

UNITED STATES BANKRUPTCY COURT
SOUTHERN AND WESTERN DISTRICTS OF TEXAS

HOUSTON DIVISION

IN RE:

ABC Dentistry West Orem, P.L.

CASE NO. 16-34225

CHAPTER 11

DEBTOR

CHAPTER 11 POST-CONFIRMATION REPORT
FOR THE QUARTER ENDING DECEMBER 2017

1. Quarterly or Final (check one)

2. SUMMARY OF DISBURSEMENTS*:

A. Disbursements made under the plan (itemize on page 3)	\$ <u>0.00</u>
B. Disbursements not under the plan	\$ <u>240,972.38</u>
Total Disbursements	\$ <u>240,972.38</u>

***ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR, UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSE OF CALCULATING THE QUARTERLY FEES.**

3. Has the order confirming plan become final? Yes No
4. Are Plan payments being made as required under the Plan? Yes No
5. If "No", what Plan payments have not been made and why?

Please explain: _____

6. If plan payments have not yet begun, when will the first plan payment be made? _____ (Date)
7. What date did the reorganized debtor or successor of the debtor under the plan assume the business or management of the property treated under the plan? _____ (Date)
8. Please describe any factors which may materially affect your ability to obtain a final decree at this time.

9. Complete the form for Plan Disbursements attached.

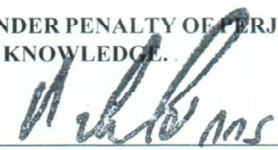
10. CONSUMMATION OF PLAN:
- A. If this is a final report, has an application for Final Decree been submitted*?
- Yes Date application was submitted _____
- No Date when application will be submitted N/A

*(if required by Local Rule)

INITIALS _____
DATE _____
UST USE ONLY

B. Estimated Date of Final Payment Under Plan _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: 
Iraj S. Jabbar, D.D.S.
(PRINT NAME)

DATE: 2/5/2018

CASH RECEIPTS AND DISBURSEMENTS	CURRENT QUARTER	CONFIRMATION TO DATE
CASH-BEGINNING OF QUARTER	22,432.04	
RECEIPTS	894,409.05	
DISBURSEMENTS		
NET PAYROLL	168,065.97	
PAYROLL TAXES PAID	5,968.61	
SECURED/RENTAL/LEASES	34,063.81	
UTILITIES	1,178.68	
INSURANCE	13,261.75	
INVENTORY PURCHASES		
VEHICLE EXPENSES		
TRAVEL & ENTERTAINMENT		
REPAIRS, MAINTENANCE & SUPPLIES	3,066.53	
ADMINISTRATIVE & SELLING	15,367.03	
OTHER (attach list)	0.00	
PLAN PAYMENTS (page 1 and page 3)	0.00	0.00
TOTAL DISBURSEMENTS (this figure should equal Total disbursements, Item 2, Summary of Disbursements)	240,972.38	0.00
NET CASH FLOW	653,436.67	0.00
CASH-END OF QUARTER	675,868.71	0.00

**CASH ACCOUNT RECONCILIATION FOR ALL FUNDS
QUARTER ENDING DECEMBER**

	Month/Year	Month/Year	Month/Year	Total
	December/2017			
Bank Balance	698,312.10			698,312.10
Deposit in Transit				0.00
Outstanding Checks	22,443.39			22,443.39
Adjusted Balance	675,868.71	0.00	0.00	675,868.71
Beginning Cash-Per Books	22,432.04			22,432.04
Receipts	894,409.00			894,409.00
Transfers Between Accounts				0.00
Checks/Other Disbursements	240,972.38			240,972.38
Ending Cash-Per Books	675,868.66	0.00	0.00	675,868.66

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

	Month/Year	Month/Year	Month/Year	Total
	December/2017			
Beginning Cash	22,432.04			
Total Receipts	894,409.00			894,409.00
Total Disbursements	240,972.38			240,972.38
Ending Cash	675,868.66	0.00	0.00	

IN RE:

ABC Dentistry West Orem, P.L.L.C.

DEBTOR

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CASE NO. 16-34225

PAYMENTS TO CREDITORS UNDER THE PLAN

			CURRENT QUARTER	CONFIRMATION TO DATE
CREDITOR	CLASS	NEXT PAYMENT DUE		
N/A				
TOTAL PLAN PAYMENTS: (report on page 1 and page 2)			0.00	0.00