UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

In	re) Case No)		
De	ebtor(s)) NOTICE OF INT) TO COMPENSA) PROFESSIONA	ATE	
1.	The trustee (or Debtor-in-Possession (DIP)) filed an interim report (COPY ATTACHED) showing total receipts of \$, disbursements of \$, and a balance on hand of \$			
2.	The interim report also shows this exact language in response to the following questions: a. [If Chapter 7 case] A distribution to creditors is expected (give the date or estimated time period, or if stating "NONE"			
	then also state reasons w		e the date of estimated time period, of it stating INON	
	b. The trustee/DIP is currently obligated to pay a maximum of \$ for administrative and operating expenses owed to non-professionals. [If case converted from Chapter 11 to 7] The maximum amount of all timely filed claims for Chapter 11 administrative expenses is \$			
c. The trustee/DIP believes the sum of \$ could be disbursed for compensation and admit expenses at this time without jeopardizing the viability of the estate.				
3.	The following application(s) f services for the estate:	or interim compensation have been f	filed by professionals appointed by the Court to perform	m
	Applicants (state pro	ofession and relation to case)	<u>Compensation</u> <u>Expenses</u>	
4. THE NOTICING PARTY CERTIFIES the information in points 1-3 is true and correct.				
the po or (<u>w</u>	e specific grounds for such ob rtion of the Case No. begins w "7", mail to 405 E 8 th Ave #26 <u>ith</u> a copy of this notice, and a	ojection, within 20 days of the service ith a "3" or "4", mail to 1001 SW 5th A 00, Eugene OR 97401), the Court m	objections to any application listed above, setting for e date below, with the Clerk of Court (i.e., if the 5-di Ave. #700, Portland OR 97204; OR if it begins with a "nay, if a proposed compensation order is submitted to were filed, attached), sign such order without furth ave further questions.	git '6" o it
DA	ATE:	Type or print noticing party's name	Telepho	 ne
		Address	Тегерпо	—
		(If Notice given on behalf of DIP) De	ebtor's Address & Taxpayer ID#(s) (last 4 digits)	
en cla	tities that filed a request to re tims has expired, only on cred	ceive all case notices, all creditors if litors who filed claims), and their res	ere served on the debtor(s), any trustee, U.S. Trustef required by FRBP 2002(a)(6) (or if original time to forective attorneys; AND a copy of the Application(s) formittee, and their respective attorneys.	ile