

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

DISTRICT COURT
SAN JUAN COUNTY NM

pb FILED
2009 OCT 26 PM 12 57

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

Dkted

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,



Todd M. Lopez
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 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.

1. Article Addressed to:

Amber M. Barton
33 Road 6050
Farmington, NM 87401

2. Article Number (Transfer from service label) **7008 3230 0000 2431 8069**

PS Form 3811, February 2004 Domestic Return Receipt 1025-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Amber Barton* Agent Addressee

B. Received by (Printed Name): *Amber Barton* C. Date of Delivery: *9/12/09*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

USPS SEP 12 2009 FARMINGTON, NM

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Brayvier Financial Holdings, LP
Legal Department
4425 Ponce de Leon Blvd.
Coral Gables, FL 33146

2. Article Number (Transfer from service label) **7008 3230 0000 2431 8151**

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *V. [Name]* C. Date of Delivery: *8/31/09*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Alma A. Bruce Living Trust
675 NM 170
Farmington, NM 87401
c/o Alma and Leroy Bruce, Trustees

2. Article Number (Transfer from service label) **7008 3230 0000 2320 1775**

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Alma Bruce* Agent Addressee

B. Received by (Printed Name): *Alma Bruce* C. Date of Delivery: *8/11/09*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

FARMINGTON, NM SEP 11 2009 USPS

EXHIBIT
A

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Shelly R. Butt
 1307 Cooper Street
 Farmington, NM 87401

STLP-009-00163

2. Article Number

7008 3230 0000 2431 8137

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Shelly R Butt

Agent

Addressee

B. Received by (Printed Name)

Shelly R Butt

C. Date of Delivery

8/29

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

#7 Road 1497
 La Plata, NM 87418

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jay R. Christensen
 PO Box 234
 La Plata, NM 87418

STLP-005-00141

2. Article Number

7008 3230 0000 2431 8045

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jay Christensen

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jill M. Christensen
 PO Box 234
 La Plata, NM 87418

2. Article Number

7008 3230 0000 2431 8052

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jill Christensen

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Robin Creavor
 PO Box 501
 La Plata, NM 87418

2. Article Number
 (Transfer from service label)

7008 3230 0000 2431 7956

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION BY ADDRESSEE

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Sandra A. Dailey
 PO Box 450
 La Plata, NM 87418

2. Article Number
 (Transfer from service label)

7008 3230 0000 2431 7918

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION BY ADDRESSEE

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

DOTCO DEVELOPMENT, LLC
 81 CR 3050
 Aztec, NM 87410

2. Article Number
 (Transfer from service label)

7008 3230 0000 2431 8106

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION BY ADDRESSEE

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Craig Doty
81 CR 3050
Aztec, NM 87410

STLP-005-0040

2. Article Number
(Transfer from service label)

7008 3230 0000 2431 8113

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Craig Doty*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Howard G. Fincher Jr.
347 CR 1191
La Plata, NM 87418

STLP-005-0068

2. Article Number
(Transfer from service label)

7008 3230 0000 2320 1683

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Howard G. Fincher Jr.*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Eula N. Funk
649 NM H0
La Plata, NM 87418

STLP-005-0065

2. Article Number
(Transfer from service label)

7008 3230 0000 2320 1829

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Eula N. Funk*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Frank H - Funk
1249 NM 198
La Plata, NM 87418

2. Article Number
(Transfer from service label)

7008 3230 0000 2320 1812

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

John Mark Gaines
PO Box 204
La Plata, NM 87418

2. Article Number
(Transfer from service label)

7008 3230 0000 2431 7857

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Kendra Lynn Gaines
PO Box 204
La Plata, NM 87418

2. Article Number
(Transfer from service label)

7008 3230 0000 2431 7840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Bridgitte Garner
 PO Box 544
 La Plata, NM 87418

SLP-005-0014 S

2. Article Number (Transfer from service label)

7008 3230 0000 2431 8038

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1546

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Verl Garner
 PO Box 544
 La Plata, NM 87418

SLP-005-0014 S

2. Article Number (Transfer from service label)

7008 3230 0000 2431 8021

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1546

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Patricia Mangus
 PO Box 213
 La Plata, NM 87418

SLP-005-0014 S

2. Article Number (Transfer from service label)

7008 3230 0000 2431 7901

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1546

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Warren Mangus
 PO Box 213
 La Plata, NM 87418

SSLP-005-00165

2. Article Number (Transfer from service label)

7008 3230 0000 2431 7888

PS Form 3811, February 2004

Domestic Return Receipt

102506-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X Warren L. Mangus
- B. Received by (Printed Name) Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Amy C. Martin
 43 CR 1800
 Farmington, NM 87401

