

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

UNITED STATES OF AMERICA)	
and)	
STATE OF NEW MEXICO, <i>ex rel.</i> STATE)	
ENGINEER,)	
)	
Plaintiffs,)	
)	No. 01cv00072 BB-ACE
and)	
)	ZUNI RIVER BASIN
ZUNI INDIAN TRIBE, NAVAJO NATION,)	ADJUDICATION
)	
Plaintiffs in Intervention,)	
)	
v.)	
)	
A & R PRODUCTIONS, et al.)	
)	
Defendants.)	
_____)	

PROOF OF SERVICE OF SUMMONS

The United States of America (“United States”) hereby states that pursuant to Fed. R. Civ. P. 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following defendant was served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to the defendant. Copies of the defendants’ signed Domestic Return Receipts (PS Form 3811) are attached as Exhibit 1.

<u>Defendant</u>	<u>Subfile No.</u>	<u>Date of Return Receipt</u>
Beulah Bruton	ZRB-2-0025	August 3, 2006
Deborah Green	ZRB-2-0047	July 25, 2006
James Green	ZRB-2-0047	July 25, 2006
Chita McAvoy	ZRB-2-0068	July 24, 2006

Jim McAvoy	ZRB-2-0068	July 24, 2006
Geraldine Kay Pittman	ZRB-2-0079	July 20, 2006
Angie Sanchez	ZRB-2-0081	July 29, 2007
Eloy Sanchez	ZRB-2-0081	July 20, 2007

The date of delivery boxes on the return receipts for Deborah Green, James Green, Chita McAvoy, and Jim McAvoy were not completed by the recipients, but as indicated by the attached Track and Confirm Search Results from the U.S. Postal Service's website, the summons were delivered on the dates indicated above.

Respectfully submitted this 12th day of July 2007.

Electronically Filed

/s/ Bradley S. Bridgewater

BRADLEY S. BRIDGEWATER
U.S. Department of Justice
1961 Stout Street - 8th Floor
Denver, CO 80294
(303) 844-1359

COUNSEL FOR THE UNITED STATES

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that, on July 12, 2007, I filed the foregoing *Proof of Service* electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

Edward C Bagley

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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 <input checked="" type="checkbox"/> <i>Beulah Toupal</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Beulah Toupal</i></p> <p>C. Date of Delivery <i>05-03-06</i></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> <div style="text-align: center; padding: 10px;"> <p>Beulah Bruton P.O. Box 765 Fence Lake, NM 87315</p> </div>	<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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input checked="" type="checkbox"/> Yes</p>
<p>7006 0810 0000 8086 3160</p>	



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Search Results

Label/Receipt Number: 7006 0810 0000 8086 3207
 Status:

Your item was delivered at 10:04 am on July 25, 2006 in FENCE LAKE, NM 87315. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

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Enter Label/Receipt Number.



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<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"/> <i>Peter Green</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Peter Green</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Deborah Green HR 60, Box 11 Fence Lake, NM 87315</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</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>

2. Article Number (Transfer from service label) **7006 0810 0000 8086 3207**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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Label/Receipt Number: 7006 0810 0000 8086 3214
 Status:

Your item was delivered at 10:04 am on July 25, 2006 in FENCE LAKE, NM 87315. A proof of delivery record may be available through your local Post Office for a fee.

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<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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Peter Green</i> <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">James Green HR 60, Box 11 Fence Lake, NM 87315</p>	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Peter Green</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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.
	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes <p style="text-align: center;">7006 0810 0000 8086 3214</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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Search Results

Label/Receipt Number: 7006 0810 0000 8086 3221
 Status:

Your item was delivered at 8:17 am on July 24, 2006 in FENCE LAKE, NM 87315. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

Track & Confirm

Enter Label/Receipt Number.

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<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><i>Chita McAvoy</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Chita McAvoy HRC 31, Box 11 Fence Lake, NM 87315</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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;">7006 0810 0000 8086 3221</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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Search Results

Label/Receipt Number: 7006 0810 0000 8086 3238
 Status:

Your item was delivered at 8:17 am on July 24, 2006 in FENCE LAKE, NM 87315. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

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Enter Label/Receipt Number.



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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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p style="text-align: center;">Jim McAvoy HRC 31, Box 11 Fence Lake, NM 87315</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
	7006 0810 0000 8086 3238	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Geraldine Kaye Pittman HC 31, Box 7 Fence Lake, NM 87315</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; font-weight: bold; font-size: 1.2em;">7006 0810 0000 8086 3269</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Angie Sanchez 716 Tyler NE Albuquerque, NM 87113</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; font-weight: bold; font-size: 1.2em;">7006 0810 0000 8086 3276</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Eloy Sanchez 716 Tyler NE Albuquerque, NM 87113</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; font-weight: bold; font-size: 1.2em;">7006 0810 0000 8086 3283</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	