

Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF NEVADA

In re:

) BK:

)

) ATTORNEY INFORMATION

) SHEET FOR PROPOSED ORDER

Debtor(s)

) SHORTENING TIME

)

As required by the Court, I have contacted the parties listed below regarding the attached proposed Order Shortening Time. They agree or disagree to the time being shortened, as indicated below:

NAME	DATE CONTACTED	AGREE	DISAGREE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Date: _____

Submitted by _____