

RECORDS TRANSMITTAL AND RECEIPT

Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.

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1. TO (Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)

Federal Records Center

NARA - Great Lakes Region
7358 S Puleaski Rd
Chicago, IL 60629-5898

Diana L. Rahn 1-19-11

5. FROM (Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address)

U.S. Bankruptcy Court
Western District of Wisconsin
Madison Division
120 N. Henry Street, Room 340
Madison, WI 53703

PO Box 548
Madison, WI 53701

2. AGENCY TRANSFER AUTHORIZATION
TRANSFERRING AGENCY OFFICIAL (Signature and title)
Diana L. Rahn, Chief Deputy Clerk
DATE

3. AGENCY CONTACT
TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No.)
Kathleen Boucher, Deputy Clerk
608-261-5744

4. RECORDS CENTER RECEIPT
RECORDS RECEIVED BY (Signature and title)
Kenneth W. Conroy
LEAD ARCHIVES SPECIALIST
DATE
4/20/11

Fold Line

RECORDS DATA

ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With Inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (Schedule and Item number)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
PT-021	2011	0434	1	Box 1	Bankruptcy Cases Closed 2009 (paper files) 02-14954 Parts 1-2; Mailing Matrix	N	Bankruptcy Ct. Sched. A 14E	2030/10	CHI-01	0A-077-2-007-03	004	