

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF ALASKA**

In re:

Case No.
Chapter

Debtor(s).

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