

Filer's Name, Address, Phone, email:	
UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII 1132 Bishop Street, Suite 250, Honolulu, Hawaii 96813	
Debtor(s):	Case No.:



NOTICE OF WITHDRAWAL OR SATISFACTION OF CLAIM

[If filing online, select either **Withdrawal of Claim** or **Notice of Satisfaction of Claim**.
 If changing the claim's classification, amount, or interest rate, file an amended proof of claim.]

Name and Address of Claimant:

Claim No. _____

The undersigned is authorized to give the following notice:

The claim is being withdrawn because (e.g., filed in error, duplicate, etc.):

No further distributions will be accepted because the claim has been satisfied
 (e.g., paid in full, collateral surrendered, etc.):

Date: _____

/s/ _____
 [Print name and sign]