

STATE OF NEW MEXICO
COUNTY OF HILDALGO
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-012-021B

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. A copy of the return receipt is attached for the following claimant who was served by certified mail, return receipt requested:

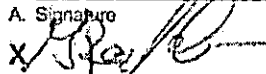
<u>Claimant</u>	<u>Service Date</u>
D. Devaun & Lillian Richins 1982 Rev. Trust c/o Manual A. and Maria E. Ramirez	08/31/2015

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: D. Devaun & Lillian Richins 1982 Rev. Trust Manual A. and Maria E. Ramirez 33 Alada Road Animas, NM 88020 AUB-012-021B	B. Received by (Printed Name) M RAMIREZ	C. Date of Delivery 7-3-15
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No <hr/> Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		7005 1160 0001 1253 3481 Domestic Return Receipt