

STATE PROCESS SERVICE, INC. ~~811 NORTH HANLEY ROAD, MILWAUKEE, WI 53212~~ : (414) 256-7000 **INVOICE**
ACCOUNT: 400 ATTORNEY: BRUCE SCHRIMPF FIRM: CITY OF MILWAUKEE-GENERAL
DATE SERVED: 10/31/08 TYPE: SUE IA TICKET: 1161193-02 BY: JOSEPH KRATOCHVIL
OPER:

----- PLAINTIFF ----- DEFENDANT ----- COURT DATE FILED
CITY OF MILWAUKEE MESSAOUDANI, ABDESLAM 10/31/08

SERVED: 6:00PM

ABDESLAM MESSADUDANI

9531 WEST BELOIT ST #4
CITY OF MILWAUKEE WI 00000
COUNTY OF MILWAUKEE

CASE #:

CITY OF MILWAUKEE-GENERAL
ATTN: LINDA HARRELL
841 N BROADWAY 7TH FLOOR
MILWAUKEE WI 53202
ATT: BRUCE SCHRIMPF

- DESCRIPTION -	-- CHARGES --
1HR @ 37.50/HR	37.50
20MLS @ .50/ML	10.00
SPECIAL FEES	.00

(PAYMENT UPON RECEIPT) TOTAL 47.50

STATE PROCESS SERVICE, INC.
P.O. BOX 14039
WEST ALLIS, WI 53214-0039

AFFIDAVIT OF SERVICE

[] Milwaukee Co. [] Racine Co. [] Kenosha Co. [] Waukesha Co. [] Washington Co. [] _____ Co.

STATE OF WISCONSIN}
Milwaukee County} ss

Case No. _____

Court Date: _____

Document(s): [] Summons [] Summons & Complaint [] Order to Appear before a Court Commissioner [] Order to Show Cause [] Order
[] Subpoena [] Subpoena Duces Tecum [] Check in the amount of \$ _____ Travel or Witness Fee [] Motion
[] Temporary Restraining Order & Notice of Hearing [] Petition _____ for Termination of Parental Rights _____ for Protection and/or Services
Other LETTER

PERSONAL SERVICE

I, JOSEPH KARTOCHAVIL, being duly sworn on oath, state I am an adult resident of this State. I am not a party to the legal action of the attached document(s) which was/were personally served upon the below named party and endorsed as required by Wis. Stats. 801(10)(2).

Named Party ABDOLAM MASSADUDANI Date 10-31 2008 Time 6:00 [] am [X] pm

Address 9531 W. BELLOTT RD. #4 [X] City of Milwaukee or [] _____ WI.

Description: [] Male [] Female Ht* _____ Wt* _____ Race _____ Hair _____ Age* _____ Notes: _____ *Estimated

SUBSTITUTED PERSONAL SERVICE & NOT SUCCESSFUL PERSONAL SERVICE ATTEMPTS PRIOR TO SUBSTITUTED PERSONAL SERVICE**

I, _____, being duly sworn on oath, state I am an adult resident of this State. I am not a party to the legal action of the attached document(s). After reasonable diligence as annotated in this affidavit in accordance with Wis. Stats. 801.11(1) (b) (1)m or (2), I did serve and endorse as required by Wis. Stats. 801(10)(2) the attached documents on the below named party:

Named Party _____ Date _____ 2008 Time _____ [] am [] pm

at [] his [] her abode _____ [] City of Milwaukee or [] _____ WI

by leaving a true and correct copy with _____ [] a competent member of [] his [] her

family at least 14 years of age who was informed of the contents thereof; or, [] a competent adult currently residing in the abode of the "Named Party" who

was informed of the contents thereof.. Description of person served:

[] Male [] Female Ht.* _____ Wt.* _____ Race _____ Hair _____ Age* _____ Notes _____ *Estimated

** / /08 [] am [] pm ** / /08 [] am [] pm

** / /08 [] am [] pm ** / /08 [] am [] pm

** / /08 [] am [] pm ** / /08 [] am [] pm

** / /08 [] am [] pm ** / /08 [] am [] pm

** / /08 [] am [] pm ** / /08 [] am [] pm

RESULTS/NOTES

Subscribed and sworn to before me this 4

day of _____, 2008

Notary Public

My Commission expires: _____

STATE PROCESS SERVICE, INC.

_____ OF _____ AFFIDAVITS

Fee for Service:

Fees: Mileage 20 @ .50 / mile: 10.00

Fees: Hourly 1 @ \$37.50 /hr 37.50

Special Fees: _____

TOTAL FEES: \$ 47.50

Agent

STATE PROCESS SERVICE, INC. ~~811 NORTH HAWLEY ROAD, MILWAUKEE, WI 53212~~ : (414) 256-7000 ****INVOICE****
 ACCOUNT: 400 ATTORNEY: BRUCE SCHRIMPF FIRM: CITY OF MILWAUKEE-GENERAL
 DATE SERVED: 10/31/08 TYPE: SUIT IA TICKET #: 1161186-01 BY: TRACEY BRADFORD
 OPER:

