

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 21 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 IMPORTANT: Redact account numbers and remove check images
<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: _____

CASE NO: _____

**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	\$ _____ (1)	\$ _____ (1)
2. Cash Receipts		
Operations		
Sale of Assets		
Loans/advances		
Other		
Total Cash Receipts	\$ _____	\$ _____
3. Cash Disbursements		
Operations		
Debt Service/Secured loan payment		
Professional fees/U.S. Trustee fees		
Other		
Total Cash Disbursements	\$ _____	\$ _____
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	_____	_____
5 Ending Cash Balance (to Form 2-C)	\$ _____ (2)	\$ _____ (2)

CASH BALANCE SUMMARY

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

CASE NO: _____

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 \$ (1)

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

DEBTOR: _____

CASE NO: _____

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
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\$

Total Cash Disbursements \$ _____ (1)

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

DEBTOR: _____

CASE NO: _____

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

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$	\$
Accounts Receivable (from Form 2-E)		
Receivable from Officers, Employees, Affiliates		
Inventory		
Other Current Assets :(List) _____		

Total Current Assets	\$ _____	\$ _____
Fixed Assets:		
Land	\$	\$
Building		
Equipment, Furniture and Fixtures		
Total Fixed Assets	_____	_____
Less: Accumulated Depreciation	(_____)	(_____)
Net Fixed Assets	\$ _____	\$ _____
Other Assets (List): _____		

TOTAL ASSETS	\$ _____	\$ _____
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$	\$
Post-petition Accrued Professional Fees (from Form 2-E)		
Post-petition Taxes Payable (from Form 2-E)		
Post-petition Notes Payable		
Other Post-petition Payable(List): _____		

Total Post Petition Liabilities	\$ _____	\$ _____
Pre Petition Liabilities:		
Secured Debt		
Priority Debt		
Unsecured Debt		
Total Pre Petition Liabilities	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$	\$
Retained Earnings - Prepetition		
Retained Earnings - Post-petition		
TOTAL OWNERS' EQUITY	\$ _____	\$ _____
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ _____	\$ _____

(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: _____

CASE NO: _____

Form 2-D
PROFIT AND LOSS STATEMENT
For Period _____ to _____

	<u>Current Month</u>	<u>Accumulated Total (1)</u>
Gross Operating Revenue	\$ _____	\$ _____
Less: Discounts, Returns and Allowances	(_____)	(_____)
Net Operating Revenue	\$ _____	\$ _____
Cost of Goods Sold	_____	_____
Gross Profit	\$ _____	\$ _____
Operating Expenses		
Officer Compensation	\$ _____	\$ _____
Selling, General and Administrative		
Rents and Leases		
Depreciation, Depletion and Amortization		
Other (list): _____		

Total Operating Expenses	\$ _____	\$ _____
Operating Income (Loss)	\$ _____	\$ _____
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ _____	\$ _____
Gains (Losses) on Sale of Assets		
Interest Income		
Interest Expense		
Other Non-Operating Income		
Net Non-Operating Income or (Expenses)	\$ _____	\$ _____
Reorganization Expenses		
Legal and Professional Fees	\$ _____	\$ _____
Other Reorganization Expense		
Total Reorganization Expenses	\$ _____	\$ _____
Net Income (Loss) Before Income Taxes	\$ _____	\$ _____
Federal and State Income Tax Expense (Benefit)		
NET INCOME (LOSS)	\$ _____	\$ _____

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

DEBTOR: _____

CASE NO: _____

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	\$	\$	\$			\$
State						
FICA Tax Withheld						
Employer's FICA Tax						
Unemployment Tax						
Federal						
State						
Sales, Use & Excise Taxes						
Property Taxes						
Accrued Income Tax:						
Federal						
State						
Other: _____						
TOTALS	\$ _____	\$ _____	\$ _____			\$ _____

(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: _____

CASE NO: _____

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	\$ _____	\$ _____
30 to 60 days		
61 to 90 days		
91 to 120 days		
Over 120 days		
Total Post Petition	_____	_____
Pre Petition Amounts		
Total Accounts Receivable	\$ _____	
Less: Bad Debt Reserve	_____	
Net Accounts Receivable (to Form 2-C)	<u>\$ _____</u>	
	Total Post Petition Accounts Payable	<u>\$ _____</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	\$ _____	\$ _____	\$ _____		\$ _____
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other: _____					
Total	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>		<u>\$ _____</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: _____

CASE NO: _____

**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	_____ \$				
February	_____ \$				
March	_____ \$				
TOTAL 1st Quarter	\$	_____ \$	_____	_____	_____
April	_____ \$				
May	_____ \$				
June	_____ \$				
TOTAL 2nd Quarter	\$	_____ \$	_____	_____	_____
July	_____ \$				
August	_____ \$				
September	_____ \$				
TOTAL 3rd Quarter	\$	_____ \$	_____	_____	_____
October	_____ \$				
November	_____ \$				
December	_____ \$				
TOTAL 4th Quarter	\$	_____ \$	_____	_____	_____

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* 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)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

DEBTOR: _____

CASE NO: _____

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: _____

CASE NUMBER: _____

INITIAL FINANCIAL REPORT
CHAPTER 11

COVER SHEET

Date of Report

THIS REPORT IS DUE 14 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. **Submit original report to U.S. Trustee.** Do not file report with Clerk of Court.

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. Insurance & Environmental Risk Questionnaire - Proof of:
<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 180 Days of Post Petition Operations (Form IR-1)
<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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Tax Account (if required)

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: _____

Email & Phone: _____

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 Quarter	Total Paid to Date	Total Pyts. Projected Under Plan
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. Attach additional sheets as necc	\$	_____	_____	_____
TOTAL PLAN PAYMENTS	\$	\$ _____	\$ _____	_____

Amount Date Check No.

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 KNOWLEDGE AND BELIEF.

Attach additional sheets as necessary _____

By: _____
Reorganized Debtor

Title

Email & Phone: _____ Form 3