

MASTER MAILING LIST Verification Pursuant to Local Rule 1007-2(d)

Name _____

Address _____

Telephone _____

Attorney for Debtor(s)

Debtor in Pro Per

UNITED STATES BANKRUPTCY COURT DISTRICT OF	
List all names including trade names, used by Debtor(s) within last 6 years	Case No.
	Chapter
Social Security No. _____ Debtor	
Social Security No. _____ Joint Debtor	
Debtor(s) EIN No. _____	

VERIFICATION OF CREDITOR MAILING LIST

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of _____ sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Rule 1007-2(d) and I/we assume all responsibility for errors and omissions.

Date: _____

_____ Debtor

_____ Attorney (if applicable)

_____ Joint Debtor