

STATE OF NEW MEXICO
COUNTY OF HIDALGO
SIXTH JUDICIAL DISTRICT COURT

STATE OF NEW MEXICO *ex rel.*
NEW MEXICO STATE ENGINEER,

CV 2005-0054

Hon. J. C. C. Robinson

Plaintiff,

ANIMAS UNDERGROUND
WATER BASIN ADJUDICATION

v.

Subfile No. AUB-012-0006B

ROSETTE, INC., *et al.*,

Respondents.

PROOF OF SERVICE


The State of New Mexico files proof of service of process for the following water right claimants as follows:


1. Copies of return receipts are attached for the following claimants who were served by certified mail, return receipt requested:


<u>Claimant</u>	<u>Service Date</u>
Henry Rodriguez	08/31/2015
Connie Rodriguez	08/31/2015

Dated: 9/9/15

Respectfully submitted,


Tracy Hofmann
Sutin Thayer & Brown APC
P. O. Box 2187
Santa Fe, NM 87504
(505) 989-5521
Attorney for the State of New Mexico

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Henry Rodriguez</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry Rodriguez 1448 Hwy 338 Animas, NM 88020</p> <p style="text-align: center;">AUB-012-0006B</p>	<p>B. (Received by (Printed Name))</p> <p><i>HENRY RODRIGUEZ</i></p>	<p>C. Date of Delivery</p> <p><i>9/4/15</i></p>
<p>2. Article Number (Transfer from service label) _____</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>PS Form 3811, July 2013</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
	<p style="text-align: center;"></p> <p style="text-align: center;"><small>Postage Return Receipt</small></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Jay Rodriguez</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>JAY RODRIGUEZ 7/4/15</i></p>
<p>1. Article Addressed to:</p> <p> Connie Rodriguez 1448 Hw. 338 Animas, NM 88020 </p> <p>AUB-012-0006B</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>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013</p>	<p>  Delivery Receipt Receipt </p>