

J.S. Department of Justice  
United States Marshals Service

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

PLAINTIFF <i>Jordan Hellingworth</i>	COURT CASE NUMBER <i>3 25-cv-01342-AB</i>
DEFENDANT <i>SANOPI-AVINTIS NJ</i>	TYPE OF PROCESS <i>SUMMONS &amp; Petition to Compel</i>

FILED 16 SEP '25 11:21 USDC-ORP

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
*SANOPI-AVINTIS NJ*

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
*BRIDGEMATEL, NW JURY 09807 - 55 CORPORATE DR*

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Jordan Hellingworth 15919 SE McLoughlin Blvd #4 Portland, OR 97207</i>	Number of process to be served with this Form 285 <i>3</i>
	Number of parties to be served in this case <i>9</i>
	Check for service on U.S.A. <i>X</i>

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):  
*STANDARD BUSINESS HOURS (MON-FRI, 9AM-5PM)*

Signature of Agency other Originator requesting service on behalf of: *[Signature]*

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER: *503-488-9080*

DATE: *09/19/2025*

**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 <i>1</i>	District of Origin No. <i>65</i>	District to Serve No. <i>50</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>8/27/25</i>
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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 <i>9/12/25</i>	Time <i>1200</i>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy  
*[Signature]*

Costs shown on attached USMS Cost Sheet >>

REMARKS  
*1st Attempt 9/5/2025 - Bridgewater  
2nd Attempt 9/12/2025 - marri's town  
3rd Attempt 9/12/2025 - priolator / fuins*

2025 SEP - 2 AM 11:49  
USMS RECEIVED  
NEWARK NJ

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

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

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PLAINTIFF Jordan Hollingsworth	COURT CASE NUMBER 3:25-cv-01342-AB
DEFENDANT Chatterm Inc	TYPE OF PROCESS Summons & Petition To Compel

FILED 16 SEP '25 11:21 USDC-ORP

**SERVE AT**

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

Sanofi-Aventis US  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Bridgewater, New Jersey 08807 - 55 CORPORATE DR

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

Jordan Hollingsworth  
15919 SE McLoughlin Blvd #4  
Portland, Oregon 97267

Number of process to be served with this Form 285	3
Number of parties to be served in this case	9
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):

Fold Fold

Standard business hours (Mon - Fri, 9AM - 5PM). Office address to Sanofi-Aventis US Headquarters. Service on corporate respondent. Chatterm Inc is one of their wholly owned subsidiary as Sanofi's address is their registered agent.

*Jordan Hollingsworth*

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 503-488-9680	DATE 08/19/2025
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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 1	District of Origin No. 65	District to Serve No. 50	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 8/27/25
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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)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) 100 MORRIS AVE MORRISTOWN	Date 9/12/25 Time 12:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:  
1st attempt 9/12/25 - Bridgewater  
2nd attempt 9/12/2025 - Morristown  
3rd attempt 9/12/2025 - Princeton/Ewins