

DISTRICT COURT
SAN JUAN COUNTY NM
FILED *AS*
2009 JUL 28 PM 3 32

ELEVENTH JUDICIAL DISTRICT COURT
COUNTY OF SAN JUAN
STATE OF NEW MEXICO

STATE OF NEW MEXICO on the
relation of State Engineer,

Plaintiff,

-v-

UNITED STATES OF AMERICA, et al.,

Defendants,

and

JICARILLA APACHE TRIBE and
NAVAJO NATION,

Defendant-Intervenors.

No. CV-75-184

Hon. ROZIER E. SANCHEZ
DISTRICT JUDGE *Pro Tempore*

SAN JUAN RIVER STREAM
SYSTEM ADJUDICATION

LA PLATA RIVER SECTION

CERTIFICATE OF SERVICE

Pursuant to Rule 1-004(L) and Section I (D) of the Scheduling Order Governing Adjudication of Irrigation Water Rights in the La Plata Section ("Scheduling Order"), I certify that:

1. Pursuant to Rule 1-004(E)(3) and Section I(C) of the Scheduling Order, a service package was mailed by certified mail – return receipt requested – restricted delivery, to each of the defendants named on the attached exhibits ("Defendants");

2. The service package served on the Defendants consisted of: (1) a copy of the complaint in this adjudication; (2) a copy of the summons issued by the Court to the Defendant; (3) a copy of the Scheduling Order for the La Plata River Section; (4) a notice

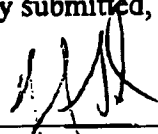
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of claim form; (5) a disclaimer form; (6) a request to be placed in the distribution list form; (7) a proposal of section-wide issues form; and (8) an explanatory letter;

3. Pursuant to Rule 1-004(L), copies of Defendants' signature receipts are attached hereto as Exhibit A; and

4. The dates of delivery of the service package, which is the date of service (Rule 1-004(L)), are set forth on Exhibit B hereto.

Respectfully submitted,



Julie Sakura
Special Assistant Attorney General
New Mexico Office of the State Engineer
P.O. Box 2246
Santa Fe, NM 87504-2246
(505) 992-0811

Attorney for Plaintiff State of New Mexico
ex rel. State Engineer

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <i>x Michael R. Hiller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MICHAEL R. HILLER</p> <p>C. Date of Delivery JUL 17 2008</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes - If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Michael R. Hiller 10 Road 1768 Farmington, NM 87401</p> <p><i>Subfile 0080052</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7007 3020 0001 2492 6788</p>			
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <i>x Sonja Hiller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sonja Hiller</p> <p>C. Date of Delivery JUL 16 2008</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sonja R. Hiller 10 Road 1768 Farmington, NM 87401</p> <p><i>Subfile 0080052</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7007 3020 0001 2492 6771</p>			
PS Form 3811, February 2004		Domestic Return Receipt	

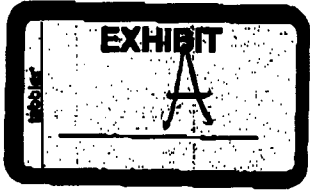


EXHIBIT B

Claimant

MICHAEL R. HILLER

SONJA R. HILLER

Date of Delivery

7/17/2008

7/16/2008