

DEBTOR: _____

MONTHLY OPERATING REPORT
CHAPTER 11

CASE NUMBER: _____

Form 2-A
COVER SHEET

For Period Ending _____

Accounting Method: Accrual Basis Cash Basis

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following reports/documents unless the U. S. Trustee has waived the requirement in writing. File the original with the Clerk of Court. Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: _____

Print Name: _____

Signature: _____

Title: _____

DEBTOR: 0

CASE NO: 0

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: _____ to _____

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>0</u> (1)	\$ <u>0</u> (1)
2. Cash Receipts		
Operations	0	0
Sale of Assets	0	0
Loans/advances	0	0
Other	0	0
Total Cash Receipts	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
3. Cash Disbursements		
Operations	0	0
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Other	0	0
Total Cash Disbursements	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>0</u>	<u>0</u>
5. Ending Cash Balance (to Form 2-D)	\$ <u><u>0</u></u> (2)	\$ <u><u>0</u></u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	_____	\$ 0
DIP Operating Account	_____	0
DIP State Tax Account	_____	0
DIP Payroll Account	_____	0
Other Operating Account	_____	0
Other Interest-bearing Account	_____	0
TOTAL (must agree with Ending Cash Balance above)		\$ <u><u>0</u></u> (2)

**(1) Accumulated beginning cash balance is the cash available at the commencement of the case.
Current month beginning cash balance should equal the previous month's ending balance.**
(2) All cash balances should be the same.

DEBTOR: 0

CASE NO: 0

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: _____ to _____

CASH RECEIPTS DETAIL
(attach additional sheets as necessary)

Account No:

Date	Payer	Description	Amount
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\$

Total Cash Receipts \$ 0 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

DEBTOR: 0 _____

CASE NO: _____ 0

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
For Period: _____ to _____

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No: _____

Date	Check No.	Payee	Description (Purpose)	Amount
------	-----------	-------	-----------------------	--------

\$

Total Cash Disbursements \$ 0 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

DEBTOR: 0

CASE NO: 0

Form 2-C
COMPARATIVE BALANCE SHEET
For Period Ended: _____

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 0	\$ 0
Accounts Receivable (from Form 2-E)	0	0
Receivable from Officers, Employees, Affiliates	0	0
Inventory	0	0
Other Current Assets :(List) _____	0	0
	0	0
Total Current Assets	\$ <u>0</u>	\$ <u>0</u>
Fixed Assets:		
Land	\$ 0	\$ 0
Building	0	0
Equipment, Furniture and Fixtures	0	0
Total Fixed Assets	<u>0</u>	<u>0</u>
Less: Accumulated Depreciation	(0)	(0)
Net Fixed Assets	\$ <u>0</u>	\$ <u>0</u>
Other Assets (List): _____	0	0
	0	0
	0	0
TOTAL ASSETS	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 0	\$ 0
Post-petition Accrued Professional Fees (from Form 2-E)	0	0
Post-petition Taxes Payable (from Form 2-E)	0	0
Post-petition Notes Payable	0	0
Other Post-petition Payable(List): _____	0	0
	0	0
	0	0
Total Post Petition Liabilities	\$ <u>0</u>	\$ <u>0</u>
Pre Petition Liabilities:		
Secured Debt	0	0
Priority Debt	0	0
Unsecured Debt	0	0
Total Pre Petition Liabilities	\$ <u>0</u>	\$ <u>0</u>
TOTAL LIABILITIES	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	0	0
Retained Earnings - Post-petition	0	0
TOTAL OWNERS' EQUITY	\$ <u>0</u>	\$ <u>0</u>
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>

(1) *Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.*

DEBTOR: 0

CASE NO: 0

Form 2-D
PROFIT AND LOSS STATEMENT

For Period _____ to _____

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 0	\$ 0
Less: Discounts, Returns and Allowances	(0)	(0)
Net Operating Revenue	\$ 0	\$ 0
Cost of Goods Sold	0	0
Gross Profit	\$ 0	\$ 0
Operating Expenses		
Officer Compensation	\$ 0	\$ 0
Selling, General and Administrative	0	0
Rents and Leases	0	0
Depreciation, Depletion and Amortization	0	0
Other (list): _____	0	0
_____	0	0
Total Operating Expenses	\$ 0	\$ 0
Operating Income (Loss)	\$ 0	\$ 0
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	0	0
Other Non-Operating Income	0	0
Net Non-Operating Income or (Expenses)	\$ 0	\$ 0
Reorganization Expenses		
Legal and Professional Fees	\$ 0	\$ 0
Other Reorganization Expense	0	0
Total Reorganization Expenses	\$ 0	\$ 0
Net Income (Loss) Before Income Taxes	\$ 0	\$ 0
Federal and State Income Tax Expense (Benefit)	0	0
NET INCOME (LOSS)	\$ 0	\$ 0

(1) Accumulated Totals include all revenue and expenses since the petition date.

DEBTOR: 0

CASE NO: 0

**Form 2-E
SUPPORTING SCHEDULES
For Period: _____ to _____**

POST PETITION TAXES PAYABLE SCHEDULE

	<u>Beginning Balance (1)</u>	<u>Amount Accrued</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Check Number</u>	<u>Ending Balance</u>
Income Tax Withheld:						
Federal \$	0 \$	0 \$	0		\$	0
State	0	0	0			0
FICA Tax Withheld	0	0	0			0
Employer's FICA Tax	0	0	0			0
Unemployment Tax						
Federal	0	0	0			0
State	0	0	0			0
Sales, Use & Excise Taxes	0	0	0			0
Property Taxes	0	0	0			0
Accrued Income Tax:						
Federal	0	0	0			0
State	0	0	0			0
Other: _____	0	0	0			0
TOTALS	\$ <u>0</u>	\$ <u>0</u>	<u>0</u>			\$ <u>0</u>

(1) For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior report.

