

Complaint, a Request for Waiver of Service of Summons, and two copies of a Waiver of Service of Summons with a prepaid return envelope. The packet also included a letter from the United States explaining the purpose of the forms and to whom and when documents were to be mailed or provided if the Defendants chose to respond. The documents were mailed to the Defendant's attorney of record or to the Defendant's mailing address via certified mail, return receipt requested.

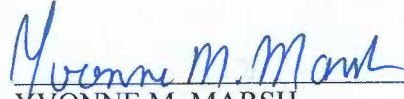
B. The service packet to Hazel Clawson and Flora J. Clawson (ZRB-5-0016), was mailed to the Defendant Flora J. Clawson's attorney of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated April 12, 2007. A copy of Postal Service Form 3811 is attached to this declaration.

C. In addition, a revised consent order was mailed to the Defendants' address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated May 10, 2011. A copy of Postal Service Form 3811 is attached to this declaration.

D. Pursuant to the Servicemembers Civil Relief Act, 50 App. U.S.C.A. § 521 (2012), a search was conducted in the following databases to determine if Defendant, Hazel Clawson, is currently in active military service: Westlaw - People Finder, LexisNexis - Military Finder, and the Servicemembers Civil Relief Act (SCRA) website. These sources do not indicate that Defendant is on active military duty status.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: November 28, 2012



YVONNE M. MARSH

U.S. Department of Justice

999 18th Street, Suite 370

South Terrace

Denver, CO 80202

(303) 844-1355

8065 See 4/10/07 letter

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>e. caschen-brown</i> <i>4/12</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>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Charles T. DuMars, Tanya L. Scott & Resource Planning Assoc., P.C. 201 Third St., N.W., Suite 1750 Albuquerque, NM 87102</p> </div>	<p>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 type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7005 1820 0005 4749 7919</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

RCB ZRB 5 0016

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Wade Mason</i> <i>5.10.11</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>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Hazel & Flora J Clawson PO Box 751 Ramah NM 87321</p> </div>	<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 (Transfer from service label)</p>	<p style="text-align: center;">7008 1830 0001 5247 7713</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	