

INITIAL REPORTING REQUIREMENTS

Debtor

Case No. →

NOTE: Failure to comply with the United States Trustee's minimum Initial Reporting Requirements may be cause for conversion or dismissal of the case.

The debtor submits the following with this cover sheet:

Yes **No**

1 **UST-2 Collateralization Certificate(s).**

2 **UST-3 Summary of Insurance.**

The debtor shall provide adequate proof of insurance, including, but not limited to, a certificate of insurance for each insurance policy, and a copy of the debtor's contractor's bond, if applicable. An application or invoice for insurance is not adequate proof of insurance. 11 U.S.C. § 2015(b)(2)

3 **UST-4 Six-month Cash Projection & Budget (Business)**

A Six-Month Cash Projection & Budget is **required** in any case in which debtor is designated a "Small Business." 11 U.S.C. § 308

4 Most recent federal income tax return, as required by Local Bankruptcy Rule 2015-2(b).

5 Last two months of bank statements for each estate bank account.

6 Last two years of year-end financial statements (i.e., annual balance sheets and income statements).

Check here if financial statements have not been prepared for any recent yearly period.

7 Most recent monthly financial statements (i.e., monthly balance sheet and income statement).

Check here if financial statements have not been prepared for any recent monthly period.

8 Cash collateral budget.

Check here if a cash collateral budget has not been prepared.

DEBTOR'S CERTIFICATION

I certify under penalty of perjury that the information contained in the debtor's Initial Reporting Requirements are complete, true, and accurate to the best of my knowledge, information, and belief.

Debtor's Signature



Date

The debtor, or trustee, if appointed, must sign this cover sheet accompanying the Initial Reporting Requirements. Only an officer or director has authority to sign the cover sheet for a corporate debtor and only a general partner has authority to sign the cover sheet for a partnership debtor. Debtor's counsel may not sign the Initial Reporting Requirements for the debtor.

UST-2, COLLATERALIZATION CERTIFICATE

11 U.S.C. § 345(b)

§ 345(b) of the Bankruptcy Code requires a chapter 11 debtor to protect its creditors' interests by depositing bankruptcy funds in a financial institution that will collateralize or bond the debtor's funds in favor of the United States. The financial institution must be approved by the United States Trustee in the district where the bankruptcy case is filed.

To assist a debtor in meeting the requirements of § 345(b), the United States Trustee for the Western District of Washington has executed depository agreements with a number of local and regional banks ("participating banks"). A list of such banks has been enclosed. Each participating bank on the list has agreed to comply with the provisions of § 345(b) and to make regular reports to the United States Trustee. A Collateralization Certificate, when signed by a participating bank, is the bank's acknowledgment that it will comply with its depository agreement with the United States Trustee for a particular bankruptcy case.

Debtor's Instructions

Within 30 days of filing a bankruptcy petition, the debtor shall submit to the United States Trustee a Collateralization Certificate from each bank holding the debtor's funds. For each participating bank holding the debtor's funds, have a representative of the bank sign a Collateralization Certificate listing each of the debtor's accounts at that institution. The debtor is responsible for returning the completed Collateralization Certificate to: **Office of the United States Trustee, 700 Stewart Street, Suite 5103, Seattle, WA 98101-1271.**

If the debtor's bank is not a participating bank, the debtor shall either move bankruptcy funds to a participating bank, or request that the bank sign a depository agreement with the United States Trustee. If choosing the latter option, please contact the Bankruptcy Analyst assigned to the debtor's case at (206) 553-2000. The Bankruptcy Analyst will assist the debtor in determining whether the bank is willing to sign a depository agreement.

Depository, please complete the following:

Debtor's Name	
Debtor's Account No(s).	
Bank Name	
Bank Address	
Bank Representative's Name	Title
Bank Representative's Signature	Date
Telephone No. ()	Fax No. ()
I certify that, pursuant to our depository agreement on file with the United States Trustee for the Western District of Washington, the debtor's accounts shown above will be included in our regular reports to the United States Trustee of bankruptcy funds on deposit at this financial institution.	



**U.S. Department of Justice
Office of the United States Trustee
Western District of Washington**

*United States Courthouse (206) 553-2000
700 Stewart Street, Suite 5103 (206) 553-2566 (fax)
Seattle, WA 98101-1271*

**United States Trustee's List of Authorized Depositories
For Bankruptcy Cases Filed in the Western District of Washington**

As of May 11, 2009

American River Bank
Bank of America
Bank of the West
Commerce Bank of Washington
Eastside Commercial Bank
Frontier Bank
JPMorgan Chase
Key Bank of Washington
Regal Financial Bank
Security State Bank
Skagit State Bank
Sterling Bank
Sterling Savings Bank
SunTrust Bank
U.S. Bancorp
Union Bank of California
Valley Bank
Washington First International Bank
Washington Trust Bank
Wells Fargo Bank

UST-3, SUMMARY OF INSURANCE

Answer each question:

Yes **No**

Does the debtor have any uninsured physical assets? If yes, list the uninsured assets.

Does the debtor have a general or commercial liability policy? If no, explain.

Does the debtor have a contractor's bond?

Check here if the nature of the debtor's business does not require a bond.

Does the debtor have malpractice insurance?

Check here if the nature of the debtor's business does not require malpractice insurance.

Summarize the debtor's insurance policies below and attach a copy of each certificate or binder (an application for insurance is not adequate proof of insurance). If applicable, attach a copy of the debtor's bond.

Name of insurance company/ agent's name & address	Type of insurance/ assets covered by policy	Policy number	Effective dates

**UST-4, SIX-MONTH CASH
PROJECTION & BUDGET**

	<u>MONTH 1</u>	<u>MONTH 2</u>	<u>MONTH 3</u>	<u>MONTH 4</u>	<u>MONTH 5</u>	<u>MONTH 6</u>
BEGINNING CASH						
INCOME						
CASH SALES						
A/R COLLECTION						
TOTAL CASH INCOME						
EXPENSES						
RENT						
EMPLOYEE SALARIES						
EMPLOYEE BENEFITS						
TAXES						
EMPLOYEE BENEFITS						
BANK NOTES PAYABLE						
VEHICLE NOTES PAYABLE						
VEHICLE EXPENSES						
MAINTENANCE						
INSURANCE						
INVENTORY						
SUPPLIES						
UTILITIES						
OTHER						
OTHER						
OTHER						
OTHER						
TOTAL EXPENSES						
ENDING CASH						