



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 David Swindle Trustee and Linda Swindle Trustee (ZRB-3-0175), was mailed to the defendant's address of record, and the return receipt indicates that the packet was received by the defendants and the return receipt was received by the United States on October 16, 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: September 7, 2011



YVONNE M. MARSH  
U.S. Department of Justice  
999 18<sup>th</sup> Street, Suite 370  
South Terrace  
Denver, CO 80202  
(303) 844-1355

*Service Point 208 3-075*

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="font-size: 1.5em; font-weight: bold;">X</span> <i>David Swindle</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p>David Swindle, Trustee and                      Linda Swindle, Trustee                      7021 Pioneer Place                      Albuquerque, NM 87120</p> </div>	<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>2. Article Number                      (Transfer from service label)</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0810 0000 8086 3023</p>	

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