

PLAINTIFF Darryl Cotton		COURT CASE NUMBER 318-CV-000325-TWR-L			
DEFENDANT MARY GERACI ET AL		TYPE OF PROCESS Complaint - FRC			
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Gina Austin @ Austin Legal Group				
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3790 Old Town Ave, S.D. CA 92110				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Darryl Cotton 6176 Federal Blvd S.D. CA 92114		Number of process to be served with this Form 285 1 Number of parties to be served in this case 7 Check for service on U.S.A. <input checked="" type="checkbox"/>			
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): 619-924-9600 1) First Amended Complaint ECF 18 2) Errata - Exhibits ECF 22					
Signature of Attorney other Originator requesting service on behalf of: [Signature]		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 619-954-4447 DATE 01/21/21		
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 1	District of Origin 98 No.	District to Serve 98 No.		
Signature of Authorized USMS Deputy or Clerk [Signature]		Date 1/21/21			
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> 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) TAMARA LEETHAM ATTY		Date 1-21-21	Time 12:12 <input checked="" type="checkbox"/> pm		
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy [Signature] 30041 S. SIMPSON			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS					

