

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

Filer's Name: Jonathan A, Michaels Atty Name (if applicable): Jonathan A. Michaels
Street Address: 2801 w coast Highway, suite 370 CA Bar No. (if applicable): 180455
Newport Beach, CA 92663 Atty Fax No. (if applicable): _____
Filer's Telephone No.: 949-581-6900

In re: <u>Murad Shuqom</u>	Case No.: <u>8:14-bk-14461</u> Chapter 7 <input checked="" type="checkbox"/> 11 _____ 13 _____
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AMENDED SCHEDULE(S) AND/OR STATEMENT(S)

A filing fee of \$30.00 is required to amend any or all of Schedules "D" through "F." An addendum mailing list is also required as an attachment if creditors are being added to the creditors list. Is/are creditor(s) being added? Yes No _____


Indicate below which schedule(s) and/or statement(s) is(are) being amended.

A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____ I _____ J _____
Statement of Social Security Number(s) _____ Statement of Financial Affairs _____
Statement of Intention _____ Other _____

NOTE: IT IS THE RESPONSIBILITY OF THE DEBTOR TO MAIL COPIES OF ALL AMENDMENTS TO THE TRUSTEE AND TO NOTICE ALL CREDITORS LISTED IN THE AMENDED SCHEDULE(S) AND TO COMPLETE AND FILE WITH THE COURT THE PROOF OF SERVICE ON THE BACK OF THIS PAGE.

I/We, Murad Shuqom, the person(s) who subscribed to the foregoing Amended Schedule(s) and/or Statement(s) do hereby declare under penalty of perjury that the foregoing is true and correct.

DATED: 8/1/2014



Debtor Signature

Co-Debtor Signature

****FOR COURT USE ONLY****


SEE REVERSE SIDE

PROOF OF SERVICE

I hereby certify that a copy of the Amendment(s) was(were) mailed to the Trustee and that notice was given to the additional creditors listed.

DATED: 8/1/2014

Murad Shuqom
Print or Type Name


Signature

(SEE ATTACHED MAILING LIST.)