

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

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In Re:

Case No.

Chapter

Debtor(s).

-----X

CERTIFICATE OF SERVICE

I certify that on _____, 20__, a copy of the Application for Payment of Unclaimed Funds and the required supporting documentation were sent by:

(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid; hand-delivery)
to the following:

Office of the United States Attorney
Northern District of New York
James T. Foley U.S. Courthouse and Federal Building
445 Broadway, Room 218
Albany, NY 12207

I certify that on _____, 20__, a copy of the Application for Payment of Unclaimed Funds was sent by:

(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid; hand-delivery)

to Previous Owner(s) of Claim (if applicable):

[Enter name and current address for each previous owner served, or provide statement with your application addressing why service is not possible.]

Dated: _____

Signature

Print Name: _____

Address: _____

Phone: _____

Email: _____