

**STATE OF NEW MEXICO  
COUNTY OF HIDALGO  
SIXTH JUDICIAL DISTRICT COURT**

<b>STATE OF NEW MEXICO <i>ex rel.</i></b>	)	
<b>NEW MEXICO STATE ENGINEER,</b>	)	<b>CV 2005-0054</b>
	)	<b>Hon. J. C. Robinson</b>
<b>Plaintiff,</b>	)	
	)	<b>ANIMAS UNDERGROUND</b>
<b>v.</b>	)	<b>WATER BASIN ADJUDICATION</b>
	)	
<b>ROSETTE, INC., <i>et al.</i>,</b>	)	<b>Subfile No. AUB-006-0003</b>
	)	
<b>Respondents.</b>	)	
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**PROOF OF SERVICE**

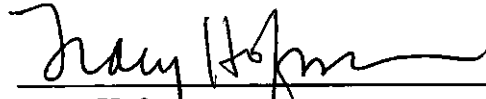
The State of New Mexico files proof of service of process for the following water right claimants as follows:

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>
SUSAN KERR-ROBINSON	2/27/2015
JACK ROBINSON	2/27/2015

Dated: March 20, 2015

Respectfully Submitted:



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Tracy Hofmann  
Sutin, Thayer & Brown APC  
PO Box 2187  
Santa Fe, New Mexico 87504  
(505) 988-5521  
Attorney for the State of New Mexico

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Jack Robinson  
120 Yale Street  
Clovis, NM 88101-5441

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

*[Signature]* *[Signature]*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article addressed to:

Susan Kerr Robinson  
120 Yale Street  
Clovis, NM 88101-5441

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

*[Signature]* *[Signature]*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7005 1160 0001 1241 6517

Domestic Return Receipt