

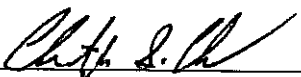
UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NORTHERN OKLAHOMA

IN RE: RC SOONER HOLDINGS, LLC	}	CASE NUMBER: 10-12185-R
	}	
	}	
	}	
DEBTOR(S)	}	CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM June 1, 2010 TO June 30, 2010

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.



Attorney for Debtor's Signature

Debtor's Address
and Phone Number:

RC SOONER HOLDINGS, LLC
445 Park Avenue
9th Floor
New York, NY 10022
(212) 858-5894

Attorney's Address
and Phone Number:

Christopher S. Chow
BALLARD SPAHR, LLP
919 N. Market Street, 12th Floor
Wilmington, DE 19801
(302) 252-4431

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 15th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, <http://www.justice.gov/ust/r20/index.htm>.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

CASE NAME:	RC SOONER HOLDINGS, LLC
CASE NUMBER:	10-12185-R
JUDGE:	DANA RASURE

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA

MONTHLY OPERATING REPORT
MONTH ENDING JUNE 30, 2010

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE. THE DECLARATION OF THE PREPARER (OTHER THAN RESPONSIBLE PARTY) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

RESPONSIBLE PARTY



ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

Manager

PRINTED NAME: Daniel Gordon
ADDRESS: 445 Park Avenue, 9th Floor
New York, NY 10022
TELEPHONE: (212) 858-5894

7/19/2010

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING June 1, 2010 AND ENDING June 30, 2010

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Date of Petition:

CURRENT
MONTH

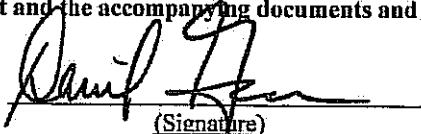
- 1. FUNDS AT BEGINNING OF PERIOD NONE (a)
- 2. RECEIPTS:
 - A. Cash Sales NONE
 - Minus: Cash Refunds (-)
 - Net Cash Sales _____
 - B. Accounts Receivable NONE
 - C. Other Receipts (See MOR-3) _____
 - (If you receive rental income, you must attach a rent roll.)
- 3. TOTAL RECEIPTS (Lines 2A+2B+2C) NONE
- 4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3) NONE

5. DISBURSEMENTS

- A. Advertising _____
- B. Bank Charges _____
- C. Contract Labor _____
- D. Fixed Asset Payments (not incl. in "N") _____
- E. Insurance _____
- F. Inventory Payments (See Attach. 2) _____
- G. Leases _____
- H. Manufacturing Supplies _____
- I. Office Supplies _____
- J. Payroll - Net (See Attachment 4B) _____
- K. Professional Fees (Accounting & Legal) _____
- L. Rent _____
- M. Repairs & Maintenance _____
- N. Secured Creditor Payments (See Attach. 2) _____
- O. Taxes Paid - Payroll (See Attachment 4C) _____
- P. Taxes Paid - Sales & Use (See Attachment 4C) _____
- Q. Taxes Paid - Other (See Attachment 4C) _____
- R. Telephone _____
- S. Travel & Entertainment _____
- Y. U.S. Trustee Quarterly Fees _____
- U. Utilities _____
- V. Vehicle Expenses _____
- W. Other Operating Expenses (See MOR-3) _____
- 6. TOTAL DISBURSEMENTS (Sum of 5A thru W) NONE
- 7. ENDING BALANCE (Line 4 Minus Line 6) NONE (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 19th day of July, 2010.


(Signature)

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>
NONE	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL OTHER RECEIPTS	=====

“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>
NONE	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL OTHER DISBURSEMENTS	=====

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

ACCOUNTS RECEIVABLE AT PETITION DATE:

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$ <u>NONE</u>	(a)
PLUS: Current Month New Billings		
MINUS: Collection During the Month	\$ <u>NONE</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$ _____	*
End of Month Balance	\$ <u>NONE</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u> (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).
- (c) These two amounts must equal.

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: RC SOONER HOLDINGS, LLC

Case Number: 10-12185-R

Reporting Period beginning June 1, 2010

Period ending June 30, 2010

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
	NONE			
TOTAL AMOUNT				_____ (b)

Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	\$	N/A	(a)
PLUS: New Indebtedness Incurred This Month	\$	_____	
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	\$	_____	
PLUS/MINUS: Adjustments	\$	_____	*
Ending Month Balance	\$	N/A	(c)

*For any adjustments provide explanation and supporting documentation, if applicable.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/ Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>Number of Post Petition Payments Delinquent</u>	<u>Total Amount of Post Petition Payments Delinquent</u>
NONE				
TOTAL				(d)

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

ATTACHMENT 3

INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: RC SOONER HOLDINGS, LLC

Case Number: 10-12185-R

Reporting Period beginning June 1, 2010

Period ending June 30, 2010

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE:	\$ _____
INVENTORY RECONCILIATION:	
Inventory Balance at Beginning of Month	\$ <u>NONE</u> (a)
PLUS: Inventory Purchased During Month	\$ _____
MINUS: Inventory Used or Sold	\$ _____
PLUS/MINUS: Adjustments or Write-downs	\$ _____ *
Inventory on Hand at End of Month	\$ _____

METHOD OF COSTING INVENTORY:

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= _____ 100%*

* Aging Percentages must equal 100%.
Check here if inventory contains perishable items.

