

Filer's Name, Address, Phone, Fax, Email:



UNITED STATES BANKRUPTCY
COURT DISTRICT OF DELAWARE
824 N. Market St., Wilmington, DE
19801

Debtor:

Case No.:

Joint Debtor:
(if any)

Chapter:

**CERTIFICATE OF SERVICE:
NOTICE OF CORRECTED SOCIAL SECURITY NUMBER**

[Instructions to debtor(s): After sending a Notice of Corrected Social Security Number, file this certificate to show service on all creditors and parties in interest, the trustee, and the credit reporting agencies listed on the notice form. Attach a list of names and addresses where the notice was sent.]

The undersigned declares under penalty of perjury that an amended Statement of Social Security Number or Individual Taxpayer Identification Number was submitted to the court and that a Notice of Corrected Social Security Number was sent to the following:

Attach a list of names and addresses of all entities sent the Notice of Corrected Social Security Number.

Dated: _____

/s/ _____
Signature (Print name if original signature)