

DISTRICT COURT
SAN JUAN COUNTY NM
FILED

2009 NOV 20 AM 7 46

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. James J. Wechsler
Presiding Judge

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

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:

Laurie Anderson
 PO Box 1274
 Farmington, NM 87401

SEL-004-0023

2. Article Number (Transfer from service label)

7008 3230 0000 2320 1744

PS Form 3811, February 2004

Domestic Return Receipt

10290-02-00-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
[Signature]

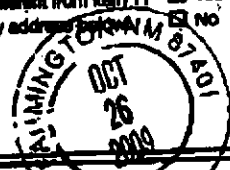
B. Received by (Printed Name) *LAURIE ANDERSON*

C. Date of Delivery *10/26/09*

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

3. Service Type
 Certified Mail Express Mail SPS
 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:

ROSE M. GREY
 2 CR 1790
 FARMINGTON, NM 87401-7401

9-6

2. Article Number (Transfer from service label)

7007 3020 0001 2492 1585

PS Form 3811, February 2004

Domestic Return Receipt

10290-02-00-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
[Signature]

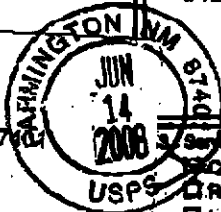
B. Received by (Printed Name) *Rose Grey*

C. Date of Delivery *10/14/08*

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:

Rita McKinney
 624 Hwy 190
 Farmington, NM 87401

2. Article Number (Transfer from service label)

7008 3230 0000 2320 1607

PS Form 3811, February 2004

Domestic Return Receipt

10290-02-00-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
[Signature]

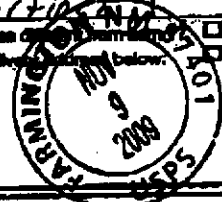
B. Received by (Printed Name) *Rita McKinney*

C. Date of Delivery *NOV 5 2008*

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:

Andrey Sumner
 PO Box 1246
 Kirtland, NM 87417

SSLP-004-0124

2. Article Number
(Transfer from service label)

7008 3230 0000 2320 1584

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
x Andrey Sumner
- B. Received by (Printed Name) *Andrey Sumner* C. Date of Delivery
- 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:

John D Taylor
 PO Box 190
 Arivick, NM 88410

SSLP-05-0124

2. Article Number
(Transfer from service label)

7008 3230 0000 2320 1614

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
x John Taylor
- B. Received by (Printed Name) *John Taylor* C. Date of Delivery *11/2/09*
- 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:

Laural K. Taylor
 PO Box 190
 Arivick, NM 88410

SSLP-005-0034

2. Article Number
(Transfer from service label)

7008 3230 0000 2320 1621

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
x Laural K. Taylor
- B. Received by (Printed Name) *Laural K. Taylor* C. Date of Delivery *11-2-09*
- 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

EXHIBIT B

Claimant

Date of Delivery

Laurie Anderson

10/26/2009

Rose M. Grey

6/14/2008

Rita Martinez

11/9/2009

Audrey Summer

11/5/2009

John D. Taylor

11/12/2009

Laurel K. Taylor

11/2/2009