

UNITED STATES BANKRUPTCY COURT  
SOUTHERN AND WESTERN DISTRICTS OF TEXAS

IN RE:

ABC Dentistry West Orem, P.L.

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CASE NO. 16-34225  
CHAPTER 11

DEBTOR

CHAPTER 11 POST-CONFIRMATION REPORT  
FOR THE QUARTER ENDING MARCH 2018

1.  Quarterly or  Final (check one)

2. SUMMARY OF DISBURSEMENTS\*:

A. Disbursements made under the plan (itemize on page 3)	\$ <u>19,450.74</u>
B. Disbursements not under the plan	\$ <u>892,633.49</u>
Total Disbursements	\$ <u>912,084.23</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 \_\_\_\_\_

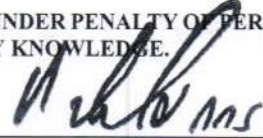
No Date when application will be submitted \_\_\_\_\_

\*(if required by Local Rule)

B. Estimated Date of Final Payment Under Plan \_\_\_\_\_

INITIALS _____
DATE _____
UST USE ONLY

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

SIGNED:   
Iraj S. Jabbarly, DDS  
(PRINT NAME)

DATE: 04/20/2018

CASH RECEIPTS AND DISBURSEMENTS	CURRENT QUARTER	CONFIRMATION TO DATE
CASH-BEGINNING OF QUARTER	15,481.07	15,481.07
RECEIPTS	934,857.91	934,857.91
DISBURSEMENTS		
NET PAYROLL	548,423.37	548,423.37
PAYROLL TAXES PAID	25,756.94	25,756.94
SECURED/RENTAL/LEASES	61,015.36	61,015.36
UTILITIES	3,636.55	3,636.55
INSURANCE	42,720.35	42,720.35
INVENTORY PURCHASES	0.00	0.00
VEHICLE EXPENSES	0.00	0.00
TRAVEL & ENTERTAINMENT	0.00	0.00
REPAIRS, MAINTENANCE & SUPPLIES	61,920.06	61,920.06
ADMINISTRATIVE & SELLING	45,097.96	45,097.96
OTHER (attach list)	104,062.90	104,062.90
PLAN PAYMENTS (page 1 and page 3)	19,450.74	19,450.74
TOTAL DISBURSEMENTS (this figure should equal Total disbursements, Item 2, Summary of Disbursements)	912,084.23	912,084.23
NET CASH FLOW	22,773.68	22,773.68
CASH-END OF QUARTER	38,254.75	38,254.75

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

	Month/Year January/2018	Month/Year February/2018	Month/Year March/2018	Total
Bank Balance	94,972.27	132,927.79	139,031.22	94,972.27
Deposit in Transit				0.00
Outstanding Checks	26,416.33	20,241.50	100,776.47	147,434.30
Adjusted Balance	68,555.94	112,686.29	38,254.75	(52,462.03)
Beginning Cash-Per Books	15,481.07	68,555.94	112,686.29	15,481.07
Receipts	333,043.03	303,999.33	297,815.55	934,857.91
Transfers Between Accounts				0.00
Checks/Other Disbursements	279,968.16	259,868.98	372,247.09	912,084.23
Ending Cash-Per Books	68,555.94	112,686.29	38,254.75	38,254.75

**STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS**

	Month/Year January/2018	Month/Year February/2018	Month/Year March/2018	Total
Beginning Cash	15,481.07	68,555.94	112,686.29	
Total Receipts	333,043.03	303,999.33	297,815.55	934,857.91
Total Disbursements	279,968.16	259,868.98	372,247.09	912,084.23
Ending Cash	68,555.94	112,686.29	38,254.75	

IN RE:

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

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**PAYMENTS TO CREDITORS UNDER THE PLAN**

			CURRENT QUARTER	CONFIRMATION TO DATE
CREDITOR	CLASS	NEXT PAYMENT DUE		
Chase Card Services - Visa *0254		7/19/18	4,346.86	4,346.86
Chase Card Services - MC *8369		7/19/18	3,504.75	3,504.75
Tristar Dental Laboratory			150.00	150.00
Grace Medical Gas & Equipment			369.13	369.13
Ultradent			532.72	532.72
Perfect Design Dental Lab			302.50	302.50
Zeno Imaging			10.01	10.01
Henry Schein			1,095.85	1,095.85
<b>Dalia Gurrion</b>		7/26/18	3,000.00	3,000.00
Benco Dental		7/31/18	6,138.92	6,138.92
<b>TOTAL PLAN PAYMENTS: (report on page 1 and page 2)</b>			19,450.74	19,450.74