

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA**

**CASE MANAGEMENT/ELECTRONIC CASE FILES (CM/ECF) SYSTEM  
USER WITH LIMITED PRIVILEGES REGISTRATION FORM**

**CIRCUIT CITY STORES, INC., Case # 08-35653-KRH (Jointly Administered\*)**

**\*The Debtors in the cases include: Circuit City Stores West Coast, Inc., InterTAN, Inc., Ventoux International, Inc., Circuit City Purchasing Company, LLC, CC Aviation, LLC, CC Distribution Company of Virginia, Inc., Circuit City Properties, LLC, Kinzer Technology, LLC, Patapsco Designs, Inc., Sky Venture Corp., XSStuff, LLC, Courchevel, LLC, Circuit City Stores PR, LLC, Abbott Advertising Agency, Inc., Mayland MN, LLC, Orbyx Electronics, LLC, and Prahs, Inc.**

**Live System**

This form is to be used to register to become a user with LIMITED FILING PRIVILEGES for filing documents via the Internet component of the Case Management/Electronic Case Files system (hereafter CM/ECF), in the United States Bankruptcy Court for the Eastern District of Virginia. Limited filing privileges shall include the authorization to file via the Internet a Notice of Appearance. The limited participant will receive E-mail notification of any filing that occurs in the case. Additional privileges may be added at the discretion of the Court. **Please note:** any person having existing limited user privileges with this Court need not submit this form.

The following information is required for CM/ECF registration and **MUST BE TYPEWRITTEN:**

Name (First, Middle, Last): \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If Attorney, State of Admission  
and Bar ID #: State: \_\_\_\_\_; Bar ID#: \_\_\_\_\_

Voice Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Signatures on Notices of Appearance shall be indicated by “/s/” and the typed name of the person signing in the following format: “/s/ Jane Smith” on the signature line. My password constitutes my signature.
2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
3. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity.
4. I will report any suspected compromise of my password to the Training Contact at the Richmond Division of the Virginia Eastern Bankruptcy Court at the address below.
5. I will abide by all of the requirements set forth in the Electronic Case Files Policy currently in effect, and any changes or additions that may be made in the future.
6. When submitting this registration form by facsimile I will retain the originally executed copy and, upon request, will provide the original form for review.

\_\_\_\_\_  
Applicant Name (*please print*)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Last 4 Digits of SS # (*for security purposes*)

\_\_\_\_\_  
Deputy Clerk of USBC

Mail or fax this completed form to our Richmond office:

U. S. Bankruptcy Court  
Attn: Data Quality Analysts  
701 East Broad Street, Suite 4000  
Richmond, VA 23219

Fax: 804-915-9805