

Case Name:

Mailing Address:

....., **Texas** Ch. 11 ten-digit Account Number:

Court Location: City & State

Send all correspondence to your local U.S. Trustee office.

Amount Enclosed: \$ _____

Mail this form and your payment to:

U.S. Trustees Payment Center
P.O. Box 6200-19
Portland, OR 97228-6200

Date Mailed Sender

[] Completed at U.S. Trustee Office

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