

**REGISTRATION FOR E-NOTICING**

United States Bankruptcy Court  
Western District of Wisconsin

First/Middle/Last Name: \_\_\_\_\_

Attorney Bar #: \_\_\_\_\_ State: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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By submitting this registration form, the undersigned agrees to abide by the following:

An attorney/participant's registration will constitute a waiver in law of conventional service of documents, and the attorney/participant agrees to accept service of notice on behalf of the client of the electronic filing by hand, facsimile or authorized e-mail. Participants agree that service of the "Notice of Electronic Filing" generated by the Court's CM/ECF System in connection with any pleadings filed electronically will be the equivalent of service by first class mail, postage prepaid.

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Please return to:

U.S. Bankruptcy Court  
ATTN: Monica.  
P.O. Box 5009  
Eau Claire, WI 54702

\_\_\_\_\_  
Applicant Signature