

# EXHIBIT A

## TAXES

IF ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS EXIST, ATTACH A WRITTEN EXPLANATION, INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF FUNDS FOR THE PAYMENTS (S).

# EXHIBIT B

## SUMMARY OF CASH ON HAND

ATTACH A LIST OF ALL INCOME RECEIVED FOR THE REPORTING PERIOD FROM CASH AND CREDIT TRANSACTIONS. LIST THE DATE RECEIVED, THE AMOUNT RECEIVED AND THE SOURCE.

**The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.**

# EXHIBIT C

## EXPENSES

ATTACH A LIST OF ALL EXPENSES PAID BY THE DEBTOR FOR THE REPORTING PERIOD. INCLUDE THE DATE PAID, THE PAYEE, THE PURPOSE AND THE AMOUNT PAID.

**The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.**

# EXHIBIT D

## UNPAID BILLS

ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) INCURRED SINCE THE BANKRUPTCY FILING DATE BUT HAVE NOT BEEN PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, THE NAME OF THE CREDITOR, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

**The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.**

# EXHIBIT E

## **MONEY OWED TO DEBTOR**

ATTACH A LIST OF ALL AMOUNTS OWED TO THE DEBTOR BY CUSTOMERS FOR WORK COMPLETED OR MERCHANDISE SOLD. THE LIST MUST INCLUDE THE NAME OF THE CUSTOMER, THE AMOUNT OWED AND WHEN PAYMENT IS DUE.

**The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.**

# EXHIBIT F

## BANKING INFORMATION

**When eFiling Exhibit F, please use the CM/ECF event:**

**Chapter 11 Exhibit F - Monthly Operating Report - Bank Statements (Private Entry)**

ATTACH A COPY OF THE MOST RECENT BANK STATEMENT, INCLUDING CHECK IMAGES, FOR EVERY ACCOUNT THE DEBTOR HAS AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE REPORTING PERIOD.

BALANCE SHEET For the period ending: \_\_\_\_\_

ASSETS

|   |       |              |
|---|-------|--------------|
| 1. Cash   |       |              |
| Pre-petition bank accounts  | _____ |              |
| DIP General/business account  | _____ |              |
| DIP Payroll account   | _____ |              |
| DIP Tax account   | _____ |              |
| Other (including Cash on Hand)  | _____ |              |
| Sub-total Cash  |       | _____        |
| 2. Securities   |       | _____        |
| 3. Accounts Receivable  |       |              |
| Pre-petition  |       |              |
| Post-petition   | _____ |              |
| Sub-total Accounts Receivable   |       | _____        |
| 4. Office Supplies and Equipment  |       | _____        |
| 5. Inventory (Fair Market Value)  |       | _____        |
| 6. Other Current Assets   |       | _____        |
| 7. Prepaid Insurance  |       | _____        |
| 8. Long Term Assets ( including real property, heavy<br>equipment, vehicles, etc. ) |       | _____        |
| <b>9. TOTAL ASSETS</b>  |       | <b>=====</b> |

LIABILITIES (include both pre- and post-petition debts)

|  |       |              |
|--|-------|--------------|
| 1. Accounts Payable                          |       |              |
| Pre-petition                                 |       |              |
| Post-petition                                | _____ |              |
| Sub-total Accounts Payable                   |       | _____        |
| 2. Short Term Notes Payable                  |       |              |
| Pre-petition                                 |       |              |
| Post-petition                                | _____ |              |
| Sub-total Short Term Notes Payable           |       | _____        |
| 3. Long Term Notes Payable                   |       |              |
| Pre-petition                                 |       |              |
| Post-petition                                | _____ |              |
| Sub-total Long Term Notes Payable            |       | _____        |
| 4. Taxes Payable                             |       |              |
| Pre-petition                                 |       |              |
| Post-petition                                | _____ |              |
| Sub-total Taxes Payable                      |       | _____        |
| 5. Other Liabilities                         |       | _____        |
| <b>6. TOTAL LIABILITIES</b>                  |       | <b>_____</b> |
| EQUITY (Total Assets Less Total Liabilities) |       | _____        |
| <b>7. TOTAL LIABILITIES &amp; EQUITY</b>     |       | <b>=====</b> |

STATEMENT OF PAYMENTS MADE TO SECURED CREDITORS AND LESSORS

1 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

2 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

3 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

4 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

5 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

6 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

7 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

8 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_

9 Payee: \_\_\_\_\_  
Amount paid this period: \_\_\_\_\_ Check #: \_\_\_\_\_  
Y N Amount included in Expenses  
Y N Adequate protection payment  
Stated adequate protection payment amount \_\_\_\_\_



**Additional payments made to secured creditors and lessors**

|     |   |                |
|-----|---|----------------|
| 10  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |
| 11  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |
| 12  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |
| 13  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |
| 14  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |
| 15  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |
| 16  | Payee: _____<br>Amount paid this period: _____  | Check #: _____ |
| Y N | Amount included in Expenses                     |                |
| Y N | Adequate protection payment                     |                |
|     | Stated adequate protection payment amount _____ |                |

**TOTAL PAYMENTS MADE TO SECURED CREDITORS AND LESSORS** \_\_\_\_\_

**Monthly Salary Payment to Owner(s)**

| Debtor(s)    | Stated Amount | Amount Paid | Transaction Number | Amount Past Due |
|--------------|---------------|-------------|--------------------|-----------------|
|              |               |             |                    |                 |
|              |               |             |                    |                 |
|              |               |             |                    |                 |
|              |               |             |                    |                 |
| <b>TOTAL</b> |               |             |                    |                 |

**Monthly Rental Income Worksheet**

for the month ending \_\_\_\_\_

| Property Description  | Written Contract* | Contract Expiration Date | Contracted Rental Payment | Rental Amount Past Due | Rental Amount Received this Month | Mortgage Amount Paid by Debtor(s) ** |
|-----------------------|-------------------|--------------------------|---------------------------|------------------------|-----------------------------------|--------------------------------------|
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
|                       |                   |                          |                           |                        |                                   |                                      |
| <b>Monthly Totals</b> |                   |                          |                           |                        |                                   |                                      |

\* (N) No Contract, (L) Lease or (DF) Debtor Financed under a Rent to Own, Bond for Title or similar contract

\*\* Per Order for Adequate Protection or Use of Cash Collateral