

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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