

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF ILLINOIS

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:

United States Bankruptcy Court
Southern District of Illinois
750 Missouri Ave.
East St. Louis, IL 62201

Office of the United States Attorney
Financial Litigation Unit
9 Executive Dr, Ste 300
Fairview Heights, IL 62208

I certify that 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)

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: _____