

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TENNESSEE**

IN RE

CASE NO. _____

(Case Name)

CHAPTER 11

Debtor(s)

**QUARTERLY OPERATING REPORT
FOR INDIVIDUALS - POST CONFIRMATION**

FOR QUARTER ENDING _____, 20__

**Comes now _____, debtor in possession,
and hereby submits its Quarterly Operating Report for the period commencing
_____ and ending _____ as shown by the report and
exhibits consisting of _____ pages and containing the following, as indicated:**

_____ **Reconciliation of Cash/Cash Disbursements Detail (Exhibit A)**

_____ **Detail of Post-Petition Liabilities (Exhibit B)**

_____ **Transfer of Property (Exhibit C)**

_____ **Statement of Plan Payments (Exhibit D)**

_____ **Certificate of Service**

I declare under penalty of perjury that this report and all attachments are true and

correct to the best of my knowledge and belief. I also hereby certify that the original Quarterly Operating Report was filed with the Bankruptcy Court Clerk and a copy delivered to the parties as listed on the attached Certificate of Service.

Date: _____

DEBTOR-IN-POSSESSION

(Signature)

Name and Title: _____
(Print or Type)

Address: _____

Telephone Number: _____

NOTE: These report forms are available on our website at www.usdoj.gov/ust/r08/tennessee/chattanooga_staff.htm (the space between "chattanooga" and "staff" is an underscore)

For more information, contact:

Tom DuBose
Bankruptcy Analyst
Office of U. S. Trustee
31 E. 11st Street, 4th Floor
Chattanooga, TN 37402
(423) 752-5159
Tom.DuBose@usdoj.gov

EXHIBIT A [Complete an Exhibit A for each bank account]

CASE NAME: _____

CASE NUMBER: _____

RECONCILIATION OF CASH
QUARTER ENDING _____

BANK NAME _____

ACCOUNT NO. _____

BEGINNING CASH PER BOOKS _____

PLUS RECEIPTS _____

PLUS TRANSFERS IN * _____

LESS DISBURSEMENTS
{LIST BELOW} {_____}

LESS TRANSFERS OUT * {_____}

ENDING CASH PER BOOKS _____

*** Use Transfer line only for transfers between multiple bank accounts.**

CASH DISBURSEMENTS DETAIL

<u>DATE</u>	<u>PAYEE</u>	<u>AMOUNT</u>	<u>PURPOSE</u>
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TOTAL DISBURSEMENTS: _____

EXHIBIT B

CASE NAME: _____

CASE NUMBER: _____ DETAIL OF POST PETITION LIABILITIES _____

	<u>INCURRED</u>	<u>DATE DUE</u>	<u>QUARTER</u>	<u>AMOUNT ENDED: DUE</u>	<u>0-30 DAYS</u>	<u>31-60 DAYS</u>	<u>61-90 DAYS</u>	<u>91-120 DAYS</u>
PAYROLL TAX	_____	_____	_____	_____	_____	_____	_____	_____
SALES TAX	_____	_____	_____	_____	_____	_____	_____	_____
RENT	_____	_____	_____	_____	_____	_____	_____	_____
OTHER (LIST SEPARATELY)	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____	_____	_____	_____	_____

I HEREBY SWEAR (OR AFFIRM) THAT ALL POST PETITION DEBTS OR OBLIGATIONS (INCLUDING TAXES TO ALL TAXING AUTHORITIES) ARE BEING PAID ON A TIMELY BASIS. (IF NOT, ATTACH EXPLANATION)

SIGNATURE

EXHIBIT C

CASE NAME: _____

CASE NUMBER: _____

During the current period has any property of the debtor been sold or otherwise transferred other than in the ordinary course of the debtor's business?

If so, give a description of the property, to whom it was transferred, the date of the transfer, costs and expenses associated with the transfer (including all seller closing costs and loan payoff amounts) and the net amount received. If available, attach a copy of the settlement statement associated with the closing.

EXHIBIT D

CASE NAME: _____

CASE NUMBER: _____

STATEMENT OF PLAN PAYMENTS

[List all plan payments made during quarter under the following headings]

CLASS	NAME OF CREDITOR (OR TYPE IF MORE THAN ONE - UNSECURED, e.g.)	AMOUNT PAID DURING CURRENT QUARTER	AMOUNT REMAINING DUE
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CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing Quarterly Operating Report was sent by U. S. Mail properly addressed and with correct postage to the persons or offices listed below.

Done this _____ day of _____, 20____.

(Signature)

(Printed name)

(Street address)

(City, state, zip)

(Telephone)

ORIGINAL FILED WITH:

U. S. Bankruptcy Court
31 E. 11th Street
Chattanooga, TN 37402
[electronically]

COPIES MAILED TO:

[CASES WITH IRS DEBT]

Internal Revenue Service
SB/SE - Insolvency
801 Broadway, MDP 146
Nashville, TN 37203

Members of Creditors Committee

(if applicable list names and
addresses on separate sheet)