| Case 3:7 | B-cv-00127-MMD-CSD Document 1137 Filed 93/15/2007 Page 1 of 2 | | |
|----------|--|--|--|
| 1 | | ENTERED SERVED ON COUNSEL/PARTIES OF RECORD | |
| 2 | IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA | | |
| 3 | IDUITED STATES OF AMEDICA | | |
| 4 | Plaintiff, | CLERK US DISTRICT COURT DISTRICT OF NEVADA BY: DEPRIT | |
| 5 | WALKER RIVER PAIUTE TRIBE, |) IN EQUITY NO. C-125 | |
| 6 | Plaintiff-Intervenor, |) SUBFILE NO. C-125-B | |
| 7 | vs. | 3:73-cv-00127 | |
| 9 | WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., |)) | |
| 10 | NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE | | |
| 11 | I. I hereby enter my appearance in this sub | p-proceeding in this case. | |
| 12 | 2. I am filing this document with the District Court at the following address: | | |
| 13 | Chief Deputy Clerk | | |
| 14 | United States District Court for the District of Nevada | | |
| 15 | 400 South Virginia Street, Suite 301 Reno, Nevada 89501 | | |
| 17 | 3. In the envelope provided for return of my Waiver of Service of Notice in Lieu of | | |
| 13 | Summons, I am mailing a copy of this document to: | | |
| 19 | Susan L. Schneider Attorney for the United States of America | | |
| 20 | United States Department of Justice Environment & Natural Resources Division P.O. Box 756 | | |
| 21 | Littleton, Colorado 80160 | | |
| 22 | 4. I (or the entity on whose behalf I am acting) will retain all defenses or objections | | |
| 23 | to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect | | |
| 24 25 | in the Notice in Lieu of Summons or in the service of the Notice in Lieu of Summons. | | |
| ļ | 5. If I (or the entity on whose behalf I am acting) have retained an attorney to represent me in these proceedings. I identify that attorney below, along with his or her mailing address, | | |
| | telephone number, and facsimile number: | | |
| 28 | | | |
| | NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE, page 1 of 2 | | |

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| 2 | | |
| 3 | Address: | |
| 4 | | |
| 5 | | |
| 6 | Phone Number: | |
| 7 | Fax Number: | ma 1. 1. |
| 8 | | Maria D. Taylor_ |
| 9- | | (Signature) |
| 10 | | |
| 11 | | Maria D. Taylor |
| 12 | | (Printed or typed Name) |
| 13 | | |
| 14 | | |
| 15 | | (Entity, if any, on whose |
| 16 | | behalf you are appearing) P.O. Box 276 |
| 17 | | Smith. NY 89430 |
| 18 | | (Address) |
| 19 | | 175 465-9075 (Telephone number) |
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