

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Ohana Growth Partners, LLC.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
212 West Padonia Road Timonium Maryland 21093

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	29
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of parties to be served in this case	29
	Check for service on U.S.A.	X

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):  
Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER						
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal						
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Brick, C. Victor						
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	<table border="1"><tr><td>Number of process to be served with this Form 285</td><td>29</td></tr><tr><td>Number of parties to be served in this case</td><td>29</td></tr><tr><td>Check for service on U.S.A.</td><td>X</td></tr></table>	Number of process to be served with this Form 285	29	Number of parties to be served in this case	29	Check for service on U.S.A.	X
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Check for service on U.S.A.	X						

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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:35:02 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> 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)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

Costs shown on attached USMS Cost Sheet>>

REMARKS

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United States Marshals Service

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Norris, Glenn  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
212 West Padonia Road Timonium Maryland 21093

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:35:33 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy _____	

*Costs shown on attached USMS Cost Sheet >>*

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U.S. Department of Justice  
United States Marshals Service

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Drummond, Justin
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29
	Number of parties to be served in this case 29
	Check for service on U.S.A. X

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):

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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

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REMARKS

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER						
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal						
<b>SERVE</b> <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ihle, Earl						
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	<table><tr><td>Number of process to be served with this Form 285</td><td>29</td></tr><tr><td>Number of parties to be served in this case</td><td>29</td></tr><tr><td>Check for service on U.S.A.</td><td>X</td></tr></table>	Number of process to be served with this Form 285	29	Number of parties to be served in this case	29	Check for service on U.S.A.	X
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Number of parties to be served in this case	29						
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER						
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal						
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Woods, Terry						
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	<table border="1"><tr><td>Number of process to be served with this Form 285</td><td>29</td></tr><tr><td>Number of parties to be served in this case</td><td>29</td></tr><tr><td>Check for service on U.S.A.</td><td>X</td></tr></table>	Number of process to be served with this Form 285	29	Number of parties to be served in this case	29	Check for service on U.S.A.	X
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:37:21 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Hartman, Richard  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
212 West Padonia Road Timonium Maryland 21093

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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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):  
Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:37:47 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

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REMARKS



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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER						
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal						
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Wittelsberger, Stacey R. / Exeter Street Capital Partners						
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 509 South Exeter Street, Suite 210 Baltimore Maryland 21202						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	<table><tr><td>Number of process to be served with this Form 285</td><td>29</td></tr><tr><td>Number of parties to be served in this case</td><td>29</td></tr><tr><td>Check for service on U.S.A.</td><td>X</td></tr></table>	Number of process to be served with this Form 285	29	Number of parties to be served in this case	29	Check for service on U.S.A.	X
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Office Hours - Service to Companies (2) OR Individuals (2) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:38:15 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Bryan, Charles A. \ Bengur Bryan  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
509 South Exeter Street, Suite 210 Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:38:49 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER ,
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Miles & Stockbridge, P.C.
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:39:19 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Brennen, Robert S.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
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<input type="checkbox"/> 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)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Frenkil, Stephen D.
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

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):  
Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:40:24 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> 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)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Butler, Holly D.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
100 Light Street Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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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):  
Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:40:57 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Duvall, Jessica L.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
100 Light Street Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29
	Number of parties to be served in this case 29
	Check for service on U.S.A. X

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):  
Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:41:24 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Levett, Daniel J. \ Hartman Executive Advisors  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1954 Greenspring Drive, Suite 320, Timonium Maryland 21093

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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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):  
Office Hours - Service to Company (1) OR Individual (1) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:41:51 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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 _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Romes, Randall \ Clifton larson Allen LLC	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1966 Greenspring Drive, Suite 300, Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
		Number of parties to be served in this case 29
		Check for service on U.S.A. X

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):  
Office Hours - Service to Company (1) OR Individual (1) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: <b>Ryan Dillon-Capps</b> <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:42:20 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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 for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above <i>(See remarks below)</i>					
Name and title of individual served <i>(if not shown above)</i>				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address <i>(complete only different than shown above)</i>				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Stringer, H. Patrick  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:42:52 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Robinson, Dennis M. Jr.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
		Number of parties to be served in this case 29
		Check for service on U.S.A. X

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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: <b>Ryan Dillon-Capps</b> <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:43:18 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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 for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above <i>(See remarks below)</i>					
Name and title of individual served (if not shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Barranco, Michael S.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
		Number of parties to be served in this case 29
		Check for service on U.S.A. X

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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:43:45 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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 for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above <i>(See remarks below)</i>					
Name and title of individual served <i>(if not shown above)</i>				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address <i>(complete only different than shown above)</i>				Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Mayer, Stacey A.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue. Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
---	--

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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:44:17 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Battista, Andrew M.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:44:47 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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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)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Alexander, Jan M.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
--	--

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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:45:16 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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)	Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy _____	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS



U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Truffer, Keith R.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29
	Number of parties to be served in this case 29
	Check for service on U.S.A. X

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):

Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:46:34 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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 _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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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)	Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy _____	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DeSimone, Marc A. Jr.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
		Number of parties to be served in this case 29
		Check for service on U.S.A. X

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):  
Office Hours - Service to State of Maryland (1) AND Individuals (12)  
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:46:55 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> 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.					
<input type="checkbox"/> 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)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

U.S. Department of Justice  
United States Marshals Service

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*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Ensor, Judith C.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X
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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):  
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:47:37 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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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)	Date   	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

U.S. Department of Justice  
United States Marshals Service

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PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DeGonia, Thomas M. II	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
		Number of parties to be served in this case 29
		Check for service on U.S.A. X

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Signature of Attorney other Originator requesting service on behalf of: <b>Ryan Dillon-Capps</b> <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:48:12 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above <i>(See remarks below)</i>					
Name and title of individual served <i>(if not shown above)</i>				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address <i>(complete only different than shown above)</i>				Signature of U.S. Marshal or Deputy	

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

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United States Marshals Service

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PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Bernstein, Tanya c.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
		Number of parties to be served in this case 29
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

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REMARKS

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PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN State of Maryland	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29
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Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:49:02 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS