

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re:

Case No. _____

Chapter _____

PROOF OF SERVICE OF
APPLICATION FOR PAYMENT FROM
UNCLAIMED FUNDS

I, the undersigned, hereby certify that on the _____ day of _____
20____, a copy of the Application for Payment From Unclaimed Funds by _____
_____ was served on the

United States Attorney for the Eastern District of Michigan at the following address:

U.S. Attorney for the Eastern District of Michigan
Attn.: Civil Division-Financial Litigation
211 West Fort Street, Suite 2001
Detroit, MI 48226-3211

Dated: _____

By: _____