SSLP-009-0009

2. Article Number (Transfer from service label)

7008 3230 0000 2320 1737

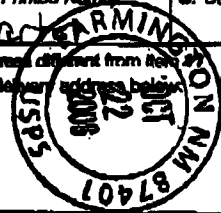
PS Form 3811, February 2004

Domestic Return Receipt

102506-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X Amy C. Martin
- B. Received by (Printed Name) Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Elaine Mayo
 PO Box 360
 La Plata, NM 87418

SSLP-004-00423

2. Article Number (Transfer from service label)

7008 3230 0000 2320 1874

PS Form 3811, February 2004

Domestic Return Receipt

102506-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X Elaine Mayo
- B. Received by (Printed Name) Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Rhonda Meadors
PO Box 344
La Plata, NM 87418

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rhonda M. Meador Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Danielle R. Nichols
PO Box 541
La Plata, NM 87418

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Danielle R. Nichols Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Danielle Nichols

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jacob L. Nichols
PO Box 541
La Plata, NM 87418

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Danielle Nichols Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Danielle Nichols

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1540

SENDER, COMPLETE THIS SECTION		COMPLETE THIS SECTION	
<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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery 10-7</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <p>James S. Phipps 6737 Ranchitos NE Albuquerque, NM 87109</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.	
2. Article Number (Transfer from service label) SSCP-005 0036 7008 3230 0000 2320 1836		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER, COMPLETE THIS SECTION		COMPLETE THIS SECTION	
<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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery SEP 4 2009</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <p>Steven R. and Michelle Robbins Trust PO Box 1256 Farmington, NM 87499</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.	
2. Article Number (Transfer from service label) SSCP-005-0014 P 7008 3230 0000 2431 7949		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER, COMPLETE THIS SECTION		COMPLETE THIS SECTION	
<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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <p>Jordan A. Taylor PO Box 232 La Plata, NM 87418</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.	
2. Article Number (Transfer from service label) SSCP-005-0014 G 7008 3230 0000 2431 8090		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Esther Jo Vickers
PO Box 253
La Plata, NM 87418

2. Article Number
(Transfer from service label) **7008 3230 0000 2431 7932**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION

A. Signature
X *Esther J. Vickers* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Lynetta Virgilio
697 HWY 170
Farmington, NM 87401

2. Article Number
(Transfer from service label) **7008 3230 0000 2431 8168**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION

A. Signature
X *Lynetta Virgilio* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Lynetta Virgilio

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

*ALBUQUERQUE, NM 87401
SEP 5 2008
USPS*

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Wesley Wright
PO Box 501
La Plata, NM 87418

2. Article Number
(Transfer from service label) **7008 3230 0000 2431 8120**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION

A. Signature
X *Wesley Wright* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION OF DELIVERER	
<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 Constance A. Wruck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Constance A. Wruck PO Box 496 La Plata, NM 87418		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
598-005-0014M 7008 3230 0000 2431 7963		<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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102505-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION OF DELIVERER	
<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 Thomas B. Wruck, Sr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Thomas B. Wruck, Sr. PO Box 496 La Plata, NM 87418		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
598-005-0014M 7008 3230 0000 2431 7970		<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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102505-02-M-1540	

EXHIBIT B

<u>Claimant</u>	<u>Date of Delivery</u>
Amber M. Barton	9/12/2009
Bayview Financial Holdings, LP	8/31/2009
Alma A. Bruce Living Trust	10/8/2009
Shelly R. Butt	8/29/2009
Jay R. Christensen	9/5/2009
Jill M. Christensen	9/4/2009
Robin Creaver	9/3/2009
Sandra A. Dailey	9/4/2009
Dotco Development, LLC	9/8/2009
Craig Doty	9/8/2009
Howard G. Fincher, Jr.	10/23/2009
Eula J. Funk	10/8/2009
Frank H. Funk	10/10/2009
John Mark Gaines	9/3/2009
Kendra Lynn Gaines	9/5/2009
Bridgitte Garner	9/3/2009
Verl Garner	9/5/2009
Patricia Mangus	9/3/2009
Warren Mangus	9/3/2009
Amy C. Martin	10/22/2009
Elaine Mayo	10/3/2009

Rhonda Meadors	9/3/2009
Danielle R. Nichols	10/20/2009
Jacob W. Nichols	10/20/2009
Janet S. Phipps	10/7/2009
Steven R. and Michelle Robbins Trust	9/4/2009
Jordan A. Taylor	9/11/2009
Esther Jo Vickers	9/3/2009
Lynetta Virgilio	9/3/2009
Wesley Wright	9/11/2009
Constance A. Wruck	9/3/2009
Thomas B. Wruck, Sr.	9/5/2009