

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF IOWA

In Re:

Case No.

Chapter

Debtor(s).

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**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  
Northern District of Iowa  
111 7<sup>th</sup> Avenue SE, #1  
Cedar Rapids, IA 52401

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: \_\_\_\_\_