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UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

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In re: :  
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AIRFASTTICKETS, INC., : Chapter 7  
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Debtor. : Case No. 15-11951 (SHL)  
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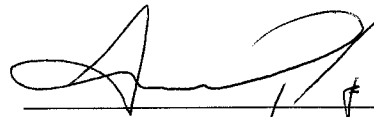
**AFFIDAVIT OF SERVICE**

AMANDA KYERETWIE, being duly sworn, deposes and says:

1. Deponent is not a party to this action, is over eighteen years of age, and resides in Los Angeles County, State of California.

2. On August 20, 2015, I served true and correct copies of the *Stipulation and Order Extending Deadline to Answer Involuntary Petition* (ECF 4) via CM/ECF to all attorneys of record registered to receive electronic notices of filings in this case.

3. On August 21, 2015, I served a true and correct copy of the *So Ordered Stipulation and Order Extending Deadline to Answer Involuntary Petition* (ECF 5) via email upon the parties on the attached service list.

  
\_\_\_\_\_  
Amanda Kyeretwie

**SERVICE LIST**

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**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

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6 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me  
 on this 21<sup>st</sup> day of August, 2015,  
 by \_\_\_\_\_  
Date Month Year

(1) Amanda Kyeretwie  
 (and (2) \_\_\_\_\_ ),  
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature [Handwritten Signature]  
Signature of Notary Public

*Seal*  
 Place Notary Seal Above

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: Affidavit of Service Document Date: 8-21-15

Number of Pages: 3 Signer(s) Other Than Named Above: \_\_\_\_\_