

RETURN OF SERVICE		
Service of the Summons and complaint was made by me (I)	DATE <u>08/07/17</u>	
NAME OF SERVER (PRINT) <u>Brian R. Shea</u>	TITLE <u>Paralegal</u>	
Check one box below to indicate appropriate method of service		
☐ Served personally upon the defendant. Place where served: _____ ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. ☐ Name of person with whom the summons and complaint were left: _____ ☐ Returned unexecuted: _____ ☒ Other (specify): <u>Certified mail</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on <u>08/07/17</u> Date <u><i>Brian R. Shea</i></u> Signature of Server <u>101 Madison St Suite 2112 Jersey City NJ 07302</u> Address of Server		

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ <u>1.98</u>	Postmark Here
Certified Fee <u>3.35</u>	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ <u>4.33</u>	

Sent To Fannie Mae

Street, Apt. No., or PO Box No. 1700 6th St, 4th FL

City, State, ZIP+4 Washington DC 20552

PS Form 3800, August 2005 See Reverse for Instructions

RETURN OF SERVICE		
Service of the Summons and complaint was made by me(I)	DATE	08/07/17
NAME OF SERVER (PRINT) Brian Russo	TITLE	Paralegal
Check one box below to indicate appropriate method of service		
☐ Served personally upon the defendant. Place where served: _____ ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. ☐ Name of person with whom the summons and complaint were left: _____ ☐ Returned unexecuted: _____ ☒ Other (specify): <u>Certified Mail</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on <u>08/07/17</u> Date  Signature of Server <u>101 Hudson St Suite 2110 Jersey City, NJ 07302</u> Address of Server		

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	.98
Certified Fee		3.35
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.33

Postmark Here

Sent To United States Dept of Treasury
 Street, Apt. No., or PO Box No. 1500 Pennsylvania Ave
 City, State, ZIP+4 Washington DC 20220

See Reverse for Instructions

PS Form 3800, AUGUST 2008

7014 1200 0001 3748 5791

RETURN OF SERVICE		
Service of the Summons and complaint was made by me(I)	DATE	08/07/17
NAME OF SERVER (PRINT) Brian Rusk	TITLE	Paralegal
Check one box below to indicate appropriate method of service		
☐ Served personally upon the defendant. Place where served: _____ ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. ☐ Name of person with whom the summons and complaint were left: _____ ☐ Returned unexecuted: _____ ☒ Other (specify): <u>Certified Mail</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on <u>08/07/17</u> Date  Signature of Server <u>101 Hudson St, Suite 2110 Jersey City, NJ 07310</u> Address of Server		

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$.98
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.33

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Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7014 1200 0001 3748 5784