UNITED STATES BANKRUPTCY COURT

MIDDLE DISTRICT OF NORTH CAROLINA

|  |  |
| --- | --- |
| In re:  Debtor(s) | Case No. |

**Post-Confirmation Report** Check if this is an amended filing **Chapter 11**

Quarter Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petition Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Confirmed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Post-confirmation report is filed by: Reorganized Debtor    
Other Authorized Party  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Party or Entity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party Printed Name of Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**Part 1: Summary of Post-confirmation Transfers**

**Current Quarter**  **Total Since**

**Effective Date**

1. Total cash disbursements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Non-cash securities transferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other non-cash property transferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Total transferred (a+b+c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 2: Pre-confirmation Professional Fees and Expenses** | | | | | | | |
| a. |  | | | Approved Current Quarter | Approved Cumulative | Paid Current Quarter | Paid Cumulative |
| Professional fees & expenses (bankruptcy)  incurred by or on behalf of the debtor *Aggregate Total* | | |  |  |  |  |
| *Itemized Breakdown by Firm* | | |  | | | |
|  | Firm Name | Role |
| i |  |  |  |  |  |  |
| ii |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| b. |  | | | Approved Current Quarter | Approved Cumulative | Paid Current Quarter | Paid Cumulative |
| Professional fees & expenses (nonbankruptcy)  incurred by or on behalf of the debtor *Aggregate Total* | | |  |  |  |  |
| *Itemized Breakdown by Firm* | | |  | | | |
|  | Firm Name | Role |
| i |  |  |  |  |  |  |
| ii |  |  |  |  |  |  |
| c. All professional fees and expenses (debtor & committees) | | | |  |  |  |  |

**Part 3: Recoveries of the Holders of Claims and Interest under Confirmed Plan**

For each creditor and claim delt with by the Plan, provide the following information:

1. Total anticipated payments due under the Plan;
2. The amount paid to the creditor in the reporting period;
3. The cumulative amount paid to the creditor under the Plan; and,
4. The amount due but unpaid, if any, and the reason such claim has not been paid.

**Part 4: Questionnaire**

Has the confirmed plan been substantially consummated? Yes  No

If no, please explain why it has not been substantially consummated and the expected date of substantial consummation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you current with Chapter 11 quarterly fees as set forth under 28 U.S.C. § 1930? Yes  No

Are all post-confirmation obligations (excluding taxes and plan payments) current? Yes  No

If no, what is the total amount of past due obligations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please attach an explanation.

Are all post-confirmation tax obligations (payments and deposits) current? Yes  No

If no, what amount of taxes or tax deposits is past due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please attach an explanation.

Describe the status of sales and/or refinancing contemplated by the Plan.

Describe the status of litigation under/related to the Plan.

Describe the steps remaining in the case before the Final Report can be filed and the expected completion dates of such steps.

What is the projected date of filing the Final Report?

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**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The Bankruptcy Administrator will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee’s duties, or the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes.

**I declare under penalty of perjury that the foregoing Post-confirmation Report is true and correct and that I have been authorized to sign this report.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party Printed Named of Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Date