

Filer's Name, Address, Phone, Fax, Email:



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
1132 Bishop Street, Suite 250  
Honolulu, Hawaii 96813

hib\_1009-2c (11/16)

Debtor:

Case No.:

Joint Debtor:  
(if any)

Chapter:

**CERTIFICATE OF SERVICE:  
NOTICE OF CORRECTED SOCIAL SECURITY NUMBER**

[Instructions to debtor(s): After sending a Notice of Corrected Social Security Number, file this certificate to show service on all creditors and parties in interest, the trustee, the Office of the United States Trustee, and the credit reporting agencies listed on the notice form. Attach a list of names and addresses where the notice was sent.]

The undersigned declares under penalty of perjury that an amended Statement of Social Security Number or Individual Taxpayer Identification Number (Official Form B121) was submitted to the court and that a Notice of Corrected Social Security Number was sent to the following:

Office of the United States Trustee  
1132 Bishop Street, Suite 602  
Honolulu, HI 96813

Trustee:  
Address:

Attach a list of names and addresses of all entities sent the Notice of Corrected Social Security Number.

Dated: \_\_\_\_\_

/s/ \_\_\_\_\_  
Signature (Print name if original signature)