

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <i>Joseph S. O'Hara</i>	COURT CASE NUMBER <i>1:12 CV 252 (GLS/RFT)</i>
DEFENDANT <i>NXIVM Corporation</i>	TYPE OF PROCESS <i>Summons Comp</i>

SERVE **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
NXIVM Corporation

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
345 Buffalo Avenue, Niagara Falls NY 14303

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

<i>Joseph S. O'Hara</i> <i>99 Vly Rd</i> <i>Colonia NY 12205</i>	Number of process to be served with this Form - 285 <i>1</i>
	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):

Serve Summons, Complaint to G.O. 25 on above party

MAY 10 2012

AT O'CLOCK

Signature of Attorney or other Originator requesting service on behalf of:
J. H. Deputy Clerk

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER
518 257 1800

4/13/12

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. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>32</i>	District of Origin No. <i>52</i>	District to Serve No. <i> </i>	Signature of Authorized USMS Deputy or Clerk <i>DLM</i>	Date <i>4/30/12</i>
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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 or 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)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <i>U/E</i>
	Time <i> </i> am <i> </i> pm
	Signature of U.S. Marshal or Deputy <i>J. S. Cleary</i>

Service Fee <i>800</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>800</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
Service via Reg. MAIL 4/30/12
299 Form rec'd - U/E

ATTEMPTED,
NOT KNOWN

*Return to Sender at this
recipient address*

ATTEMPTED,
NOT KNOWN

NXIVM Corporation
345 Buffalo Avenue
Niagara Falls, NY

ATTEMPTED,
NOT KNOWN

ATTEMPTED,
NOT KNOWN

ATTEMPTED,
NOT KNOWN