

Case Name: _____

Mailing Address: _____

_____ Ch. 11 ten-digit Account Number: _____ - _____ - _____

Court Location: City & State

Send all correspondence to the local U.S. Trustee office for the case.

Amount Enclosed: \$ _____

Fees may be paid online at <https://www.pay.gov/public/form/start/672415208>
or by mailing this form and a check to:

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

Date Mailed

Sender

[] Completed at U.S. Trustee Office

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