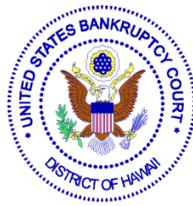


Attorney Name, Address, Phone, Fax, Email:



Debtor:	Case No.:
Joint Debtor:	Chapter
[If Adversary Proceeding, complete information below. Use "et al" if multiple parties.]	A.P. No.:
Plaintiff(s):	Related Dkt No.:
vs. Defendant(s):	

**CERTIFICATE OF SERVICE**

Document(s) served:	Date of service:

The undersigned certifies that the following were served the above document(s) by first class mail unless noted otherwise.\* [Enter individual names and addresses below; attach additional pages if necessary.]


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

\*The notation "(ECF)" means that court records indicate service was made using the court's electronic transmission facilities; the notation "(HD)" means that service was by hand delivery.