

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON

In Re:

Case No.

Chapter

Debtor(s).

CERTIFICATE OF SERVICE

I certify that 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)

to the following:

Office of the United States Attorney
Western District of Washington
700 Stewart Street, Suite 5220
Seattle, WA 98101-1271

I certify that a copy of the Application for Payment of Unclaimed Funds was sent by:

_____ to the Previous Owner(s) of Claim (if applicable):
(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)

[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: