UNITED STATES BANKRUPTCY COURT

WESTERN DISTRICT OF NORTH CAROLINA

DIVISION

|  |  |  |
| --- | --- | --- |
| In re: | ) |  |
|  | ) | Case No.: |
| , | ) ) |  |
|  | ) |  |
| . | ) |  |

**CHAPTER 11 POSTCONFIRMATION REPORT**

**REPORTING PERIOD:**

FROM:

TO:

**DATE PLAN CONFIRMED:**

**EFFECTIVE DATE OF PLAN:**

Effective Date has not yet occurred.

**ESTIMATED CLOSING DATE:**

I certify under penalty of perjury that the information contained in this Postconfirmation Report is true and correct to the best of my knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **DEBTOR / TRUSTEE /**  **LIQUIDATING AGENT**: | **DEBTOR 2** (if applicable): | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed:  Title:  Date: | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed:  Date: | |

*Penalty for making a false statement or filing a false report: Fine of up $500,000.00 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**Description of Progress Toward Consummation of Plan & CASE CLOSING:**

What conditions to the effective date of the plan have and have not occurred? What other specific matters does the Court need to resolve prior to closing the case (e.g., adversary proceedings, claim disputes, filing fee applications, etc.)? Please indicate the nature of each matter and an estimated time frame that these matters will be resolved:

Check here if attaching an income statement in lieu of this cash receipts and disbursements page.

| **CASH RECEIPTS AND DISBURSEMENTS** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Account** | **Account** | **Account** | **Account** | **Account** |
|  | **Totals** | **(-****)** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. |
| **Beginning Cash Position (G/L Balance)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Cash Receipts** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Cash Disbursements** |  |  |  |  |  |  |
| Plan Payments |  |  |  |  |  |  |
| Payments to Secured Creditors (not included in Plan Payments) |  |  |  |  |  |  |
| Taxes (not included in Plan Payments) |  |  |  |  |  |  |
| Professional Fees |  |  |  |  |  |  |
| Quarterly Fees |  |  |  |  |  |  |
| Other Disbursements of Note: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| All Remaining Disbursements |  |  |  |  |  |  |
| **Total Cash Disbursements** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Note: All disbursements must be listed.**

**BANK ACCOUNTS**

Note: All bank statements must be attached for each account, including copies of canceled checks. Please reproduce this page and complete for each account and attach the bank statement to the corresponding page.

|  |  |
| --- | --- |
| Name of Bank: |  |
| Type of Account: |  |
|  | (i.e., operating, payroll, tax, etc.) |
| Account Number: | - |
|  | (last 4 digits of account number) |
| Ending Balance (per the attached statement) |  |
| Outstanding Deposits and Other Credits (list below): |  |
| Outstanding Checks and Other Debits (list below): |  |
| Ending Reconciled Balance: \* |  |
| Highest Daily Balance During Period |  |

\*The sum of the ending balances of all accounts must reconcile with the Ending Cash Position on the Cash Receipts and Disbursements page.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Outstanding Deposits / Other Credits** | | |  | **Outstanding Checks / Other Debits** | | |
| **Check No.** | **Payee:** | **Amount:** |  | **Check No.** | **Payee:** | **Amount:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Total: |  |  |  | Total: |  |

**PAYMENTS PURSUANT TO PLAN**

This form is not applicable to the Debtor.

Class       Creditor(s) in this Class:

(a) Date payments commence to this Class:

(b) Status of payments:  No payments due  Collateral sold/surrendered

Paid in full  Treatment pursuant to plan  No claims in class  Third-party obligation

Other:

(c) Payments are  Monthly  Quarterly  Other (describe):

(d) Total amount required to be paid this Reporting Period:

(e) Total amount paid this Reporting Period:

(f) Is the Debtor in compliance with the Plan with regard to this Class?  Yes  No

(g) If the Debtor has not made all required payments, please provide specific details regarding the number of payments missed and when the Debtor intends to bring the payments current:

[*Note: Please reproduce this section and complete for each class pursuant to the confirmed plan.*]

Class       Creditor(s) in this Class:

(a) Date payments commence to this Class:

(b) Status of payments:  No payments due  Collateral sold/surrendered

Paid in full  Treatment pursuant to plan  No claims in class  Third-party obligation

Other:

(c) Payments are  Monthly  Quarterly  Other (describe):

(d) Total amount required to be paid this Reporting Period:

(e) Total amount paid this Reporting Period:

(f) Is the Debtor in compliance with the Plan with regard to this Class?  Yes  No

(g) If the Debtor has not made all required payments, please provide specific details regarding the number of payments missed and when the Debtor intends to bring the payments current:

**PAYMENTS TO UNCLASSIFIED CLAIMANTS**

This form is not applicable to the Debtor.

Type of Claimant:

(a) Date payments commence to this Class:

(b) Status of payments:  No payments due  Collateral sold/surrendered

Paid in full  Treatment pursuant to plan  No claims in class  Third-party obligation

Other:

(c) Payments are  Monthly  Quarterly  Other (describe):

(d) Total amount required to be paid this Reporting Period:

(e) Total amount paid this Reporting Period:

(f) Is the Debtor in compliance with the Plan with regard to this Class?  Yes  No

(g) If the Debtor has not made all required payments, please provide specific details regarding the number of payments missed and when the Debtor intends to bring the payments current:

[*Note: Please reproduce this section and complete for each class pursuant to the confirmed plan.*]

Type of Claimant:

(a) Date payments commence to this Class:

(b) Status of payments:  No payments due  Collateral sold/surrendered

Paid in full  Treatment pursuant to plan  No claims in class  Third-party obligation

Other:

(c) Payments are  Monthly  Quarterly  Other (describe):

(d) Total amount required to be paid this Reporting Period:

(e) Total amount paid this Reporting Period:

(f) Is the Debtor in compliance with the Plan with regard to this Class?  Yes  No

(g) If the Debtor has not made all required payments, please provide specific details regarding the number of payments missed and when the Debtor intends to bring the payments current:

**PROPERTY SALE REPORT**

(a) Does the plan propose the sale or transfer of property?  Yes  No

(b) If Yes, please complete one or both of the following charts:

|  |  |  |
| --- | --- | --- |
| **Description of Property to be Sold:** | **Deadline for Sale of Property:** | **Proposed Closing Date:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(c) If the Debtor sold property during the reporting period, please complete the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Property Sold:** | **Date Property Sold:** | **Gross Sale Proceeds:** | **Net Sale Proceeds Paid to Debtor:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[end of report]