

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 <u>Jacob Teitelbaum</u>	COURT CASE NUMBER <u>12-cv-2858 BV</u>
DEFENDANT <u>Jada Katz et al</u>	TYPE OF PROCESS <u>SUMMONS AMENDED COMPLAINT</u>

**SERVE** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**AT** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
attorney John Francis X Burke  
210 Main street P.O. Box. 943. Loshen, N.Y. 10924

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

<u>Jacob Teitelbaum co Ben Friedman</u>	Number of process to be served with this Form - 285	<u>1</u>
<u>5 Leipnik way # 10 Monroe NY 10950</u>	Number of parties to be served in this case	<u>14</u>
	Check for service on U.S.A.	<u>S.D. N.Y. 12 OCT - 4 PM 3:20</u>

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

Signature of Attorney or other Originator requesting service on behalf of: [Signature]

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER: 945 782 8995 DATE: JUNE 26/12

**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 <u>P14</u>	District of Origin No. <u>54</u>	District to Serve <u>NY</u>	Signature of Authorized USMS Deputy or Clerk	Date <u>6/29/12</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 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): Julie Turi receptionist

Address (complete only if different than shown above):

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

Date of Service: 9-24-12 Time: 2:47 am/pm: pm

Signature of U.S. Marshal or Deputy: [Signature] 4287

Service Fee <u>63.00</u>	Total Mileage Charges (including endeavors) <u>50.29</u>	Forwarding Fee	Total Charges <u>113.29</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: 7/2/12 Sent out for mail service, no response  
8/10/12 Set up for Per/service

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80) (Instructions Rev. 12/08)

12-2858-24 ✓