**EXHIBIT 6**

**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIVISION**

IN RE: )

)

XXXXX XXXX XXXXXXX, ) CASE NO. XX-XXXXX

)

Debtor. )

)

**MONTHLY OPERATING REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Month:** |  | **Date Filed:** |  |
| **Line of Business:** |  | **NAICS Code:** |  |

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following monthly operating report and the accompanying attachments, and, to the best of my knowledge, these documents are true, correct, and complete.

|  |  |
| --- | --- |
| Original signature of responsible party: |  |
| Printed name of responsible party: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Questionnaire: (All questions to be answered on behalf of debtor.)** | | | | | | | | **Yes** | **No** |
| 1. Is the business still operating? | | | | | | | | ☐ | ☐ |
| 1. Have you paid all of your bills on time this month? | | | | | | | | ☐ | ☐ |
| 1. Did you pay your employees on time? | | | | | | | | ☐ | ☐ |
| 1. Have you deposited all of the receipts for your business into the DIP account this month? | | | | | | | | ☐ | ☐ |
| 1. Have you filed all of your tax returns and paid all of your taxes this month? | | | | | | | | ☐ | ☐ |
| 1. Have you timely filed all other required government filings? | | | | | | | | ☐ | ☐ |
| 1. Have you paid all of your insurance premiums this month? | | | | | | | | ☐ | ☐ |
| 1. Do you plan to continue to operate the business next month? | | | | | | | | ☐ | ☐ |
| 1. Are you current on your chapter 11 quarterly fee payment? | | | | | | | | ☐ | ☐ |
| 1. Have you paid anything to your attorney or other professional this month? | | | | | | | | ☐ | ☐ |
| 1. Did you have any unusual or significant unanticipated expenses this month? | | | | | | | | ☐ | ☐ |
| 1. Has the business sold any goods or provided services or transferred any assets to any business related to the DIP in any way? | | | | | | | | ☐ | ☐ |
| 1. Do you have any bank accounts open other than the DIP account? | | | | | | | | ☐ | ☐ |
| 1. Have you sold any assets other than inventory this month? | | | | | | | | ☐ | ☐ |
| 1. Did any insurance company cancel your policy this month? | | | | | | | | ☐ | ☐ |
| 1. Have you borrowed money from anyone this month? | | | | | | | | ☐ | ☐ |
| 1. Have you paid any bills you owed before the order for relief? | | | | | | | | ☐ | ☐ |
|  | | | | | | | |  |  |
|  | | | | | | | |  |  |
| **Taxes** | | | | | | | | | |
| Do you have any past due tax returns or any tax obligations from and after the order for relief that are now past due? | | | | | | | | ☐ | ☐ |
|  | | | | | | | |  |  |
| If yes, please provide a written explanation including when such returns will be filed, or when such payments will be made and the source of the funds for the payment. Label it *Exhibit A*. | | | | | | | |  |  |
|  | | | | | | | |  |  |
| **Income** | | | | | | | | | |
| Please separately list all of the income you received for the month. Label it *Exhibit B.* The list should include all income from cash and credit transactions.  [A summary statement of income and expenses may be submitted with prior approval of the United States Bankruptcy Administrator for the Middle District of North Carolina (the “Bankruptcy Administrator”).] | | | | | | | |  |  |
| **Total Income $** | | | | | | |  | |  |
|  | | | | | | | |  |  |
| **Summary of Cash on Hand** | | | | | | | | | |
|  | | | | | | | |  |  |
| Cash on hand at start of month $ | | | | | | |  | |  |
| Cash on hand at end of month $ | | | | | | |  | |  |
|  | | | | | | | |  |  |
| Please provide the total amount of cash currently available to you | | | | | **Total $** | |  | | |
|  | | | | |  | |  | | |
| **Expenses** | | | | | | | | | |
| Please separately list all expenses paid by cash or by check from your bank accounts this month. Label it *Exhibit C.* Include the date paid, who was paid, the purpose, and the amount.  [A summary statement of income and expenses may be submitted with the prior approval of the Bankruptcy Administrator.] | | | | | | | | | |
|  | | | | **Total Expenses $** | | |  | | |
|  | | | | |  | |  | | |
| **Cash Profit** | | | | | | | | | |
| Income for the month (total from Exhibit B) | | | | | | $ |  | | |
| Expenses for the month (total from Exhibit C) | | | | | | $ |  | | |
|  | | | | | | |  | | |
| (Subtract Line C from Line B) | **Cash profit for the month $** | | | | | |  | | |
|  | | | | |  | |  | | |
| **Unpaid Bills** | | | | | | | | | |
| Please attach a list of all debts (including taxes), which you have incurred since the order for relief but have not paid. Label it *Exhibit D.* The list must include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due.  [A summary statement of accounts payable, with aging information, may be submitted with prior approval of the Bankruptcy Administrator. All unpaid non-trade payables must be listed separately, in detail.] | | | | | | | | | |
|  | | | | |  | |  | | |
|  | | | **Total Payables $** | | | |  | | |
|  | | | | |  | |  | | |
| **Money Owed to You** | | | | | | | | | |
| Please attach a list of all amounts owed to you by your customers for work you have done or the merchandise you have sold. Label it *Exhibit E.* You should include who owes money, how much is owed, and when payment is due.  [A summary statement of accounts receivable with aging information may be submitted with the prior approval of the Bankruptcy Administrator. All unpaid non-trade receivables must be listed separately, in detail.] | | | | | | | | | |
|  | | | | |  | |  | | |
|  | | **Total Receivables $** | | | | |  | | |
|  | | | | |  | |  | | |
| **Banking Information** | | | | | | | | | |
| Please attach a copy of your latest bank statement for every account you have as of the date of this financial report or had during the period covered by this report. Label it *Exhibit F.* | | | | | | | | | |
|  | | | | |  | |  | | |
| **Employees** | | | | | | | | | |
| Number of employees when the case was filed? | | | | | | |  | | |
| Number of employees as of the date of this monthly report? | | | | | | |  | | |
|  | | | | | | | | | |
| **Professional Fees** | | | | | | | | | |
| Bankruptcy Related: | | | | |  | |  | | |
| Professional fees relating to the bankruptcy case paid during this reporting period? | | | | | | |  | | |
| Total professional fees relating to the bankruptcy case paid since the filing of the case? | | | | | | |  | | |
|  | | | | |  | |  | | |
| Non-Bankruptcy Related: | | | | |  | |  | | |
| Professional fees not relating to the bankruptcy case paid during this reporting period? | | | | | | |  | | |
| Total professional fees not relating to the bankruptcy case paid during this reporting period? | | | | | | |  | | |
|  | | | | |  | |  | | |

**Additional Information**

1. **Please attach all financial reports including any income statement, balance sheet, statement of cash flows, and statement of shareholders/partner’s equity, which you prepare internally.**
2. **Please add any information, such as a report of activities, which would assist a reasonably informed reviewer to fully understand the status of this bankruptcy case.**