

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 JUNE 2018

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>682,820.13</u>
Total Disbursements	\$ <u>682,820.13</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*?

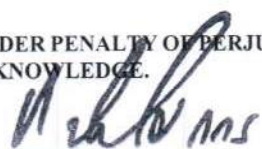
- Yes Date application was submitted 4/23/2018
- No Date when application will be submitted _____

*(if required by Local Rule)

B. Estimated Date of Final Payment Under Plan _____

INITIALS _____
DATE _____
JUST 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. Jabbary, DDS
(PRINT NAME)

DATE: 6/25/2018

CASH RECEIPTS AND DISBURSEMENTS	CURRENT QUARTER	CONFIRMATION TO DATE
CASH-BEGINNING OF QUARTER	38,254.75	714,123.46
RECEIPTS	727,893.18	1,662,751.09
DISBURSEMENTS		
NET PAYROLL	442,326.14	990,749.51
PAYROLL TAXES PAID	19,808.16	45,565.10
SECURED/RENTAL/LEASES	40,494.63	101,509.99
UTILITIES	4,119.80	7,756.35
INSURANCE	30,717.78	73,438.13
INVENTORY PURCHASES	11,527.33	11,527.33
VEHICLE EXPENSES	0.00	0.00
TRAVEL & ENTERTAINMENT	0.00	0.00
REPAIRS, MAINTENANCE & SUPPLIES	47,436.94	109,357.00
ADMINISTRATIVE & SELLING	43,841.05	88,939.01
OTHER (attach list)	42,548.30	806,998.84
PLAN PAYMENTS (page 1 and page 3)	0.00	19,450.74
TOTAL DISBURSEMENTS (this figure should equal Total disbursements, Item 2, Summary of Disbursements)	682,820.13	2,255,292.00
NET CASH FLOW	45,073.05	(592,540.91)
CASH-END OF QUARTER	83,327.80	121,582.55

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

	Month/Year April/2018	Month/Year May/2018	Month/Year June 1-13/2018	Total
Bank Balance	75,539.34	79,006.49	158,451.85	75,539.34
Deposit in Transit				0.00
Outstanding Checks	41,676.58	12,828.20	75,124.05	129,628.83
Adjusted Balance	33,862.76	66,178.29	83,327.80	(54,089.49)
Beginning Cash-Per Books	38,254.75	33,862.76	66,178.29	38,254.75
Receipts	288,073.72	300,058.92	139,760.54	727,893.18
Transfers Between Accounts				0.00
Checks/Other Disbursements	292,465.71	267,743.39	122,611.03	682,820.13
Ending Cash-Per Books	33,862.76	66,178.29	83,327.80	83,327.80

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

	Month/Year April/2018	Month/Year May/2018	Month/Year June 1-13/2018	Total
Beginning Cash	38,254.75	33,862.76	66,178.29	
Total Receipts	288,073.72	300,058.92	139,760.54	727,893.18
Total Disbursements	292,465.71	267,743.39	122,611.03	682,820.13
Ending Cash	33,862.76	66,178.29	83,327.80	

IN RE:

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

DEBTOR

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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	0.00	4,346.86
Chase Card Services - MC *8369		7/19/18	0.00	3,504.75
Tristar Dental Laboratory		N/A	0.00	150.00
Grace Medical Gas & Equipment		N/A	0.00	369.13
Ultradent		N/A	0.00	532.72
Perfect Design Dental Lab		N/A	0.00	302.50
Zeno Imaging		N/A	0.00	10.01
Henry Schein		N/A	0.00	1,095.85
Dalia Gurrion		7/26/18	0.00	3,000.00
Benco Dental		7/31/18	0.00	6,138.92
TOTAL PLAN PAYMENTS: (report on page 1 and page 2)			0.00	19,450.74