

FILED

15 MAY 13 PM 3:11

KING COUNTY  
SUPERIOR COURT CLERK  
E-FILED  
CASE NUMBER: 15-2-06869-5 SEA

Superior Court of Washington  
County of King

HUNTS POINT VENTURES, INC., A  
WASHINGTON CORPORATION

Plaintiff/Petitioner,

vs.

JOHN DAVID DU WORS, AN  
INDIVIDUAL; JOHN WHITAKER, AN  
INDIVIDUAL; NEWMAN & DU WORS,  
LLC, A WASHINGTON LLP

Defendant/Respondent.

No. 15-2-06869-5 SEA

RETURN OF SERVICE

*I Declare:*

1. I am over the age of 18 years, and I am not a party to this action.
2. I served the following document(s) on JOHN DAVID DU WORS:
  - SUMMONS;
  - COMPLAINT;
  - ORDER SETTING CIVILE CASE SCHEDULE;
  - CASE INFORMATION COVER SHEET AND AREA DESIGNATION
3. The date, time and place of service were as follows:

Date: May 8, 2015

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

**Address:** King County Superior Courthouse, Courtroom W-1060, 516 Third Avenue, Seattle, WA 98104

**4. Service was made pursuant to Civil Rule 4(d):**

**By delivery to the person named in paragraph 2 above.**

**5. Service of Notice on Dependent of a Person in Military Service.**

**Does not apply.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at 14:48 p.m. in Seattle, Washington on May 8, 2015.

**Michael C. Stump, PI Reg. #4137, State of WA**

**WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT**  
RCW 42.44.100

State of Washington

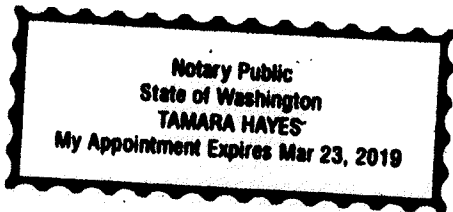
County of King

} ss.

I certify that I know or have satisfactory evidence that Michael Stump  
Name of Signer

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: May 8, 2015  
Month/Day/Year



Tamara Hayes  
Signature of Notarizing Officer

Notary Public  
Title (Such as "Notary Public")

Place Notary Seal and/or Stamp Above

My appointment expires: 3-23-2019

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Return of Service

Document Date: 5-8-15

Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_