

CERTIFICATE OF SERVICE

I hereby certify that copies of the foregoing *Statement of Social Security Number or Taxpayer Identification Number in Support of Application for Release of Unclaimed Funds Pursuant to 28 U.S.C. § 2042 and Bankruptcy Rule 3011* was mailed, postage prepaid, this _____ day of _____, _____, to:

United States Attorney's Office
555 4th Street, N.W. - 5th Floor
Washington, DC 20001

Office of United States Trustee
115 South Union Street
Suite 210
Alexandria, VA 22314

_____, Trustee

Signature

Printed Name