

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-021-0004
)	
Respondents.)	Claimant(s): Rena Croom, Tommie Ruebush
_____)	

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

AUB 21-0004

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 <i>Cathy Taylor</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cathy Taylor</i> C. Date of Delivery <i>9/25</i></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>
1. Article Addressed to: Rena Croom P. O. Box 37 Animas, NM 88020 AUB-021-0004	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input checked="" 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
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

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1. Article Addressed to: Tommie Reubush P. O. Box 37 Animas, NM 88020 AUB-021-004	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input checked="" 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
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	