

STATE OF NEW MEXICO
COUNTY OF HIDALGO
SIXTH JUDICIAL DISTRICT

STATE OF NEW MEXICO <i>ex rel.</i>)	No. D-623-CV 2005-00054
NEW MEXICO STATE ENGINEER,)	Honorable J.C. Robinson
)	
Plaintiff,)	ANIMAS UNDERGROUND WATER
vs.)	BASIN ADJUDICATION
)	
ROSETTE, INC., <i>et al.</i> ,)	Subfile No. AUB-002-0001
)	
Respondents.)	Claimant(s): Kerr Cattle LLC, Ed Kerr,
_____)	Lucinda Kerr

PROOF OF SERVICE

The State of New Mexico, *ex rel.* Office of the State Engineer, files proof of service of the return of service for the adjudication packet served on the above Claimant(s). A copy of the green card showing the return of service is attached hereto.

Respectfully submitted,

UTTON & KERY, P. A.
*Attorney for Plaintiff State of New Mexico ex rel.
New Mexico State Engineer.*
317 Commercial Street, N. E.
Albuquerque, NM 87102
(505) 379-4203

Electronically Filed
By: /s/Susan C. Kery
SUSAN C. KERY
susan@uttonkery.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was served to counsel of record via the Court’s Odyssey File & Serve System this 1st day of December, 2016:

/s/Susan C. Kery
SUSAN C. KERY

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 <input checked="" type="checkbox"/> <i>Ed Kerr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kerr Cattle LLC 255 Sacaton Lane Animas NM 88020 AUB-002-0061	B. Received by (Printed Name) Ed Kerr	C. Date of Delivery 6/2/14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article No. (Transfer) 7013 3020 0000 4635 1782	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		

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 <input checked="" type="checkbox"/> <i>E Kerr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ed Kerr 255 Sacaton Lane Animas NM 88020 AUB-002-0601	B. Received by (Printed Name) Ed Kerr	C. Date of Delivery 6/13/14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from) 7013 3020 0000 4635 1829	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		

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 <input checked="" type="checkbox"/> <i>Ed Kerr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Lucinda Kerr 255 Sacaton Lane Animas NM 88020 AUB-002-0001	B. Received by (Printed Name) Ed Kerr	C. Date of Delivery 6/2/14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from) 7013 3020 0000 4635 1805	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		