

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-012-0013A
	)	
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 persons. A copy of the return receipt is attached for the following persons who were served by certified mail, return receipt requested:

<u>Claimant</u>	<u>Service Date</u>
Clarence Roark	October 3, 2017
Georgia Roark	

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](mailto: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 9th day of October, 2017:

Clarence Roark  
Georgia Roark  
212 W. 7<sup>th</sup> Street  
Lordsburg, NM 88045

/s/Susan C. Kery  
SUSAN C. KERY

**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:

Clarence Roark and Georgia Roark  
212 W. 7<sup>th</sup> Street  
Lordsburg, NM 88045

**AUB-012-0013A+B**

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*Clarence Roark*
- B. Received by (Printed Name)  Agent  
*GARY ROARK* C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



3. Service type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

7014 1820 0002 1570 6846