

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, <i>ex rel.</i>	)	
State Engineer,	)	
	)	
Plaintiff,	)	69cv07941-BB
	)	
vs.	)	RIO CHAMA STREAM SYSTEM
	)	Section 3: Canjilon Creek
ROMAN ARAGON, et al.,	)	
	)	
Defendants.	)	
_____	)	

**CERTIFICATE OF SERVICE**

Edward G. Newville, attorney for the Plaintiff State of New Mexico, *ex rel.* State Engineer states that pursuant to Fed. R. Civ. P 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendant was served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to Defendant listed below. A copy of the Defendant’s signature receipt is attached as Exhibit “A” hereto.

Defendant	Subfile No.	Date of Signed Receipt
Leroy Lopez	CHCJ-002-0014	September 11, 2008

Dated: October 1, 2008.

Respectfully submitted,

/s/ Ed Newville  
EDWARD G. NEWVILLE  
Special Assistant Attorney General  
Office of the State Engineer  
P.O. Box 25102  
Santa Fe, NM 8504-5102  
(505) 867-7444

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 1st day of October, 2008 I filed the foregoing electronically through the CM/ECF system which caused the parties on the electronic service list, as more fully set forth in the Notice of Electronic Filing, to be served via electronic mail, and served the following non CM/ECF participant in the manner indicated:

via first class mail, postage prepaid addressed as follows:

Leroy Lopez  
P.O. Box 82  
Los Ojos, NM 87551

/s/ Ed Newville  
EDWARD G. NEWVILLE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Leroy Lopez 9/11/08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p><b>Leroy Lopez</b> <b>P.O. Box 82</b> <b>Los Ojos, NM 87551</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from serv)</p>	<p>7003 3110 0000 5006 0361 <i>CHCS-002 0014</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

