

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI

In Re: _____)
) Case No.
Debtor(s) _____)

**IDENTIFICATION FORM FOR UNCLAIMED FUNDS
CORPORATE/BUSINESS**

I, _____, hereby state that I am the
_____, of _____
(Title) (Business Name)

and I am authorized to request payment of the unclaimed funds referenced in the attached Motion. I am enclosing the attached document(s), including but not limited to corporate documents (if applicable) showing proof of ownership of funds through amendment (such as a name change), assignment, assumption, 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 PHOTOCOPIES OF SIGNATORY'S:**
1. BUSINESS CARD OR COMPANY ID
2. GOVERNMENT ISSUED ID (e.g. DRIVER'S LICENSE)