

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 Cherie L. Kalista (ZRB-4-0189), was mailed to the defendant's address of record. The return receipt indicates the packet was received November 20, 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: August 17, 2009



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

2RA-4-0183

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 x <i>Cherie L. Kalista</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: FERN L. HOWES, CATHERINE A. WOOD, DANIEL F. HOWES, & CHERIE L. KALISTA HC 61 BOX 799 RAMAH, NM 87321	B. Received by (Printed Name) CHERIE L. KALISTA	C. Date of Delivery 11/20/06
2. Article Number (Transfer from service label)	<input type="checkbox"/> Will mail address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> YES, enter delivery address below: <input checked="" type="checkbox"/> No <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> RAMAH, NM 87321 NOV 20 2006 </div>	
	3. Service Type <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7005 1820 0005 4855 1276	