

UNITED STATES BANKRUPTCY COURT
_____ DISTRICT OF OKLAHOMA

IN RE:)
)
) CASE NO. _____
) CHAPTER 11
EID/SS #)
)
)
Debtor.)

INITIAL REPORT

Comes Now, _____,
Debtor-in-possession, and hereby submits its Initial Report as
shown by Attachments A through L, consisting of _____ pages,
and containing the following as indicated:

- Receipt and Certification of Understanding "Operating Guidelines and Reporting Requirements". **Attachment A.**
- Designation of Individual Responsible for Discharging Debtor's Duties. **Attachment B.**
- Designation of Individual Responsible for Financial Reports. **Attachment C.**
- Balance Sheet **as of month-end immediately preceding filing. Attachment D.**
- Profit and Loss Statement **for month immediately preceding filing. Attachment E.**
- Insurance, Tax and Cash Collateral Statements. **Attachment F.** (Including Proof of Insurance Coverage)
- Projected cash budget for first six (6) months of post petition operations. **Attachment G.**

Initial Report - Page 2 of 2

Case Name: _____

Case Number: _____

- Detailed listing of Accounts Receivable and an Accounts Receivable Aging Report. **Attachment H.**
- Report of Physical Inventory. **Attachment I.** (See Page 3 of 8, 6. Physical Inventory, Operating Guidelines and Reporting Requirements)
- Current Rent Roll. **Attachment J.** (See Page 3 of 8, 7. Rental Property Records, Operating Guidelines and Reporting Requirements)
- Copies of most recent audited and unaudited Financial Statements. **Attachment K.**
- Debtor's Section 345 Bank Account Certificate. **Attachment L.**

I DECLARE UNDER PENALTY OF PERJURY THAT THIS INITIAL REPORT AND ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEBTOR(S) - IN-POSSESSION

DATE: _____

BY: _____

Name: _____

Title: _____

BY: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

ATTACHMENT A

**RECEIPT AND CERTIFICATION OF UNDERSTANDING
UNITED STATES TRUSTEE
OPERATING GUIDELINES AND REPORTING REQUIREMENTS**

CASE NAME: _____

CASE NUMBER: _____

I hereby certify that I have read and understand the United States Trustee Chapter 11 "Operating Guidelines and Reporting Requirements for Debtors in Possession and Trustees". Further, I hereby agree to perform in accordance with said guidelines and requirements.

(Date)

(Debtor)

(Title)

(Printed Name of Signatory)

The undersigned, as counsel for the debtor, has read and reviewed with the debtor the operating guidelines and reporting requirements discussed above.

(Date)

(Attorney for Debtor)

ATTACHMENT B

Case Name _____
Case Number _____

DESIGNATION AND ACCEPTANCE OF INDIVIDUAL
RESPONSIBLE FOR DISCHARGING DEBTOR'S DUTIES

The Debtor(s)-in-possession in the above and foregoing case hereby designates _____, as provided under F.R.B.P. 9001(5), as the individual responsible for discharging the duties of the debtor under 11 U.S.C. §1107 and as may be required by the Court or by the United States Trustee.

DEBTOR(S)-IN-POSSESSION

DATE: _____

BY: _____

Name: _____

Title: _____

BY: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

ACCEPTED

DATE: _____

BY: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

ATTACHMENT C

Case Name _____
Case Number _____

**DESIGNATION AND ACCEPTANCE OF
INDIVIDUAL RESPONSIBLE FOR PREPARATION OF
FINANCIAL REPORTS FOR DEBTOR-IN-POSSESSION**

The Debtor(s)-in-possession in the above and foregoing case hereby designates _____, as provided under Bankruptcy Rule 9001(5), as the individual responsible for the preparation of all financial reports as required by the Court or by the United States Trustee.

