

U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CR-15-252
DEFENDANT Rafael Callejas	TYPE OF PROCESS Preliminary Order of Forfeiture

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 United States Marshals Service  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 225 Cadman Plaza East, NY 11201

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
ROBERT L. CAPERS, United States Attorney Eastern District of New York 271 Cadman Plaza East, Seventh Floor Brooklyn, New York 11201 Attn: AIJSA, Brian Morris	Number of parties to be served in this case
	Check for service on U.S.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

Please execute as directed in the Preliminary Order of Forfeiture. Please deposit check # 6599901100 in the amount of \$180,000.00 into the Seized Asset Deposit fund.

16-FBI-003156

Signature of Attorney other Originator requesting service on behalf of:  PLAINTIFF  DEFENDANT  
 TELEPHONE NUMBER: 718 254-7000  
 DATE: 5/13/16

**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	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS Deputy or Clerk <i>Michelle J. [Signature]</i>	Date 5/13/16
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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)

Address (complete only different than shown above)

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

Date: 5/16/16 Time:  am  pm

Signature of U.S. Marshal or Deputy  
*Michelle J. [Signature]*

Service Fee 65 <sup>00</sup>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 65 <sup>00</sup>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: \$ 180,000.00 deposited into SAOF on 5/16/16