**UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF ALASKA**

|  |  |
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| In re:  Debtor(s). | Case No.  Chapter |

**CERTIFICATE OF SERVICE**

I, hereby certify that on the day of , 20 , a copy of the Application for Payment of Unclaimed Funds and all supporting documents was served on the United States Attorney for the District of Alaska, via , at the following address:

U.S. Attorney

222 West 7th Avenue #9, Room 253

Anchorage, AK 99513-7567

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

Dated:

Signature