

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO

In re

[*Name of debtor(s) + last 4 digits of SSN*],

Debtor(s).

Case No. _____

**CERTIFICATE OF MAILING OF NOTICE OF
CORRECTION OF SOCIAL SECURITY NUMBER**

I certify that on _____ (date), I mailed a Notice of Correction of Social Security Number for the debtor whose name is shown below to the following parties, and to the parties listed on the attached mailing list:

Experian
Profile Maintenance
PO Box 2002
Allen, TX 75013-2002

TransUnion LLC
ATTN: Public Records Dept.
PO Box 2000
Chester, PA 19016-2000

Equifax
PO Box 740241
Atlanta, GA 30374-0241

Debtor name: _____

Last 4 digits of incorrect SSN: _____

Last 4 digits of CORRECT SSN: _____

Signature of attorney or self-represented debtor

Address: _____

Note to filer: File this certificate with the Clerk. DO NOT attach a copy of the Notice of Correction of Social Security Number.