

U.S. Department of Justice
United States Marshals Service

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

PLAINTIFF JASON LYNCH	COURT CASE NUMBER 4:24-CV-00740-LPR-BBM
DEFENDANT DOES, et al.	TYPE OF PROCESS Summons, Third Amended Complaint, Order

**SERVE
AT**

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

Workman, Sgt.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

White County Detention Center, 1600 East Booth Road, Searcy, AR 72143

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

JASON LYNCH
Reg #07405-510
EL RENO FEDERAL CORRECTIONAL INSTITUTION
Inmate Mail/Parcels
El Reno OK 73036

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

RECEIVED

JAN 15 2026

USMS E/AR

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):

Signature of Attorney or other Originator requesting service on behalf of:

L. Beatty

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

501-604-5351

DATE

1/15/2026

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 USM 285 if more than one USM 285 is submitted)	Total Process 4/7	District of Origin No. 09	District to Serve No. 09	Signature of Authorized USMS Deputy or Clerk Manner	Date 1.21.26
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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 1-30-26	Time ☐ am ☐ pm
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Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Manner

Costs shown on attached USMS Cost Sheet >>

REMARKS

over 1 pound, mailed priority restricted on 1/22/26. *9403.2149.0347.6671.0001.85
-All 7 summonses & 1 complaint.
-Deputy Yaerger *1114, signed /accepted for all 7 defendants 1/30/26.

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

FEB 20 2026

TAMMYA DOWNS, CLERK

By:

DEP CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
☐ Complete items 1, 2, and 3. ☐ 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. 1. Article Addressed to: White Co. Detention Ctr. Cap. Clayton Edwards 1600 E. Booth Road Searcy, AR 72143  9590 9402 8722 3310 5801 00 2. Article Number (Transfer from service label) 9403 2149 0347 6671 0001 85		☒ Signature X Deputy Yarger 1114 ☐ Agent ☐ Addressee ☐ Registered Name) 1114 ☐ Certified Mail Delivery Deputy Yarger 1-3626 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below ☐ No RECEIVED FEB 02 2017 USM E/AR 3. Service Type <table border="0"> <tr> <td> ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>		☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery				
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt			