

FORM 1.1

General Sender Identification for: Copies of all Prescribed Forms
Sent to Creditor(s) Electronically

Dated at _____,
this _____ day of _____.

Responsible Individual (Sender):
(Trustee/Administrator/Interim Receiver/Receiver: *indicate which*)

Corporate Name (*if applicable*):

Address:

Telephone:

Fax:

E-mail:

NOTICE

Please be advised that the above-noted individual is required to retain the signed original
of this document as part of the official records of this proceeding.