
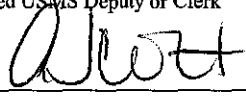
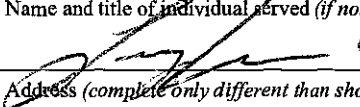



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| PLAINTIFF Darryl Cotton | | COURT CASE NUMBER 3:18-cv-00325-TWR-DEB | |
| DEFENDANT LARRY GERASI ET AL | | TYPE OF PROCESS Complaint - FAC | |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN LARRY GERASI | | | |
| SERVE AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5462 RUFFIN RD #200 S.D. CA 92123 | | | |
| 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. X | |
| 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): 858-576-1040 | | | |
| 1) First Amended Complaint (ECF-18) 2) NOTICE OF ENTRY - EXHIBITS (ECF-22) | | | |
| Signature of Attorney other Originator requesting service on behalf of:  | | <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  | | Date 1/21/21 | |
| I hereby certify and return that I <input 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)  | | Date 1-21-21 | Time 10:53 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| Address (complete only different than shown above) | | Signature of U.S. Marshal or Deputy  4739 | |
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges |
| | | | |
| Advance Deposits | | Amount owed to U.S. Marshal* or (Amount of Refund*) | |
| | | | |
| REMARKS | | | |