Description of Obsolete Inventory:

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: NONE (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only):

FIXED ASSETS RECONCILIATION:	
Fixed Asset Book Value at Beginning of Month	\$ <u>NONE</u> (a)(b)
MINUS: Depreciation Expense	\$ _____
PLUS: New Purchases	\$ _____
PLUS/MINUS: Adjustments or Write-downs	\$ _____ *
Ending Monthly Balance	\$ _____

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD:

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: RC SOONER HOLDINGS, LLC

Case Number: 10-12185-R

Reporting Period beginning June 1, 2010

Period ending June 30, 2010

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.justice.gov/ust/r20/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: JP Morgan Chase

BRANCH:

ACCOUNT NAME: _____

ACCOUNT NUMBER: 0831773893

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$	<u>460.00</u>	
Plus Total Amount of Outstanding Deposits	\$	<u>-----</u>	
Minus Total Amount of Outstanding Checks and other debits	\$	<u>-----</u>	*
Minus Service Charges	\$	<u>-----</u>	
Ending Balance per Check Register	\$	<u>460.00</u>	** <u>(a)</u>

*Debit cards are used by

**If Closing Balance is negative, provide explanation:

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
------	--------	-------	---------	------------------------------

NONE

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ NONE Transferred to Payroll Account
 \$ NONE Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

NAME OF BANK: JP Morgan Chase BRANCH:

ACCOUNT NAME:

ACCOUNT NUMBER: 0831173893

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	NONE		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

TOTAL \$ _____

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.justice.gov/ust/r20/index.htm>.

NAME OF BANK: N/A BRANCH:

ACCOUNT NAME: _____ ACCOUNT NUMBER:

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>N/A</u> ** (a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:**

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5B

CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

NAME OF BANK: N/A BRANCH:

ACCOUNT NAME:

ACCOUNT NUMBER:

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	NONE	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.justice.gov/ust/r20/index.htm>.

NAME OF BANK: JP Morgan Chase BRANCH: _____
 ACCOUNT NAME: _____ ACCOUNT NUMBER: 0840312748
 PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$	<u>5.23</u>	
Plus Total Amount of Outstanding Deposits	\$	<u>-----</u>	
Minus Total Amount of Outstanding Checks and other debits	\$	<u>-----</u>	*
Minus Service Charges	\$	<u>-----</u>	
Ending Balance per Check Register	\$	<u>5.23</u>	** (a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:**

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	<u>NONE</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	<u>NONE</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

NAME OF BANK: JP Morgan Chase BRANCH:

ACCOUNT NAME: _____ ACCOUNT # 0840312748

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	NONE	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____ (d)

SUMMARY OF TAXES PAID

Payroll Taxes Paid	_____ (a)
Sales & Use Taxes Paid	_____ (b)
Other Taxes Paid	_____ (c)
TOTAL	<u>0</u> (d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
NONE				
TOTAL				_____ (a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
NONE			
TOTAL		\$ _____ (b)	

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ NONE (c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: RC SOONER HOLDINGS, LLC Case Number: 10-12185-R

Reporting Period beginning June 1, 2010 Period ending June 30, 2010

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	NONE	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL			\$ _____		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: RC SOONER HOLDINGS, LLC

Case Number: 10-12185-R

Reporting Period beginning June 1, 2010

Period ending June 30, 2010

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
NONE			

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	0	
Number hired during the period	0	
Number terminated or resigned during period	0	
Number of employees on payroll at end of period	0	

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Date Premium Due</u>
NONE					

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

NONE

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before _____.



JPMorgan Chase Bank, N.A.
 P O Box 260180
 Baton Rouge LA 70826-0180

May 29, 2010 through June 30, 2010
 Primary Account: 000000831173893

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
 Service Center: **1-800-242-7338**
 Hearing Impaired: **1-800-242-7383**
 Para Espanol: **1-888-622-4273**
 International Calls: **1-713-262-1679**

00098932 DRE 802 141 18210 - NNYNN T 1 000000000 64 0000
RC SOONER HOLDINGS LLC
 445 PARK AVENUE
 9TH FLOOR
 NEW YORK NY 10022-8632



IMPORTANT NOTICE ABOUT YOUR ACCOUNT

We strictly prohibit the use of your accounts to conduct any transactions involving unlawful Internet gambling or any other illegal activity. This includes accepting or receiving any funds or deposits to your accounts from unlawful Internet gambling or other illegal activity. If you have any questions, please call us at 1-800-CHASE38 (1-800-242-7338).

