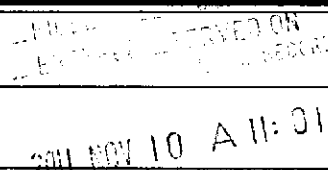


PLAINTIFF Righthaven LLC		COURT CASE NUMBER 2:11-cv-00050
DEFENDANT Wayne Hoehn		TYPE OF PROCESS Writ of Execution

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Serve: Bank of Nevada; Seize: Operating Account of Righthaven LLC, Acct. # 7501426651
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 7251 W. Lake Mead Blvd., Las Vegas, NV 89128


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW J. Malcolm DeVoy IV Randazza Legal Group 6525 W. Warm Springs Road, Suite 100 Las Vegas, NV 89118	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	n/a

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
 Seize all assets in bank account number 7501426651, the Righthaven LLC operating account, and any other bank accounts belonging to Righthaven LLC. Bank of Nevada is open from 9 am to 5 pm. The phone number for this Bank of Nevada location is (702) 240-1734.

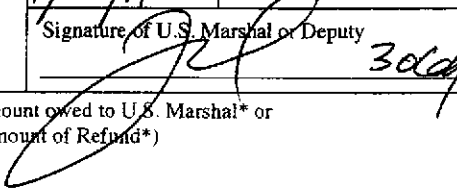
Signature of Attorney, other Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 888-667-1113 ex. 4	DATE 11/3/2011
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- 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>048</u>	District to Serve No. <u>048</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>11/4/11</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) <u>Cynthia Wilkerson - Operations Manager</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date <u>11/08/11</u>	Time <u>16:50</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: \$5 check # 443
1 HR - 12 miles (hand tip)