DEBTOR(S)-IN-POSSESSION

DATE: _____

BY: _____

Name: _____

Title: _____

BY: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

ACCEPTED

DATE: _____

BY: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

ATTACHMENT F, Page 1 of 2

Case Name _____

Case Number _____

**STATEMENT CONCERNING INSURANCE, TAXES
AND USE OF CASH COLLATERAL**

I. INSURANCE

A. Insurance is in effect and payments are current for coverage as indicated:

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRES</u>
General comprehensive liability	_____	_____
Property (Personal & realty)	_____	_____
Casualty & theft	_____	_____
Workers' compensation	_____	_____
Vehicle	_____	_____
Product liability	_____	_____
Flood	_____	_____
Directors and Officers liability	_____	_____
Professional malpractice	_____	_____
Other: _____	_____	_____

B. Attached hereto are Certificates of Insurance or other proof of insurance for the above.

II. TAXES

A. **Post**-petition federal and state withholding and payroll taxes **are/are not** current.

B. Delinquent post-petition taxes, if any, are as follows:

Federal Withholding _____

State Withholding _____

FICA _____

Other _____

ATTACHMENT F, Page 2 of 2

Case Name _____

Case Number _____

(II. TAXES continued)

C. **Pre**-petition federal and state withholding and payroll taxes are/are not current. **Pre**-petition federal and state excise, sales taxes are/are not current. Delinquent pre-petition taxes, if any, are as follows:

Federal Withholding _____

State Withholding _____

FICA _____

Federal Excise Tax _____

State Excise Tax _____

Sales Tax _____

III. CASH COLLATERAL

A. Cash collateral will/will not be necessary to fund Debtor's post-petition operations.

B. Debtor has/has not filed a request for use of cash collateral under 11 U.S.C. § 363 or § 364.

C. Identity of Cash Collateral.

PROPERTY

CREDITOR

MONTHLY PAYMENT

ATTACHMENT G

Case Name _____

Case Number _____

**PROJECTED CASH BUDGET
FIRST 6 MONTHS OF POST PETITION OPERATIONS**

Month	Income	-	Expenses*	=	Profit/Loss
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
Total	_____		_____		_____

***EXPENSES**

	<u>Costs of Sales</u>	<u>Salaries</u>	<u>Taxes</u>	<u>Insurance</u>	<u>Rent</u>	<u>Other</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
Tot.	_____	_____	_____	_____	_____	_____

ATTACHMENT H

Case Name _____

Case Number _____

DETAILED LISTING OF ACCOUNTS RECEIVABLE
AND ACCOUNTS RECEIVABLE AGING REPORT

<u>Account</u> <u>Name</u>	<u>Total</u> <u>Due</u>	<u>Current</u> <u>(0-30)</u>	<u>Past</u> <u>Due</u> <u>(31-60)</u>	<u>Past</u> <u>Due</u> <u>(61-90)</u>	<u>Past</u> <u>Due</u> <u>(91-120)</u>	<u>Past</u> <u>Due</u> <u>>120</u>
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TOTAL _____

-

Designate with (*) if due from insiders

ATTACHMENT L, Page 1 of 2

Case Name _____
Case Number _____

DEBTOR'S SECTION 345 CERTIFICATE

The following information reflects a true and accurate accounting of the Debtor's bank accounts and other cash deposits in any form with any institution. I understand that it is the Debtor-in-possession's responsibility to comply with 11 U.S.C. §345 so that all funds of the estate are fully insured at all times, and I understand separate "Debtor-in-possession" accounts are to be maintained which include a General (Operating) Account and a Tax Account (if applicable, a Payroll Account and a Personal Account).

1. The following information represents the balances of all Debtor's accounts as of the date of this Initial Report:

DEBTOR-IN-POSSESSION ACCOUNTS

<u>Depository</u>	<u>Account Number</u>	<u>Opening Balance</u>	<u>Current Balance</u>	<u>Date Opened</u>
-------------------	-----------------------	------------------------	------------------------	--------------------

2. The following information represents the balances of all Debtor's accounts as of the date the petition was filed:

PRE-PETITION ACCOUNTS

<u>Depository</u>	<u>Account Number</u>	<u>at Peti- tion Date</u>	<u>Current Balance</u>	<u>Balance Date Closed</u>
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ATTACHMENT L, Page 2 of 2

CASE NAME: _____

CASE NUMBER: _____

The undersigned, Debtor-in-possession, certifies that the above financial institution with whom estate funds are deposited (Depository) has been informed that the U. S. Trustee Office requests that the depository submit, on a calendar-quarter basis, a report indicating the total amount credited to each bankruptcy estate account at the end of each calendar quarter from the date relief is granted until the date the case is dismissed, converted or a plan is confirmed.

DEBTOR(S) - IN-POSSESSION:

BY: _____

Name: _____

Title: _____

BY: _____

Name: _____

Title: _____

Address: _____

Telephone: _____