

Case Name: _____

Mailing Address: _____

_____ Ch. 11 ten-digit Account Number: ____ - ____ - ____ - ____
Court Location: City & State

Send all correspondence to your local U.S. Trustee office. Amount Enclosed: \$ _____
Mail this form and your payment to:

U.S. Trustee Payment Center
P.O. Box 70937
Charlotte, NC 28272-0937

Date Mailed Sender
[] Completed at U.S. Trustee Office

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