

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF ARIZONA**

In re: \_\_\_\_\_ ) Case No. \_\_\_\_\_  
\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_) \_\_\_\_\_  
Debtor(s) \_\_\_\_\_ ) Chapter \_\_\_\_\_

**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  
District of Arizona  
2 Renaissance Square  
40 North Central Avenue, Suite 1800  
Phoenix, AZ 85004

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: \_\_\_\_\_