UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

| | | |
|---|---|---|
| In re: | ) | |
| | ) | Case No.: |
| | ) | |
| | ) | Chapter 11 |
| Debtor(s). | ) | |

**QUARTERLY FEE STATEMENT**
**Pursuant to Fed. R. Bankr. P. 2015(a)(5)**

FOR CALENDAR QUARTER ENDING _____.

**DISBURSEMENTS***

| | | |
|---|---|---|
| 1. | MONTH | DISBURSEMENTS |
| | _____ | $_____ |
| | _____ | $_____ |
| | _____ | $_____ |
| | TOTAL DISBURSEMENTS FOR QUARTER | $ 0.00 |
| 2. | QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(a)(6) | $ 250 |
| 3. | QUARTERLY FEE PAID | $ 0 |
| 4. | AMOUNT OF UNPAID FEES (IF ANY) | $ 250 |

I, _____, acting as the duly authorized agent for the Debtor-In-Possession / Trustee / Plan Administrator declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: _____.

_____
For the Debtor-In-Possession / Trustee / Plan Adm.

(Print or type name and capacity of person signing this Declaration.)

Name:
Title:

**The check for payment of the quarterly fee should be attached to the original of this Quarterly Fee Statement filed with the Clerk of Court. Quarterly fees may be paid via CM/ECF.**

*For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.