

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TENNESSEE

IN RE:)	
)	
)	Case No.
)	
(Case Name))	Chapter 11
)	
)	
Debtor(s).)	

MONTHLY OPERATING REPORT

FOR THE PERIOD ENDING _____

COMES NOW, _____, Debtor-In
Possession, and hereby submits its Monthly Operating Report for the period commencing
_____ and ending _____, as shown by the
report and exhibits consisting of _____ pages and containing the following, as indicated

____ Monthly Reporting Questionnaire (Attachments 1, 2 and 3)

____ Comparative Balance Sheets (Forms OPR-1 & OPR-2)

____ Summary of Accounts Receivable (Form OPR-3)

____ Schedule of Postpetition Liabilities (Form OPR-4)

____ Statement of Income (Loss) (Form OPR-5)

____ Statement of Sources and Uses of Cash (Form OPR-6)

____ Certificate of Service

I declare under penalty of perjury that this report and all attachments are true and correct to the best of my knowledge and belief. I also hereby certify that the original Monthly Operating Report was filed with the Bankruptcy Court Clerk and a copy delivered to the parties as listed on the attached Certificate of Service.

Date: _____

DEBTOR-IN-POSSESSION

By: _____
(Signature)

Name & Title: _____
President

Address: _____

Telephone No. _____

NOTE: These report forms are available on our website at <http://www.justice.gov/ust/r08/chattanooga/chapter11.htm>

For more information, contact:

Amy Culton
Bankruptcy Analyst
Office of U. S. Trustee
31 E. 11st Street, 4th Floor
Chattanooga, TN 37402
(423) 752-5158
Amy.J.Culton@USDOJ.GOV

CHAPTER 11
MONTHLY REPORTING QUESTIONNAIRE

CASE NAME: _____ MONTH ENDED: _____

CASE NUMBER: _____

1. Payroll: State the amount of all executive wages paid and taxes withheld and paid during the reporting period.

Name and Title of Executive	Wages and Other Amounts Paid		Taxes	
	<u>Amount Due</u>	<u>Amount Paid</u>	<u>Amount Due</u>	<u>Amount Paid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____

2. Insurance: List all insurance coverage in effect in the schedule below. If any policy has lapsed, been replaced or renewed, attach a copy of the new policy's binder or cover page indicating the amount of coverage and the expiration date.

Type	Carrier's Name	Coverage Amount	Expiration Date	Premium Amounts	Date Coverage Paid Through
Property	_____	_____	_____	_____	_____
Workers' comp.	_____	_____	_____	_____	_____
General liab.	_____	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHAPTER 11
MONTHLY REPORTING QUESTIONNAIRE

ATTACHMENT 2

CASE NAME: _____

CASE NUMBER: _____

MONTH ENDED (OR PERIOD IF NOT CALENDAR MONTH): _____

3. Bank Accounts [1]

	<u>Operating Acct</u>	<u>Payroll Acct</u>	<u>Other Acct</u>	<u>Other Acct</u>	<u>Other Acct</u>	<u>Petty Cash</u>	<u>Total</u>
Name of Bank	_____	_____	_____	_____	_____	Office	_____
Account # [last 4 digits]	_____	_____	_____	_____	_____	N/A	_____
Beginning <u>book</u> balance	_____	_____	_____	_____	_____	_____	_____ < MUST AGREE WITH OPR-1
Add: Deposits	_____	_____	_____	_____	_____	_____	_____
Voided checks	_____	_____	_____	_____	_____	_____	_____
Transfers in [2]	_____	_____	_____	_____	_____	_____	_____
Less: Disbursements [3]	_____	_____	_____	_____	_____	_____	_____
Transfers out [2]	_____	_____	_____	_____	_____	_____	_____
Ending <u>book</u> balance	_____	_____	_____	_____	_____	_____	_____ < MUST AGREE WITH OPR-1

[1] ATTACH COPIES OF ALL BANK STATEMENTS.

[2] USE TRANSFER LINE ONLY FOR TRANSFERS BETWEEN DEBTOR'S BANK ACCOUNTS. TRANSFERS IN SHOULD EQUAL TRANSFERS OUT IN TOTAL COLUMN.

[3] FOR EACH ACCOUNT ATTACH COPY OF CASH DISBURSEMENTS JOURNAL OR OTHER RECORD SHOWING DATE, PAYEE, PURPOSE AND AMOUNT FOR ALL CASH OR CHECK DISBURSEMENTS. LIST OF DISBURSEMENTS MUST SHOW TOTAL THAT AGREES TO EACH DISBURSEMENT AMOUNT ABOVE.

4. Special Payments: List and explain any payments to professionals (attorneys, accountants, etc.) and payments on prepetition debts in the schedule below (attach separate sheet if necessary).

<u>Professional/prepetition creditor</u>	<u>Amount</u>	<u>Date</u>	<u>Authority</u> (Court order dated _____, e.g.)
_____	_____	_____	_____

CASE NAME:

CASE NUMBER:

Has any property of the debtor been sold or otherwise transferred other than in the ordinary course of the debtor's business?

