

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF IOWA
110 E. Court Avenue, Ste 300
Des Moines, Iowa 50309
www.iasb.uscourts.gov**

In the Matter of:

Case No.

IDENTIFICATION FORM FOR UNCLAIMED FUNDS

CORPORATE/BUSINESS

I, _____, hereby state that I am the
_____, of _____
(Title) (Business Name)

and I am authorized to request payment of the unclaimed funds referenced in the attached Motion. I am enclosing the attached document(s), including but not limited to corporate documents (if applicable) showing proof of ownership of funds through amendment (such as a name change), assignment, assumption, merger, and/or dissolution, and proper authority to act on behalf of the corporation (if applicable), that substantiate(s) my authorization.

(CORPORATE SEAL)

Signature: _____
Name: _____
Address: _____

Telephone: _____

ATTACH A PHOTOCOPY OF A BUSINESS CARD AND A GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD (i.e. DRIVER'S LICENSE, ETC.)