UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Creditor Mailing List (Matrix) Requirements

The Creditor Mailing List should conform to the following:

- **DO NOT** include page titles, headers, footers, or page numbers
- One (1) inch margins for left, top, bottom
- Left justified
- One single column
- 5 lines per address maximum
- Maximum of 40 characters per line
- **NO** special characters such as @ $ % ^ & * ( ) _ + = \ | ; : " { } [ ] < > ? ~ `
- Account numbers or "attention" information should be placed on the second line only
- City, State and ZIP code must be on one (1) line
- City, State and ZIP code must be the last line of the address
- There must be a comma placed after the city name
- All states must be two letter abbreviations
- Nine digit ZIP codes must be typed with a hyphen separating the two groups of digits
- Each creditor must be separated by at least one blank line

EXAMPLE CREDITOR LIST:

National Bank of Beaumont
P.O. Box 3391
Beaumont, TX 77704

Flex Northwest
1540 NW 46th Street
Seattle, WA 98372

General Welding Supply Co.
P.O. Box 3617
Baltimore, MD 20984

George S. Bush Export, Inc.
1400 Exchange Building
Buffalo, NY 10984

Glander International
Lake Success Plaza
One Hollow Lane
Lake Success, NY 11042

Gus Electronics
Marine Division
3700 West 61st Avenue
Anchorage, AK 99502

Hansberrys Appliance
Parts Division
400 9th Avenue North
Seattle, WA 98109

Hardware Specialty Company
3419 llth Avenue, SW
Seattle, WA 98134

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

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

VERIFICATION OF MAILING LIST

The Debtor(s) certifies that the attached mailing list (*only one option may be selected per form*):

- ☐ is the first mail matrix in this case.
- ☐ adds entities not listed on previously filed mailing list(s).
- ☐ changes or corrects name(s) and address(es) on previously filed mailing list(s).
- ☐ deletes name(s) and address(es) on previously filed mailing list(s).

In accordance with N.D. TX L.B.R. 1007.2, the above named Debtor(s) hereby verifies that the attached list of creditors is true and correct.

_____	_____
Date	Signature of Attorney (if applicable)
_____	_____
Signature of Debtor	Debtor's Social Security *(last four digits only)* /Tax ID No.
_____	_____
Signature of Joint Debtor (if applicable)	Joint Debtor's Social Security *(last four digits only)* /Tax ID No.