

Answer, Notice of Water Rights Adjudication, and if the defendant had not been served process or had not voluntarily waived such service, a copy of the Amended 2003 Complaint, a Request for Waiver of Service of Summons, and two copies of a Waiver of Service of Summons with a prepaid return envelope. The packet also included a letter from the United States explaining the purpose of the forms and to whom and when documents were to be mailed or provided if the defendant chose to respond. The documents were mailed to the defendant's mailing address via certified mail, return receipt requested.

B. The service packet to Clara M. Bowman, ZRB-1-0013, was mailed and the return receipt indicates the packet was received on October 5, 2005. A copy of Postal Service Form 3811 is attached to this Declaration.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: December 13, 2007



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

2RB-1-0013

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Clara M. Bowman</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>CLARA M Bowman 9/25/05</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> <p style="text-align: center;">Clara Bowman Hc-61 Box 5015 Ramah, NM 87321</p>	<p>3. Service Type</p> <p><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? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7005 1160 0005 3392 6251</p>	