

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

UNITED STATES OF AMERICA)
and)
STATE OF NEW MEXICO, *ex rel.* STATE)
ENGINEER,)
))
Plaintiffs,)
))
and)
))
ZUNI INDIAN TRIBE, NAVAJO NATION,)
))
Plaintiffs in Intervention,)
))
v.)
))
A & R PRODUCTIONS, et al.)
))
Defendants.)
_____)

No. 01cv00072 BB/WDS
ZUNI RIVER BASIN
ADJUDICATION

NOTICE OF MAILING MOTION TO SUBSTITUTE BY CERTIFIED MAIL

The United States of America (“United States”) hereby states that pursuant to Fed. R. Civ. P. 25 (c) the following defendant was served with the *Motion to Substitute Party: Susan Griffin for Cheryl Duty* (Doc. No. 1426) by certified mail (restricted delivery). A copy of the signed Domestic Return Receipts (PS Form 3811) is attached as Exhibit 1.

<u>Defendant</u>	<u>Subfile No.</u>	<u>Date of Return Receipt</u>
Susan Griffin	ZRB-4-0136	January 4, 2008

Dated: December 11, 2008

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 December 11, 2008, I filed the foregoing Notice of Mailing Motion to Substitute by Certified Mail electronically through the CM/ECF system, which caused CM/ECF participants to be served by electronic means, as more fully reflected on the Notice of Electronic Filing.

/s/

Bradley S. Bridgewater

Address to Sub *ZRS-4-0136*

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>Susan Griffin</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>1/4/08</i></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; padding: 20px 0;"> SUSAN GRIFFIN HC 61, BOX 838 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 checked="" type="checkbox"/> Yes</p>
<p>7006 3450 0002 2033 3686</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	