**UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF ALASKA**

|  |  |
| --- | --- |
| 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