U.S. Department of Justice
United States Marshals Service v-00050-PMP -RJJ Docume of 1663 units of 1864 by 186

				<u> 1994</u>				
PLAINTIFF						COURT CASE NUMBER		
						2:11-cv-00050		
DEFENDANT		 		TYPE OF PROCESS				
Wayne Hoehn		met 19/	Writ of Execution					
Wayne Hoehn NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR								
SERVE AT	Shawn A. Mar ADDRESS (Stre	ngano Ltd. et or RFD, Apai	rtment No., Cit	y, State and ZIP	Code)	SCRIPTION OF PROPERTY 1	O SEIZE OR CONDENIN	
	8367 West Fla	amingo Road	l, Suite 100,	Las Vegas, N	levada 89147			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285	1	
J. Malcolm DeVoy IV Randazza Legal Group 6525 W. Warm Springs Road, Suite 100 Las Vegas, NV 89118						Number of parties to be served in this case	1	
						Check for service on U.S.A.	n/a	
All Telephone Note Shawn Mang 11 pm and 3	umbers, and Estim gano's phone nu am. The best a	nated Times Ava Imber is 702- Ivenue to deta	<i>illable for Ser</i> 304-0432. ermine his a	vice): He keeps irre wailability is	gular hours, evine by consulting his	ced by his many court filing co-tenants in the building, torney Mangano's trust acc	gs made between Financial	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT						TELEPHONE NUMBER	DATE	
						888-667-1113 ex. 4		
SPACE B	ELOW FOR	USE OF	U.S. MA	RSHAL O	NLY DO N	OT WRITE BELOW		
acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process Origin OFTEN No. District to Serve No. No.				District to Serve	Signature of Author	Date 11 4 201		
I hereby certify ar on the individual	nd return that I	have personally tion, etc., at the	served , ha	eve legal evidence above on the on	e of service, have the individual, comp	executed as shown in "Remarks any, corporation, etc. shown at th	", the process described e address inserted below.	
☐ I hereby cert	ify and return that I	am unable to lo	cate the indivi	dual, company, c	orporation, etc. name	d above (See remarks below)		
Name and title of individual served (if not shown above) George Wara - Approximation						A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above)						Date II S II Time I 6 46 am Signature of O.S. Marshal of Deputy 3067		
Service Fee	Total Mileage Ch including endeave		ling Fee T	otal Charges	Advance Deposits	Amount owed to U.S. Marsha (Amount of Refund*)	or The state of th	
REMARKS: 2T						S NON LOG		
140 - 19.8 milos (Pa din)					SI OI MA S UN FAC			
PRINT 5 COPIE	L CLERK OF	THE COURT				DDIOD F	THE CALL OF LOSS	
PART SCALE	2 HSMS DEC					PRIORE	DITIONS MAY BE USED	

3. NOTICE OF SERVICE

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.
 ACKNOWLEDGMENT OF RECEIPT