UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re_____,	)	
[Set forth here all names including married, maiden, and trade	)	
names used by debtor within last 8 years.]	)	
	)	
Debtor	)	Case No.
	)	
	)	
Last four digits of Social Security No(s):_____	)	Chapter 11
Employer Tax Identification (EIN) No(s). (if any)_____	)	

AFFIDAVIT OF SERVICE

The undersigned swears/affirms that they are the debtor who has made application for the payment of monies held by the United States Bankruptcy Court for the Northern District of New York, and that on _____ the undersigned served a
(date of mailing)
copy of their **Application For Payment of Debtor Unclaimed Funds** by depositing said postage paid envelope in an official depository of the United States Postal Service, and said envelope was addressed as follows:

United States Attorney for the Northern District of New York
James T. Foley U.S. Courthouse
445 Broadway- Room 218
Albany, NY 12207-2924

Dated: _____ (city/town)
_____ (date)

_____
Claimant/Debtor Signature

SUBSCRIBED AND SWORN to before me this day of

_____
Notary Public

Affix Seal

F:77(02/16/2012)