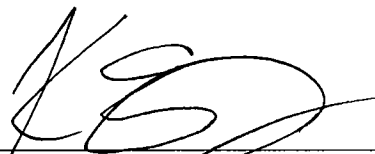


of New Mexico; Request for Consultation form; a form Answer; Notice of Water Rights Adjudication; and if the defendant had not been served process or had not voluntarily waived such service, a copy of the Amended 2003 Complaint, a Request for Waiver of Service of Summons, and two copies of a Waiver of 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 Jose Montoya, ZRB-1-0181, was mailed to the defendant's address of record, and the return receipt was signed, but left undated. Although the return receipt was left undated by the recipient, the date stamp from the Moriarity Post Office indicates the packet was received on November 25, 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

Service Receipt *226-1-0181*

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 <i>Josephine Montoya</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by <i>Josephine Montoya</i>	C. Date of Delivery <i>NOV 25 2008</i>
1. Article Addressed to: JOSE MONTOYA PO BOX 115 1300 FOURTH STREET SOUTH MORIARITY, NM 87035	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 3450 0002 2033 4744		

