

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In Re: _____ Case No. _____

Debtor(s).

CERTIFICATE OF SERVICE

I certify that on _____ I sent a copy of the Application for Payment of Unclaimed
(Date Served)

Funds and the required supporting documentation via _____
(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)

to the following address:

Office of the United States Attorney
District of Minnesota
300 South Fourth Street
Suite 600
Minneapolis, MN 55415

I declare under the penalty of perjury that everything I have stated in this document is true and correct.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone: _____

Email: _____