IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

In re: _____   CHAPTER 12

     Debtor   CASE NO. _____

CHAPTER 12 QUARTERLY REPORT

For Calendar Quarter Beginning _____

And Ending _____

Affirmations of the responsible party for the debtor in possession:

1. YES___ NO___ All post-petition taxes (tax obligations arising after the chapter 12 petition was filed) are currently paid or deposited. If no, enter:

Type_____ and amount $_____ unpaid.

Type_____ and amount $_____ unpaid.

2. YES___ NO___ All administrative expenses (post-petition obligations) other than taxes are current. If no, enter:

Type_____ and amount $_____ unpaid.

Type_____ and amount $_____ unpaid.

3. YES___ NO___ Estate property, which is subject to loss by theft, fire, or other casualty, is insured to the extent of its fair market value. If no, describe the property which is uninsured or under insured.

     a.

     b.

4. YES___ NO___ The only transfers of property made during this period were transfers which were in the ordinary course of business. If no, attach a statement giving the particulars of all property which was transferred outside the ordinary course of business and state whether prior authority for such transfer(s) was obtained form the court.

Revenues and Expenses

I. INCOME

    (a)Farm/Operating Revenues:
        1. $
        2.
        3.
        Total Farm/Operating Revenues (a1+a2+a3)..............................$

    (b)Farm/Operating Expenses:
        1. $
        2.
        3.
        Total Farm/Operating Expenses (b1+b2+b3)..............................$

    c)Income From Farm Operations(a-b).....................................:...............$

    d)Other Income:
        1. $
        2.
        3.
        Total Non-Operating Revenues (d1+d2+d3)..............................$

    e)Other/Household Expenses:
        1. $
        2.
        3.
        4.
        5.
        Total Other/Household Expenses (sum e1 to e5).........................$

    f)Net Income (loss): (c + d - e)...............................:...........................$

II. <u>Debts Paid Directly (By Debtor) Under The Plan</u>

Name of Creditor	Plan Payment	Actual Payment
1.	$	$
2.		
3.		
4.		
5.		
Total Direct Payments	$	$

	This Quarter	Since Filing
III. Payments Made To Trustee	$	$

<div align="center">

MONTHLY BANK ACCOUNT RECONCILIATION

</div>

Report Period Beginning _____ **And Ending** _____   **Case No.** _____

A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

BANK: _____   BRANCH: _____

ACCOUNT NAME: _____   ACCOUNT NUMBER: _____

Beginning Balance _____
Total Amount of Deposits Made _____
Total Amount of Checks Written _____
Other Withdrawals _____
Service Charges _____
Closing Balance _____

Number of First Check Written This Period _____
Number of Last Check Written This Period _____

Total Number of Checks Written This Period _____

<div align="center">

CHECK/DEPOSIT REGISTER
LIST ALL CHECKS ISSUED, DEPOSITS MADE, AND OTHER WITHDRAWALS
ATTACH COPY OF MOST RECENT BANK STATEMENT

</div>

Date	Check No.	Payee	Purpose	Amount

CHECK/DEPOSIT REGISTER (CONTINUATION SHEET)

Page ___ of ___

BANK: _____   BRANCH: _____

ACCOUNT NAME: _____   ACCOUNT NUMBER: _____

Date	Check No.	Payee	Purpose	Amount

PREPARER'S CERTIFICATE

        As the preparer of the foregoing report, I hereby certify under penalty of perjury that the information contained herein is truthful, complete, and accurate to the best of my knowledge and belief.

DATED: _____   _____

                                         Preparer's Signature

                                         _____

                                         Preparer's Name (typed/printed)

                                         _____

                                         Preparer's address

                                         _____

                                         City, State, Zip

                                         _____

                                         Debtor's Signature

                                         _____

                                         Joint Debtor's Signature

CERTIFICATE OF SERVICE

        The undersigned hereby certifies that the original of the attached financial report has been filed with the court and a copy has been served on the chapter 12 trustee and the bankruptcy administrator, this date, by placing a copy of same in the United States Mail with sufficient postage prepaid.

        Dated this _____day of _____, 19____.

                                         _____