

J-3
BBU.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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

PLAINTIFF William M. Schmalfeldt, Sr.		COURT CASE NUMBER 4:17-cv-01310-RBH-KDW	
DEFENDANT Patrick G. Grady		TYPE OF PROCESS Summons and Complaint	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	William John Joseph Hoge III ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Ridge Road, Westminster, MD 21157		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
William M. Schmalfeldt Woodspring Suites 220 Whitty Rd., Room 224 Myrtle Beach, SC 29575		Number of parties to be served in this case	
		Check for service on U.S.A.	

RECEIVED
2017 JUL -7 AM 10:42
UNITED STATES MARSHAL
COLUMBIA SC

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

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>William M. Schmalfeldt pro se</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 843-429-0581	DATE 6/2/17
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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 for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>71</u>	District to Serve No. <u>71</u>	Signature of Authorized USMS Deputy or Clerk <i>BBrown</i>	Date <u>7-7-17</u>
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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 on the 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)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7-15-17 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
		\$8.00	\$8.00		\$0.00

REMARKS: 7-7-17 1st Endor Cert Mail \$13.50
7-15-17 PS FM 3811 returned Signed.I Declare Under Penalty Of Perjury
That The Forgoing Is True And Correct.

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. 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.
5. ACKNOWLEDGMENT OF RECEIPT

Signature

7-18-17
Date Form USM-285
Rev. 11/13

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <i>BB</i></p>	<p>B. Date of Delivery <i>7-15-77</i></p>
<p>1. Article Addressed to:</p> <p>William John Joseph Hoge, III 20 Ridge Road Westminster, MD 21157</p>	<p>C. Signature <i>[Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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>2. Article Number (Conv from service label) <i>7011 1150 0001 6753 6448</i></p>		
<p><i>4:17-1310</i></p>		

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE

BALTIMORE MD 212

JUL 18 2017 PM 6 L

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

RECEIVED

2017 JUL 18 AM 9 53

JES MARSHALLS
COLUMBIA, SC

United States Marshall's
U.S. Courthouse
201 Richard Street, Suite 1303
Columbia, SC 29201

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