

**CDS RAINMAKERS UTILITIES, L.L.C.**  
**ORIGINAL FORM NO. 4**

2009 JUN 23 PM 4:34

**DOCTOR'S CERTIFICATION FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am a practitioner of the healing arts as defined in NMSA 1978, Section 59-18-19(B)(2), and that I am licensed as a \_\_\_\_\_, holding license number \_\_\_\_\_, and on \_\_\_\_\_ I examined \_\_\_\_\_ who, I am informed, resides at \_\_\_\_\_, New Mexico. Said person is seriously ill with: \_\_\_\_\_

The expected duration of this illness is \_\_\_\_\_ days. Discontinuance of sewer service to the above residence might endanger the person's life during the duration of the illness.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**CERTIFICATION OF INABILITY TO PAY DEBT**  
**DOCTOR'S CERTIFICATION FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the person responsible for the charges for sewer service to the residence located at \_\_\_\_\_, New Mexico, and a seriously ill person named \_\_\_\_\_ resides there, and that I am unable to pay the utility charges. I understand that this certification does not relieve me of the responsibility to pay these charges. Therefore I am prepared to enter into a

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BY CASE NO. 09-00245-UT

settlement agreement with \_\_\_\_\_ commencing on:

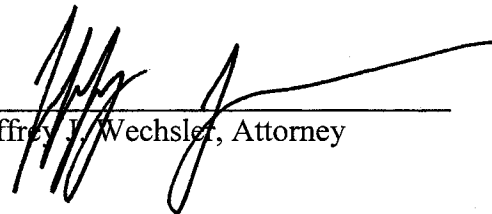
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Advice Notice No. 1

  
\_\_\_\_\_  
Jeffrey J. Wechsler, Attorney

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