CASE NAME:	
CASE NUMBER	:
	RECEIPT AND CERTIFICATION
Requirements for Report Form, and the Operating G	wledge receipt of the (1) Operating Guidelines and Reporting r Debtors in Possession in Chapter 11 Cases, (2) Monthly Operating d (3) List of Authorized Depositories. Further, I certify that have readuidelines and Reporting Requirements, and hereby agree to operate in the instructions and requirements contained therein.
Date:	
	Signature
	Printed Name:
	Title:
Operating Guide	, as counsel for the debtor, has read and reviewed with the debtor the lines and Reporting Requirements for Debtors in Possession in Chapter instructed the debtor to perform accordingly.
Date:	Counsel for Debtor
A	UTHORIZATION FOR DIRECT CONTACT (Optional)
the United Stat regarding admir insurance cover requirements. As	se of the administration of this case it may be necessary for the staff of es. Trustee to contact the debtor or its designated representative nistrative matters such as monthly operating reports, quarterly fees, age, bank account information, and post-confirmation reporting counsel for the debtor, the undersigned attorney: In o objection to such contact without prior attorney approval.
Do	rignated Contact: Talanhana:
	signated Contact: Telephone:
E-N	ſſail:
	quests that all contacts with the debtor be arranged through the
	orney.
Date	Counsel for Debtor