----- PLAINTIFF ----- DEFENDANT ----- COURT DATE FILED
 CITY OF MILWAUKEE QUINN, DARREN 10/31/08

SERVED: 8:30PM
 ATTEMPTED SERVICE

10/31 400P, 10/31 700P, 10/31 830P ALL NA NO
 NAME LISTED ON TENANT DIRECTORY NO RESPONSE
 TO DOORBELL MGR UNABLE TO PROVIDE ANY INFO
 CASE #:

2725 WEST HIGHLAND BLVD #308
 CITY OF MILWAUKEE WI 00000
 COUNTY OF MILWAUKEE

CITY OF MILWAUKEE-GENERAL
 ATTN: LINDA HARRELL
 841 N BROADWAY 7TH FLOOR
 MILWAUKEE WI 53202
 ATT: BRUCE SCHRIMPF

DESCRIPTION	CHARGES
1 HOUR @ 37.50	37.50
20 MILES @ .50	10.00
SPECIAL FEES	.00

(PAYMENT UPON RECEIPT) TOTAL 47.50

STATE PROCESS SERVICE, INC.
 P.O. BOX 14039
 WEST ALLIS, WI 53214-0039

AFFIDAVIT OF ATTEMPTED SERVICE

Milwaukee Co. Racine Co. Kenosna Co. Waukesha Co. Washington Co. _____ Co.

STATE OF WISCONSIN}
Milwaukee County} ss

Case No. _____

Court Date: _____

Document(s) attached: Summons & Complaint Summons Complaint Order to Show Cause Order Notice of Hearing Subpoena
 Subpoena Duces Tecum Check in the Amount of _____ Order to Appear before a Court Commissioner
 Temporary Restraining Order & Notice of Hearing Petition _____ for Termination of Parental Rights _____ for Protection and/or Services

Other _____

Tracey Bradford being duly sworn that I am an adult resident of this State and I am not a party to the legal action to which this affidavit is attached. I further swear that I was not able to serve the above listed documents upon the below named party after the

attempts and activities listed below:

Name: Darren Quina Defendant Named Parties

Provided Located Address: 2725 W. Highland #308

City of Milwaukee / or: _____ State of Wisconsin.

*10/31/08	400	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<u>NO ANSWER</u>	**	1 / 08	<input type="checkbox"/> am <input type="checkbox"/> pm
*10/31/08	700	<input type="checkbox"/> am <input type="checkbox"/> pm	<u>" "</u>	**	1 / 08	<input type="checkbox"/> am <input type="checkbox"/> pm
*10/31/08	830	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<u>" "</u>	**	1 / 08	<input type="checkbox"/> am <input type="checkbox"/> pm
* 1 / 08		<input type="checkbox"/> am <input type="checkbox"/> pm		**	1 / 08	<input type="checkbox"/> am <input type="checkbox"/> pm
* 1 / 08		<input type="checkbox"/> am <input type="checkbox"/> pm		**	1 / 08	<input type="checkbox"/> am <input type="checkbox"/> pm

RESULTS/NOTES RE: ATTEMPTS name not listed on tenant directory, but no response to doorbell, mgr unable to provide

ADDITIONAL ACTIVITIES TO SERVE OR LOCATE:

Checked Us Post Office, Zip Code _____ Sent by _____ Date _____ Report attached Not returned

Wisconsin Drivers License Record Search Yes, affidavit attached No

WI CCAP Completed by _____ no record no new information new information, report attached

Called provided / located telephone no. _____ Results: _____

Checked directories: AT & T Polk Cole Results: _____

Notes: any information

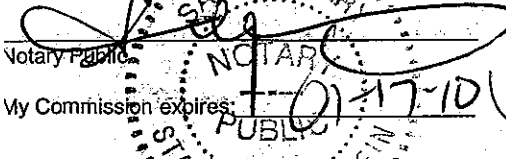
Subscribed and sworn to before me this 3

STATE PROCESS SERVICE, INC.

_____ OF _____ AFFIDAVITS

Day of _____, 2008

Fee for Service: _____



Tracey Bradford
AGENT

Fees: Mileage 20 @ .50 /mile 10.00

Fees: Hourly 1 @ \$ 37.50 /hr 37.50

Special Fees: _____

TOTAL FEES: \$ 47.50

STATE PROCESS SERVICE, INC. ~~811 NORTH HAWLEY ROAD, MILWAUKEE, WI 53213~~ : (414) 256-7000 ****INVOICE****
 ACCOUNT: 400 ATTORNEY: BRUCE SCHRIMPF FIRM: CITY OF MILWAUKEE-GENERAL
 DATE SERVED: 10/31/08 TYPE: SUB A TICKET #: 1161190-01 BY: TRACEY BRADFORD
 OPER:

----- PLAINTIFF ----- DEFENDANT ----- COURT DATE FILED
 CITY OF MILWAUKEE WALKER, STEVEN 10/31/08

SERVED: 8:55PM
 ATTEMPTED SERVICE

10/31 611P NA, 10/31 855P PER BLK/M THIS
 IS HENSON RESIDENCE

CASE #:

5023 N 50TH ST
 CITY OF MILWAUKEE WI 00000
 COUNTY OF MILWAUKEE

CITY OF MILWAUKEE-GENERAL
 ATTN: LINDA HARRELL
 841 N BROADWAY 7TH FLOOR
 MILWAUKEE WI 53202
 ATT: BRUCE SCHRIMPF

DESCRIPTION	CHARGES
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