

TRANSMITTAL OF QUARTERLY
POST CONFIRMATION REPORT WITH CERTIFICATION
FOR THE QUARTER ENDED:

In re:

	}	Case No.
	}	Chapter 11
	}	
Debtor	}	

Debtor, affirms that:

1. The attached Chapter 11 Post Confirmation Report for the quarter ended _____, which includes the Total Disbursement for Quarter, the Summary of Amounts Distributed Under the Plan and the Summary of Status on Consummation of Plan has been reviewed and the report as prepared fairly and accurately reflects the debtor's complete disbursement/distribution activity and status for the period stated.
2. The individual responsible for preparing the attached report was _____ whose title is _____. Any questions regarding the attached report should be directed to _____ at telephone number _____.
3. The debtor is in compliance with the provisions of the confirmed Chapter 11 Plan except as listed below (Attach additional documentation if necessary):

4. The undersigned is authorized to file this report on behalf of the debtor.

It is certified hereby, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Debtor

Dated: _____

By: _____

Signature

Typed or printed name

Title

CHAPTER 11 POST CONFIRMATION REPORT
FOR QUARTER ENDED

Debtor: _____

Case No. _____

Total Disbursement for Quarter

All disbursements made by the debtor during the current quarter, whether under the plan or not, must be accounted for and reported herein for the purpose of calculating quarterly fees.

Total Disbursements: \$ _____

Summary of Amounts Distributed Under Plan:

	<u>Current Quarter</u>	<u>Paid to Date</u>	<u>Balance Due</u>
A. Fees and Expenses			
1. Trustee Compensation			
2. Fee for Attorney for Trustee			
3. Fee for Attorney for Debtor			
4. Other Professionals			
5. All expenses, including trustee			
B. Distributions			
6. Secured Creditors			
7. Priority Creditors			
8. Unsecured Creditors			
9. Equity Security Holders			
10. Other Payments or Transfers			

Total Plan Payments (Sum of Lines 1-10)			

Summary of Status of Consummation of Plan

Plan Payments are Current Yes _____ No _____

If no, attach explanatory statement identifying payments not made (by creditor, amount and date due), reason for non-payment, and an estimated date as to when payments will be brought current.

Quarterly fee due to the United States Trustee are current: Yes _____ No _____

Anticipated date of final report/motion for final decree: _____