YES _____ NO _____

If so, give a description of the property, to whom it was transferred, the date of the transfer, costs and expenses associated with the transfer (including all seller closing costs and loan payoff amounts) and the net amount received. If available, attach a copy of the settlement statement associated with the closing.

CASE NAME:

COMPARATIVE BALANCE SHEETS

FORM OPR-1

CASE NUMBER:

MONTH ENDED:

	FILING DATE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
ASSETS							
CURRENT ASSETS							
Cash (Attachment 2)							
Accounts receivable, net (OPR-3)							
Inventory, at lower of cost or market							
Prepaid expenses and deposits							
Other:							
TOTAL CURRENT ASSETS							
PROPERTY, PLANT AND EQUIPMENT, AT COST							
Less accumulated depreciation							
NET PROPERTY, PLANT AND EQUIPMENT							
OTHER ASSETS (Itemize)							
TOTAL ASSETS							

CASE NAME:

SUMMARY OF ACCOUNTS RECEIVABLE

FORM OPR-3

REV 2/10

CASE NUMBER:

MONTH ENDED: _____

	<u>TOTAL ACCOUNTS RECEIVABLE</u>	<u>0-30 DAYS</u>	<u>31-60 DAYS</u>	<u>61-90 DAYS</u>	<u>OVER 90 DAYS</u>
DATE OF FILING:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH: _____	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH: _____	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH: _____	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)

NOTE: Total accounts receivable less allowance for doubtful accounts must agree with Accounts Receivable on OPR-1.

CASE NAME: _____

STATEMENT OF INCOME (LOSS)

FORM OPR-5
REV 2/10

CASE NUMBER: _____

MONTH ENDED: _____

	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	Filing To Date
GROSS REVENUE - INCOME	_____	_____	_____	_____	_____	_____	_____
COST OF GOODS SOLD							
Materials	_____	_____	_____	_____	_____	_____	_____
Labor - Direct	_____	_____	_____	_____	_____	_____	_____
Manufacturing Overhead	_____	_____	_____	_____	_____	_____	_____
TOTAL COST OF GOODS SOLD	_____	_____	_____	_____	_____	_____	_____
GROSS PROFIT	_____	_____	_____	_____	_____	_____	_____
OPERATING EXPENSES							
Selling and Marketing	_____	_____	_____	_____	_____	_____	_____
General and Administrative	_____	_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____	_____	_____
TOTAL OPERATING EXPENSES	_____	_____	_____	_____	_____	_____	_____
INCOME BEFORE INTEREST, DEPRECIATION, TAXES OR EXTRAORDINARY EXPENSES	_____	_____	_____	_____	_____	_____	_____
INTEREST EXPENSE	_____	_____	_____	_____	_____	_____	_____
DEPRECIATION	_____	_____	_____	_____	_____	_____	_____
INCOME TAX EXPENSE (BENEFIT)	_____	_____	_____	_____	_____	_____	_____
EXTRAORDINARY INCOME (EXPENSE) *	_____	_____	_____	_____	_____	_____	_____
NET INCOME (LOSS) **	_____	_____	_____	_____	_____	_____	_____

* Requires Footnote

** Differences between net income "filing to date" and retained earnings "post filing date" on OPR-2 should be explained.

CASE NAME: _____
CASE NUMBER: _____

STATEMENT OF SOURCES AND USES OF CASH
MONTH ENDED: _____

FORM OPR-6
Rev 2/10

	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
SOURCES OF CASH						
Income (Loss) From Operations						
Add: Depreciation, Amortization & Other Non-Cash Items						
CASH GENERATED FROM OPERATIONS						
Add: Decrease in Assets:						
Accounts Receivable						
Inventory						
Prepaid Expenses & Deposits						
Property, Plant & Equipment						
Other:						
Increase in Liabilities:						
Pre Petition Liabilities						
Post Petition Liabilities						
TOTAL SOURCES OF CASH (A)						
USES OF CASH						
Increase in Assets:						
Accounts Receivable						
Notes Receivable & Advances						
Inventory						
Prepaid Expenses & Deposits						
Property, Plant & Equipment						
Other						
Decrease in Liabilities:						
Pre Petition Liabilities						
Post Petition Liabilities						
TOTAL USES OF CASH (B)						
NET SOURCE (USE) OF CASH (A-B=NET)						
CASH - BEGINNING BALANCE (OPR-1)						
CASH - ENDING BALANCE (OPR-1)						

CERTIFICATE OF SERVICE
[to be completed by attorney for debtor]

Copies of the foregoing Monthly Operating Report have been sent by operation of the Court's electronic filing system to all parties indicated on the electronic filing receipt. All other interested parties and creditors listed below and/or on the attached mailing matrix will be served by regular U. S. mail.

Done this _____ day of _____, 20____.

(Signature)

(Printed name)

(Street address)

(City, state, zip)

(Telephone)

COPIES MAILED TO:
Internal Revenue Service
PO Box 21126
Philadelphia, PA 19114

United States Attorney
1110 Market Street, Suite 301
Chattanooga, Tennessee 37402

Members of Creditors Committee
(if applicable list names and
addresses on separate sheet)