INSURANCE SCHEDULE

	<u>Carrier</u>	<u>Amount of Coverage</u>	<u>Expiration Date</u>	<u>Premium Paid Through</u>
Workers' Compensation		\$		\$
General Liability		\$		\$
Property (Fire, Theft)		\$		\$
Vehicle		\$		\$
Other (list):		\$		\$
		\$		\$

DEBTOR: 0

CASE NO: 0

Form 2-E
SUPPORTING SCHEDULES

For Period: _____ to _____

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$ 0.00	\$ 0.00
30 to 60 days	0.00	0.00
61 to 90 days	0.00	0.00
91 to 120 days	0.00	0.00
Over 120 days	0.00	0.00
Total Post Petition	<u>0.00</u>	
Pre Petition Amounts	<u>0.00</u>	
Total Accounts Receivable	\$ <u>0.00</u>	
Less: Bad Debt Reserve	<u>0.00</u>	
Net Accounts Receivable (to Form 2-D)	<u>\$ 0.00</u>	
	Total Post Petition Accounts Payable	<u>\$ 0.00</u>

* Attach a detail listing of accounts receivable and post-petition accounts payable

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$ 0	\$ 0	\$ 0	0	\$ 0
Counsel for Unsecured Creditors' Committee	0	0	0	0	0
Trustee's Counsel	0	0	0	0	0
Accountant	0	0	0	0	0
Other:	0	0	0	0	0
Total	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>0</u>	<u>\$ 0</u>

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: 0

CASE NO: 0

**Form 2-F
QUARTERLY FEE SUMMARY ***
For the Month Ended: _____

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	_____ \$	0			
February	_____ \$	0			
March	_____ \$	0			
TOTAL 1st Quarter	\$ _____	<u>0</u> \$	_____	_____	_____
April	_____ \$	0			
May	_____ \$	0			
June	_____ \$	0			
TOTAL 2nd Quarter	\$ _____	<u>0</u> \$	_____	_____	_____
July	_____ \$	0			
August	_____ \$	0			
September	_____ \$	0			
TOTAL 3rd Quarter	\$ _____	<u>0</u> \$	_____	_____	_____
October	_____ \$	0			
November	_____ \$	0			
December	_____ \$	0			
TOTAL 4th Quarter	\$ _____	<u>0</u> \$	_____	_____	_____

FEE SCHEDULE

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	250	\$300,000 to \$999,999.....	3750
\$15,000 to \$74,999.....	500	\$1,000,000 to \$1,999,999.....	5000
\$75,000 to \$149,999.....	750	\$2,000,000 to \$2,999,999.....	7500
\$150,000 to \$224,999.....	1250	\$3,000,000 to \$4,999,999.....	8000
\$225,000 to \$299,999.....	1500	\$5,000,000 and above.....	10000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

DEBTOR: 0

CASE NO: 0

Form 2-G
NARRATIVE

For Period Ending _____

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

DEBTOR: _____

INITIAL FINANCIAL REPORT
CHAPTER 11

CASE NUMBER: _____

COVER SHEET

Date of Report

THIS REPORT IS DUE 15 DAYS AFTER THE PETITION FILING DATE

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. File original with the Clerk of Court. Submit a duplicate, with original signature to the U. S. Trustee.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Latest Fiscal Year Financial Statements or Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement for Month and Year Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Proof of Insurance Coverage:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Property (Fire, Theft, etc.) Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Workers' Compensation Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Vehicle Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Projected Revenue, Expenses and Cash Flow for First 120 Days of Post Petition Operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account (INCLUDE ONLY WITH COPY OF REPORT: SUBMITTED TO UNITED STATES TRUSTEE):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Tax Account

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By: _____

Position: _____

DEBTOR: _____ **POST CONFIRMATION QUARTERLY REPORT**

CH. 11 CASE NO: _____ **FOR QUARTER ENDED:** _____

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

- 1. CASH BALANCE, BEGINNING OF QUARTER \$ _____
- 2. CASH RECEIPTS DURING QUARTER FROM ALL SOURCES _____
- 3. CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS (_____)
- 4. CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT) \$ _____

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

		Paid During <u>Quarter</u>	Total Paid <u>to Date</u>	Total Pyts. Projected <u>Under Plan</u>
1. ADMINISTRATIVE EXPENSES				
Plan Trustee Compensation	\$	_____ \$	_____ \$	_____
Plan Trustee Expense		_____	_____	_____
Attorney Fees - Trustee		_____	_____	_____
Attorney Fees - Debtor		_____	_____	_____
Other Professionals		_____	_____	_____
Other Administrative Expenses		_____	_____	_____
TOTAL ADMINISTRATIVE EXPENSES	\$	_____ \$	_____ \$	_____
2. SECURED CREDITORS	\$	_____	_____	_____
3. PRIORITY CREDITORS	\$	_____	_____	_____
4. UNSECURED CREDITORS	\$	_____	_____	_____
5. EQUITY SECURITY HOLDERS	\$	_____	_____	_____
6. <u>Attach additional sheets as nece</u>	\$	_____	_____	_____
TOTAL PLAN PAYMENTS	\$	_____ \$	_____ \$	_____
		<u>Amount</u>	<u>Date</u>	<u>Check No.</u>

QUARTERLY FEE PAID: \$ _____

PLAN STATUS: Yes No

- 1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.)
- 2. Are all post-confirmation obligations current? (If no, attach explanation.)
- 3. Projected date of application for final decree: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNO

Attach additional sheets as necessary

Reorganized Debtor
By: _____

Title