

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF IOWA

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
Southern District of Iowa
110 E. Court Ave, Room 286
Des Moines, IA 50309

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: _____