UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK

Certificate of Service Local Form 1340, 12/23

In Re:	Case No.
	Chapter
Debtor(s)	
	CERTIFICATE OF SERVICE
I certify that a copy of the Application	on for Payment of Unclaimed Funds and the required supporting
documentation were sent by:	
(Special to the following:	ify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)
to the following.	Office of the United States Attorney
	Western District of New York
	138 Delaware Avenue
	Buffalo, New York 14202
I certify that a copy of the Application for Payment of Unclaimed Funds was sent by:	
Dated:	
	Signature
	Print Name:
	Address:
	Phone:
	Email: