S. Grantham Rd., Wasilla, AK 99654 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						aber of process to be ed with this Form 285	I			
William M. Schmalfeldt, Sr. 6636 Washington Blvd., #71 Elkridge, MD 21075						aber of parties to be ed in this case	左 (3		
EIKTIGGE, MID 210/5						ck for service	·			
All Telephone Numbers, and Estim	aled Times Availab	le jor Service).	:						Fold	
Signature of Attorney other Originate	or requesting service	e on behalf of:		DI ASSEDITE	TELEPHO	ONE NUMBER	DATE			
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT					410-20	06-9637	7/2/15			
SPACE BELOW FOR	USE OF U.	'		NLY- DO NO	OT WI	RITE BELOW	THIS	LIN	E	
					orized USMS Deputy or Clerk			Date		
I hereby certify and return that I on the individual, company, corpora	have personally serv	ved . have !	egal evidence	e of service, have the individual, comp	executed	as shown in "Remarks oration, etc. shown at th	", the pro	cess desc	ribed below.	
1 hereby certify and return that I	am unable to locate	the individual	, company, co	orporation, etc. name	d above (S	See remarks below)				
Name and title of individual served (if not shown above)					A person of suita then residing in o of abode	ible age a lefendant	nd discre 's usual p	tion lace	
Address (complete only different than	shown above)					Date	Time		an	
						Signature of U.S. Ma	rshal or l	Deputy		
ervice Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits						s Amount owed to U.S. Marshal* or (Amount of Refund*)				
					\$0.00					
REMARKS:										
DISTRIBUTE TO: 1. CLERK OF 2. USMS REC	THE COURT			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PRIOR E	DITION	S MAY I	BE USE	

- 3. NOTICE OF SERVICE
- 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.
 ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 11/13