

STATE OF NEW MEXICO
COUNTY OF HIDALGO
SIXTH JUDICIAL DISTRICT

FILED
6th JUDICIAL DISTRICT COURT
Hidalgo County
4/24/2019 6:15 PM
ANGELA M. OROZCO
CLERK OF THE COURT
Angela Orozco

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-009-0006
)	
Respondents.)	
_____)	

RETURN OF SERVICE

The State of New Mexico, *ex rel.* Office of the State Engineer, files proof of return of service of process for the following entity. A copy of the return receipt is attached for the following entity, which was served by certified mail, return receipt requested:

<u>Claimant</u>	<u>Service Date</u>
Valley View Community Church	April 22, 2019

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 mailed to the following claimant and was served to parties of record via the Court's Odyssey File & Serve System this 24th day of April, 2019:

Valley View Community Church
P.O. Box 505
Animas, NM 88020

/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. ■ 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</p> <p><input checked="" type="checkbox"/> <i>Joni Walter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p><i>Valley View Community Church</i> <i>P.O. Box 505</i> <i>Animas, NM 88020</i></p>	<p>B. Received by (Printed Name)</p> <p><i>Joni Walter</i></p>	<p>C. Date of Delivery</p> <p><i>4/22/19</i></p>												
 <p>9590 9402 4063 8079 3376 19</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>													
<p>2. Article Number (Transfer from service label)</p> <p><i>7018 0360 0001 4273 8271</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™													
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery													
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise													
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p><i>609-0006</i></p>	<p>Domestic Return Receipt</p>												