



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 Cibola County (ZRB-3-0032), was mailed to the defendant's address of record, and the return receipt indicates the packet was received on May 15, 2006. 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: March 20, 2008



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

286 3-0032

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>Laura Spina</i></p>	
<p>1. Article Addressed to:</p> <p><b>CIBOLA COUNTY</b>  <b>515 WEST HIGH STREET</b>  <b>GRANTS, NM 87020</b></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p>S-15-06</p>
<p>2. Article Number (Transfer from service label)</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</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" 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 type="checkbox"/> Yes</p>	
<p>7005 1160 0005 3392 7388</p>		