UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA

In the Matter of:)	
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Debtor(s))	
<u>IDENTI</u>	FICATION FORM FOR UNCLAIMED FUNDS CORPORATE/BUSINESS	
I,	, hereby state that I am the	
	, of	
(Title)	(Business Name)	
and I am authorized to reque	st payment of the unclaimed funds referenced in the attached	
Motion. I am enclosing the	ttached document(s), including but not limited to corporate	
documents (if applicable) sh	owing proof of ownership of funds through amendment (such as a	
name change), assignment, a	ssumption, merger, and/or dissolution, and proper authority to act	
on behalf of the corporation	if applicable), that substantiate(s) my authorization.	
(CORPORATE SEAL)	Signature:	
	Name:	
	Address:	
	Telephone:	

ATTACH A PHOTOCOPY OF A BUSINESS CARD