

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 Defendants chose to respond. The documents were mailed to the Defendant's mailing address via certified mail, return receipt requested.

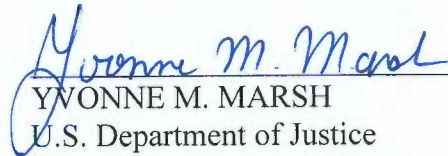
B. The service packet to Sharon M. Allen (ZRB-4-0004), was mailed to the Defendant's address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated November 13, 2006. A copy of Postal Service Form 3811 is attached to this declaration.

C. In addition, a revised consent order was mailed to the Defendant's address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated May 6, 2010. A copy of Postal Service Form 3811 is attached to this declaration.

D. Pursuant to the Servicemembers Civil Relief Act, 50 App. U.S.C.A. § 521 (2012), a search was conducted in the following databases to determine if the Defendant, Sharon M. Allen, is currently in active military service: Westlaw - People Finder, LexisNexis - Military Finder, and the Servicemembers Civil Relief Act (SCRA) website. These sources do not indicate that Defendant is on active military duty status.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: November 15, 2012


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

72B-4-0004

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>Sharon Allen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Sharon Allen</i> 11/3/04</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: 10px 0;"> <p style="text-align: center;">THOMAS ALLEN & SHARON M. ALLEN P.O. BOX 894 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7006 0810 0000 8086 3092</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

72B 4 0004 Revised C O

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>Sharon Norton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Sharon Norton</i> 5-6-10</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: 10px 0;"> <p style="text-align: center;">Sharon M. Allen PO Box 894 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>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 4950</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	