

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF IOWA**

In re: _____
(Debtor)

Case No. _____

Chapter _____

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on the _____ day of _____, 20____, a copy of the Application for Payment of Unclaimed Funds was served on the United States Attorney for the Northern District of Iowa, via _____, at the following address:

U.S. Attorney for the Northern District of Iowa
111 Seventh Avenue SE, Box 1
Cedar Rapids, IA 52401

I declare, under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Submitted by: _____

Name of Firm: _____

Address: _____

Telephone Number: _____