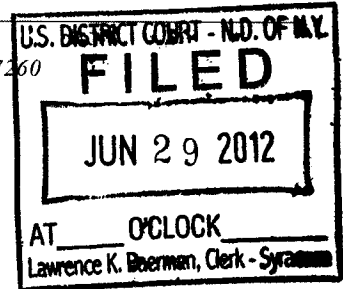




U.S. Department of Justice
United States Marshals Service
Northern District of New York

Syracuse, NY 13261-7260



DATE: June 29, 2012

CASE NO: 1:12-CV-252

TO:

Joseph O'Hara

RE: ATTEMPTED SERVICE ON

DAMON MOREY LLP, NXIVM PROPERTIES, DEFENDANT
LLC,,FIRST PRINCIPLES INC.,NANCY SALZMAN

Service of process regarding the above case was attempted on 4/30/12.

Form USM 299, Acknowledgment of Receipt of Summons and Complaint by Mail, was NOT returned to this office within thirty days of initial mailing by the defendant named on the attached USM 285. Therefore, the U.S. Marshals Service, NDNY, is returning the USM 285 unexecuted.

If you desire this office to make any further attempt to serve the summons and complaint on this defendant, please notify us in writing and submit a new US Marshals form USM 285, summons and complaint along with your request for service in accordance with Rule 4 of the Federal Rules of Civil Procedure.

FAILURE TO COMPLETE SERVICE ON A DEFENDANT MAY RESULT IN A DISMISSAL OF YOUR COMPLAINT AGAINST THAT DEFENDANT.

Sincerely,

David Mc Nulty
United States Marshal
Northern District of New York

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 J. O'Hara</i>	COURT CASE NUMBER <i>1:12CV252 (GLS/ATB)</i>
DEFENDANT <i>NXIVM LLC</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 LLC

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
455 New Karner Rd Albany NY 12205

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

Joseph J O'Hara
99 Vix Rd
Colonie NY 12205

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 & G.O. 25 on the above party.

Signature of Attorney or other Originator requesting service on behalf of: *JJS, Deputy Clerk*

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER: *5182571800*

DATE: *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. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>32</i>	District of Origin No. <i>52</i>	District to Serve No. _____	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)

Address (complete only if different than shown above)

Date of Service: *4/E* Time: _____ am/pm

Signature of U.S. Marshal or Deputy
J. Cleary

Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</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 RCO'D - 4/E

PROCESS RECEIPT AND RETURN

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

U.S. Department of Justice
United States Marshals Service

PLAINTIFF <i>Joseph J. O'Hara</i>	COURT CASE NUMBER <i>1:12-cv-252 (GLS/RFT)</i>
DEFENDANT <i>Nancy Salzman a/k/a "Prefet"</i>	TYPE OF PROCESS <i>Summons & Comp</i>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Nancy Salzman</i>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>3 Oregon Trail, Waterford NY 12288</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>Joseph J. O'Hara 99 Vly Rd 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 & G.O. 25 on the above individual.

Signature of Attorney or other Originator requesting service on behalf of: <i>J. H. Deputy Clerk</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>518 257 1800</i>	DATE <i>4/13/12</i>
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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. <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.	Signature of Authorized USMS Deputy or Clerk <i>NLM</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>am</i>
	Signature of U.S. Marshal or Deputy <i>J. Salzman</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 RCU'D - U/E*

PROCESS RECEIPT AND RETURN

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

U.S. Department of Justice
United States Marshals Service

PLAINTIFF <i>Joseph S. O'Hara</i>	COURT CASE NUMBER <i>112CV252 (GLS/RFT)</i>
DEFENDANT <i>Damon Morey LLP</i>	TYPE OF PROCESS <i>Summons/Comp.</i>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Damon Morey LLP</i>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>200 Delaware Ave, Suite 200, Buffalo NY 14202</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>Joseph S. O'Hara 99 Vly Rd 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 & G.O. 25 on the above party.

Signature of Attorney or other Originator requesting service on behalf of: <i>[Signature] Deputy Clerk</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>5782571800</i>	DATE <i>4/13/12</i>
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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 first USM 285 if more than one USM 285 is submitted)	Total Process <i>32</i>	District of Origin No. <i>52</i>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>4/30/12</i>
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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>4/E</i>
	Time <i>pm</i>
Signature of U.S. Marshal or Deputy <i>[Signature]</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 RCU'D - 4/E*

PROCESS RECEIPT AND RETURN

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

U.S. Department of Justice
United States Marshals Service

PLAINTIFF <i>Joseph J. O'Hara</i>	COURT CASE NUMBER <i>1:12 CV 252 (GLS/ATB)</i>
DEFENDANT <i>First Principles Incorporated</i>	TYPE OF PROCESS <i>Summons/Comp</i>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>First Principles Incorporated</i>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>455 New Karner Rd Albany NY 12205</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>Joseph J. O'Hara 99 Vly Rd Colonie 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 & G.O. 25 on the above party.

Signature of Attorney or other Originator requesting service on behalf of: <i>D. J. [Signature], Deputy Clerk</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>518 257 1800</i>	DATE <i>4/13/12</i>
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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>pm</i>
	Signature of U.S. Marshal or Deputy <i>J. 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 RCU'D - 4/E*



U.S. Department of Justice

United States Marshals Service

Northern District of New York

Syracuse, NY 13261-7260

DATE: 6/29/2012

TO: COURT CLERK
Northern District of New York

FROM: Barbara Wright
Administrative Officer

SUBJECT: BILL OF COST
CASE NUMBER = 1:12-CV-252

The United States Marshals Service fees for Service of Process in the above referenced case total \$256.00

Please retain this document on file and notify us in the event the plaintiff prevails in this action so that we can proceed to collect due costs in this matter.

Thank You.
JSC