



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLANTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 07-20027-01-CM-DJW	
DEFENDANT SAMUEL KUONEN		TYPE OF PROCESS NOTICE & PRELIMINARY ORDER	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO BE SERVED OR DESCRIPTION OF PROPERTY TO SEIZE. ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) Computer Equipment c/o Kenneth Lovesee, ICE, 9747 North Conant Avenue, Kansas City, MO 64153		
SEND NOTICE OR SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		NUMBER OF PROCESS TO BE	1
Annette B. Gurney, Assistant United States Attorney 301 N. Main, Suite 1200 Wichita, Kansas 67202		SERVED IN THIS CASE	
		NUMBER OF PARTIES TO BE	3
		SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service)			
Signature of Attorney or other Originator requesting service on behalf of: <input checked="" type="checkbox"/> Plaintiff <i>Annette B. Gurney</i> () Defendant		TELEPHONE NO. 316-269-6481	DATE 05/04/07
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS. <i>Annette B. Gurney</i>			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number of process indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER. <i>Annette B. Gurney</i> DATE 7-31-07
I HEREBY CERTIFY AND RETURN THAT I () PERSONALLY SERVED, (X) 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 ADDRESS INSERTED BELOW. Service completed 7-10-07			
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE.		() 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	TIME OF SERVICE () AM () PM
		SIGNATURE, TITLE AND TREASURY AGENCY	
REMARKS:			

Notice 2005 4501 0000 41 01

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: ICE - Ken Lavesee 9747 W Conant Ave KE MO 64153</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5/10</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7003 3110 0001 0046 6259</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540