

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,)	No. 01cv00072 BB
)	
and)	
)	ZUNI RIVER BASIN
ZUNI INDIAN TRIBE, NAVAJO NATION,)	ADJUDICATION
)	
Plaintiffs in Intervention,)	
)	DECLARATION OF KARMEN
)	MILLER IN SUPPORT OF
)	PLAINTIFFS' MOTION FOR
v.)	DEFAULT JUDGMENT
)	
A & R PRODUCTIONS, et al.)	
)	Subfile No. ZRB-5-0021
Defendants.)	
)	

I, Karmen Miller, am employed as a Paralegal Specialist with the Department of Justice Environment and Natural Resources Division, Indian Resources Section, and have been assigned to work in support of counsel for the United States in the above-captioned case.

A. Pursuant to the Procedural and Scheduling Order for the Adjudication of Water Rights Claims Ramah Sub-Area (Doc. No. 954), defendants in the Zuni River Basin Adjudication were provided a service packet that included a proposed Consent Order, Request for Consultation form, Notice of Water Rights Adjudication, and if the defendants 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 attorney of record or to the defendant's mailing address via certified mail, return receipt requested.

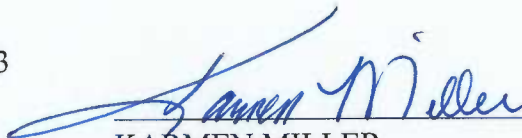
B. The service packet to Willard Lavar Clawson & Doris Jean Clawson (ZRB-5-0021), was mailed to the Defendants. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated April 14, 2007. A copy of Postal Service Form 3811 is attached to this declaration.

C. A revised consent order was mailed to the Defendants' address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated July 9, 2007. A copy of Postal Service Form 3811 is attached to this declaration.

D. In addition, a second revised consent order was mailed to the Defendants' address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated June 14, 2010. 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: June 12, 2013


KARMEN MILLER
U.S. Department of Justice
999 18th Street
South Terrace Suite 370
Denver, CO 80202
(303) 844-1481

Com Co *ZRB-5-0021*

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>Willard L. Clawson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Willard L. Clawson</i> <i>7-9-07</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 style="text-align: center; color: red; font-size: 1.2em;">JUL 09 2007</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p>Willard Lavar Clawson & Doris Jean Clawson P.O. Box 116 Ramah, NM 87321</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? (Extra Fee) <input type="checkbox"/> Yes</p>
<p style="font-size: 1.2em; font-weight: bold; margin: 0;">7005 1820 0005 4749 5533</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

286-5-0021

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery DORIS J CLAWSON 4-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>c Jenni</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> WILLARD LAVAR CLAWSON & DORIS JEAN CLAWSON 2215 E. 4TH AVE. APACHE JUNCTION, AZ 85219 </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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7005 1820 0005 4749 5007</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

5-17021

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery DORIS CLAWSON 6-14-10</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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Willard and Doris Clawson PO Box 116 Ramah, NM 87321 </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>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;">7008 1830 0000 5321 4981</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	