

**UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF HAWAII**

In Re:

Debtor(s).

CH.11 POST CONFIRMATION REPORT

CASE NO. _____

DATE PLAN CONFIRMED: _____

____ **QUARTERLY** ____ **FINAL**

CALENDAR QUARTER ENDING:

A. PLEASE ANSWER THE FOLLOWING:

1. Will you be able to comply with the terms of your plan?

2. If no, describe any factors which impair your ability to comply with the terms of the plan:

3. Please describe any factors which may materially affect your ability to obtain a final decree.

4. If plan payments have not yet begun, please indicate the date that the first plan payment is due.

B. SUMMARY OF AMOUNTS DISBURSED UNDER THE PLAN:

	Total Payments Projected under Plan	Paid Current Quarter	Paid to Date	Minimum Amount Required to be Paid to Date Under Plan	Amount Delinquent
I. ADMINISTRATIVE EXPENSE CLAIMS					
1. Trustee Compensation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Fee for Attorney for Trustee	_____	_____	_____	_____	_____
3. Fee for Attorney for Debtor	_____	_____	_____	_____	_____
4. Other Professionals	_____	_____	_____	_____	_____
5. All Other Expenses	_____	_____	_____	_____	_____
II. DISTRIBUTIONS					
6. Secured Creditors	_____	_____	_____	_____	_____
7. Priority Creditors	_____	_____	_____	_____	_____
8. Unsecured Creditors	_____	_____	_____	_____	_____
9. Equity Security Holders	_____	_____	_____	_____	_____
10. Other Payments (Specify Class of Payee) _____	_____	_____	_____	_____	_____
TOTAL PLAN DISBURSEMENTS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

C. Percent Dividend to be Paid to Unsecured Creditors Under Plan _____ %

**D. UNITED STATES TRUSTEE QUARTERLY FEES
(TOTAL PAYMENTS)**

Qtrly Period Ending	Total Disbursement	Qtrly Fees	Date Paid	Amount Paid	Qtrly Fee Still Owing

All disbursements made by the reorganized debtor, whether under the plan or otherwise, must be accounted for and reported herein for the purpose of calculating the quarterly fees.

E. CONSUMMATION OF PLAN:

If this is a final report, has an application for Final Decree been submitted?

___ Yes - Date application was submitted? _____

___ No - Date when application will be submitted? _____

Estimated Date of Final Payment Under Plan _____

I, _____ (Name and title), declare under penalty of perjury that I have fully read and understood the foregoing Chapter 11 Post Confirmation Report and that the information contained herein is true and complete to the best of my knowledge.

Date: _____

Principal for Reorganized Debtor