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase BusinessClassic	000000831173893	\$460.00	\$460.00
Chase Business Select High Yield Savings	000000840312748	5.23	5.23
Total		\$465.23	\$465.23
TOTAL ASSETS		\$465.23	\$465.23

All Summary Balances shown are as of June 30, 2010 unless otherwise stated. For details of your retirement accounts, credit accounts or securities accounts, you will receive separate statements. Balance summary information for annuities is provided by the issuing insurance companies and believed to be reliable without guarantee of its completeness or accuracy.



May 29 2010 through June 30, 2010
 Primary Account: 000000831173893

BALANCING YOUR CHECKBOOK

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not

1. Write in the Ending Balance shown on this statement: **Step 1 Balance:** \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



May 29, 2010 through June 30, 2010
 Primary Account: 000000831173893



CHASE BUSINESSCLASSIC

RC SOONER HOLDINGS LLC

Account Number: 000000831173893

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$460.00
Ending Balance	0	\$460.00

The monthly service fee for this account was waived as an added feature of Chase Premier Checking account

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	0
Deposits / Credits	0
Deposited Items	0
Transaction Total	0

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$0.00
Service Fee Credit	\$0.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 200)	\$0.00
Total Service Fees	\$0.00

CHASE BUSINESS SELECT HIGH YIELD SAVINGS

RC SOONER HOLDINGS LLC

Account Number: 000000840312748

SAVINGS SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$5.23
Ending Balance	0	\$5.23
Annual Percentage Yield Earned This Period		0.00%
Interest Paid Year-to-Date		\$0.28

The monthly service fee for this account was waived as an added feature of Chase BusinessClassic account.



May 29, 2010 through June 30, 2010
Primary Account: **00000831173893**

30 deposited items are provided with your account each month. There is a \$0.20 fee for each additional deposited item

You could earn an even higher interest rate on your Chase Business Select High Yield Savings account when you have activity on your primary checking account each month. Visit any of our branches for details or call us at the telephone number on your statement.



May 29, 2010 through June 30, 2010
Primary Account: 000000831173893

Finally, a rewards program that works as hard as you do

Earn 1% cash back or reward yourself with gift cards, merchandise and travel when you upgrade to a Chase Ultimate RewardsSM Visa[®] Business Debit Card.

Plus...for a LIMITED TIME earn \$25 for making 5 non-PIN purchases.

Ultimate Rewards does more to put your business expenses back to work for you:

- Get 1% cash back on business expenses, which means you'll get 1 point for every \$1 spent on non-PIN purchases¹
- Get 1,000 bonus points² after the first non-PIN purchase
- Earn points without limits and they never expire
- PLUS: Earn up to 10 bonus points per \$1 spent shopping at the online Ultimate Rewards Mall
- Get all this for a low \$25 annual fee³

LIMITED-TIME OFFER Ó earn \$25 by making 5 non-PIN purchases within the next 60 days.

Upgrade to a Chase Ultimate Rewards Visa Business Debit Card by bringing this offer to your local branch, or going online and get a \$25 bonus⁴ (that's enough to cover your annual fee for the year). For your 5 purchases to qualify and get you \$25, you'll need to select "credit" and NOT "debit" for your purchases.

Coupon Code: 3795435700730357

Take the above coupon code and visit your local branch or go to chase.com/URBizGet25 today!

¹Qualifying non-pin purchases include all debit card purchases made without using a PIN. Such 'non-PIN' purchases include purchases you sign for, Internet purchases, phone or mail-order purchases, small dollar purchases that do not require a signature, bill payments (where billers process the transactions as a credit card) and contactless purchases (purchases made by holding your blink[®]-enabled card to a secure reader). Cash advances and cash transactions do not qualify. Certain exclusions apply; see Program Rules and Regulations for details.

²Bonus points will be credited to your rewards account within 10 weeks following your first non-PIN purchase. Limit one enrollment bonus per valid cardholder on the checking account.

³Your \$25 annual fee will be deducted from your primary business checking account within 1-2 statement cycles.

⁴This offer is valid for Chase customers with a business checking account who decide to open or upgrade to a Chase Ultimate Rewards Visa Business Debit Card between July 1, 2010 and September 30, 2010. Customers have up to 60 calendar days after card opening to make their 5 non-PIN purchases. The award of \$25 cash back will be deposited into the customer's account within 10 days of completing 5 non-PIN purchases. See Program Terms and Conditions for complete details on qualifying purchases to earn Ultimate Rewards points.

Limit one \$25 bonus per valid cardholder on the checking account. Bonus is considered income and may be reported on IRS form 1099-MISC.

"Ultimate Rewards" and the Ultimate Rewards logo are service marks of JPMorgan Chase & Co.

Ultimate Rewards Program is brought to you by Chase Bank USA, N.A., an affiliate of JPMorgan Chase Bank, N.A.
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