UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

In re) (Case No			
Debtor(s)) (<u>.</u>)) C	APPLICATION Mark One COMPENSATION OR DEBTOR	INITIAL SUPPLEMEN ⁻	TAL/ADDITIONAL	
	licant	,				by and
through the unfor the period f	dersigned, pursuant rom to	to 11 USC §3	331 and LBR 20 , and certifies	016-1, applies the following is	for compensation as strue and correct:	marked above
					ection with this case ny other consideratio	
2. Appliof \$	cant requests allowa	ance of compe al of \$_	ensation for: L	egal Services	of \$; Expenses
	cant's prior requests				ows:	
Date of Application	Amount <u>Requested</u>	_	Amount <u>Allowed</u>	_	Amount <u>Received</u>	Payment <u>Source</u>
	Fees Expe	nses F	ees Expe	enses F	Fees Expenses	
TOTALS: \$	\$	\$	\$	\$	\$	

	Applicant has not shared or a d in connection with this case,							
	The rate of compensation, nur marized as follows:	mber of hours and	l requested fee	for each per	son included in tl	nis application		
	keeper k initials)	<u>Title</u>		Hourly <u>Rate</u>	Number Of Hours	Requested <u>Fee</u>		
6.	Attached and incorporated he	erein by reference	e are the follow	ving schedul	es (check those	that apply):		
	Schedule A - A narrative summestate of each activity categor							
	Schedule B - [If this is the Initial Application for Compensation] A brief narrative and itemization detailing all case related PRE-PETITION fees. [Itemization mandatory; narrative mandatory if compensation requested in the application exceeds \$3,000.]							
	Schedule C - An itemized billi time spent, and name of the p					ate, amount of		
	7. Applicant's expense reimbursement requests do not exceed the sums specified in LBR 2016-1, except extent specifically explained below:							
[prepare of only t	On copies of this ed on Local Form #1214.5] wer he Notice was served on all creonly on creditors who filed cla	e served on the ceditors if required	debtor(s), trusto I by FRBP 200	ee, and U.S. 2(a)(6) (or if	Trustee; and a soriginal time to f	separate copy ile claims has		
DA	ATED:	Sig	nature					
			ner's Name ar	nd Phone #				
		Add	dress					
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