

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA**

In re:)	CASE NO. _____
)	
)	CH. 11 POST-CONFIRMATION REPORT
)	
)	_____ QUARTERLY _____ FINAL
)	<small>(PLEASE CHECK)</small>
)	QUARTER ENDING: _____
)	
_____ Debtor(s) _____)	DATE PLAN CONFIRMED: _____

SUMMARY OF DISBURSEMENTS:

A. Disbursements made under the plan, for current calendar quarter: \$ _____

B. Disbursements not under the plan, for current calendar quarter: \$ _____

Total Disbursements (calendar quarter): \$ _____

ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR, BE THEY UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSE OF CALCULATING THE QUARTERLY FEES.

PLEASE ANSWER THE FOLLOWING:

1. What are your projections as to your ability to comply with the terms of the plan?

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

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

SUMMARY OF AMOUNTS DISTRIBUTED UNDER THE PLAN:

	<u>Current Quarter</u>	<u>Paid to Date</u>	<u>Balance Due</u>
A. FEES AND EXPENSES:			
1. Disbursing Agent Compensation	\$ _____	\$ _____	\$ _____
2. Fee for Attorney for Trustee	\$ _____	\$ _____	\$ _____
3. Fee for Attorney for Debtor	\$ _____	\$ _____	\$ _____
4. Other Professionals	\$ _____	\$ _____	\$ _____
5. All Other Expenses	\$ _____	\$ _____	\$ _____
B. DISTRIBUTIONS:			
6. Secured Creditors	\$ _____	\$ _____	\$ _____
7. Priority Creditors	\$ _____	\$ _____	\$ _____
8. Unsecured Creditors	\$ _____	\$ _____	\$ _____
9. Equity Security Holders	\$ _____	\$ _____	\$ _____
10. Other Payments- Specify Class of Payee:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL PLAN DISBURSEMENTS	\$ _____	\$ _____	\$ _____

(Report Sum of Lines 1 - 10, *current quarter column*, on page 1, A.)

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

SUMMARY OF PROPERTY TRANSFERRED UNDER THE PLAN:

Description of Property

Secured Creditors: _____

Priority Creditors: _____

Unsecured Creditors: _____

Equity Security Holders: _____

Other Transfers- Specify class of Transferee

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 CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNED: _____ **DATE:** _____

(PRINT NAME)