

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

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CASE NO:

CORPORATION/BUSINESS IDENTIFICATION
FORM FOR UNCLAIMED FUNDS

DEBTOR(S).

I, _____, hereby state that I am the _____ (Title)
of _____ (Business Name), and I am authorized to request payment of
unclaimed funds.

Current Telephone No. () _____

Tax Identification No. _____

Previous Mailing Address _____

Current Mailing Address _____

Dated:

(SEAL*)

Signature

* Affix seal, if available, and attach appropriate documentation which indicates that the person signing is authorized to do so. This documentation should be a corporate power of attorney signed by the CEO of the company (or other corporate officer) and a statement of the signing officer's authority, or similar documentation, as well as documents establishing the chain of ownership of the original corporate/business claimant, if appropriate.

STATE OF _____, COUNTY OF _____

On _____ before me, personally appeared (insert name and title of signer)

_____ personally known to
me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the written
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument. WITNESS my hand and official seal.

Notary Public

(SEAL)

My commission expires on _____

To ensure payment to the proper party, please fill out the identification portion of this form and submit together with an Application for Payment of Unclaimed Funds (EDC 3-950) and supporting documentation to:

Financial Administrator
United States Bankruptcy Court
Eastern District of California
501 I Street, Suite 3-200
Sacramento, CA 95814