					1	
Fill	in this Information to identif	y the case:				
Del	otor 1					
	First Name	Middle Name	Last Name			
Del	otor 2					
	ouse, if filing) First Name	Middle Name	Last Name			
Uni	United States Bankruptcy Court for the: District of					
(State)  Case number:						
Case number:						
Form 1340 (12/19)						
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS						
1. Claim Information						
For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with						
the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.						
rege	arang tricoc rando.					
Note: If there are joint Claimants, complete the fields below for both Claimants.						
Amount:						
Claimant's Name:						
Claimant's Current Mailing Address, Telephone Number,						
and Email Address:						
2.	Applicant Information					
Apr	licant <sup>2</sup> represents that Clair	mant is entitled	d to receive the unclaimed	l funds becaus	se (check the statements that	
Applicant <sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because ( <i>check the statements that apply</i> ):						
	Applicant is the Claimant and is the Owner of Record <sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.					
	Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition,					
_	succession or by other means.				,, parandos, morgan, doquientori,	
	Applicant is Claimant's representative (e.g. atterney or unclaimed funds lesster)					
Ш	□ Applicant is Claimant's representative ( <i>e.g.</i> , attorney or unclaimed funds locator).					
	Applicant is a representative of the deceased Claimant's estate.					
3.	S. Supporting Documentation					
	Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.					

The Claimant is the party entitled to the unclaimed funds.
 The Applicant is the party filing the application. The Applicant and Claimant may be the same.
 The Owner of Record is the original payee.

## 4. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of North Dakota
Quentin N. Burdick U.S. Courthouse
655 1st Avenue North, Suite 250
Fargo, ND 58102-4932

5 Applicant Declaration	5 Co Applicant Declaration (if applicable)		
5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of		
perjury under the laws of the United States of America	perjury under the laws of the United States of America		
that the foregoing is true and correct.	that the foregoing is true and correct.		
that the foregoing to true and control.	and the foregoing to the drive correct.		
Date:	Date:		
Signature of Applicant	Signature of Co-Applicant (if applicable)		
<b>3</b>	2 3 3 3 3 3 4 PF 3 3 ( 3 PF 3 3 4 )		
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)		
P. P	··· · · · · · · · · · · · · · · · · ·		
Address:	Address:		
Telephone:	Telephone:		
Email:	Email:		
6. Notarization	6. Notarization		
STATE OF	STATE OF		
COUNTY OF	COUNTY OF		
This Application for Hardelman Journal Standard	This Application for the delegand Founds dated		
This Application for Unclaimed Funds, dated was subscribed and sworn to before	This Application for Unclaimed Funds, dated		
me this day of , 20 by	was subscribed and sworn to before me this day of, 20 by		
The thisday of, 20by	the thisby		
who signed above and is personally known to me (or	who signed above and is personally known to me (or		
proved to me on the basis of satisfactory evidence) to be	proved to me on the basis of satisfactory evidence) to be		
the person whose name is subscribed to the within	the person whose name is subscribed to the within		
instrument. WITNESS my hand and official seal.	instrument. WITNESS my hand and official seal.		
(OFAL) Natara Dublic	(OFAL) Natara Dublic		
(SEAL) Notary Public	(SEAL) Notary Public		
My commission expires:	My commission expires:		
my commodian expired.	my commission expires.		