U.S. Department of Justice
Office of the U.S. Trustee

CHAPTER 11 QUARTERLY FEE PAYMENT

UST 11A 5/19j

Case Name:_____

Mailing Address:_____

Alexandria, VA Ch. 11 ten-digit Account Number: 2 2 1 -_____- ___ ___ ___ ___ ___
Court Location: City & State

Send all correspondence to your local U.S. Trustee office.
Mail this form and your payment to:

Amount Enclosed: $ _____

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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