UNITED STATES BANKRUPTCY COURT **R.I. Local Form 3020-1.1**

FOR THE DISTRICT OF RHODE ISLAND

- - - - - - - - - - - - - - - -\*

In re: :

Debtor(s)

BK No.

: Chapter 11

: PROPOSED ORDER

- - - - - - - - - - - - - - - -\* **OF DISTRIBUTION**

Proposed Distribution Schedule

1. Secured Claims

Amount To Be Allowed/

Agrees with (%) Amount Paid claims Total at Confirmation

register Amt. or Such Other Amt/(#)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Address | and/or | to be | Date as Specified | remaining |
| of claimant | Schedules Y/N | paid | in Plan | Payments |

Class One

Class Two

1. Priority Unsecured Claims

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Amount To Be |  |  |  |
| Allowed/ |  |  |
| Agrees with | (%) | Amount Paid |
| claims | Total | at Confirmation |
| register | Amt. | or Such Other | Amt/(#) |
| Name & Address | and/or | to be | Date as Specified | remaining |
| of claimant | Schedules Y/N | paid | in Plan | Payments |

Class Three

1. General Unsecured Claims

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Amount To Be |  |  |  |
| Allowed/ |  |  |
| Agrees with | (%) | Amount Paid |
| claims | Total | at Confirmation |
| register | Amt. | or Such Other | Amt/(#) |
| Name & Address | and/or | to be | Date as Specified | remaining |
| of claimantClass Four | Schedules Y/N | paid | in Plan | Payments |

PAGE 2 PROPOSED ORDER OF DISTRIBUTION

1. Equity Interest Holders

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Amount To Be |  |  |  |
| Allowed/ |  |  |
| Agrees with | (%) | Amount Paid |
| claims | Total | at Confirmation |
| register | Amt. | or Such Other | Amt/(#) |
| Name & Address | and/or | to be | Date as Specified | remaining |
| of claimant | Schedules Y/N | paid | in Plan | Payments |

Class Five

1. Administrative Claims

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Amount To Be |  |  |  |
| Allowed/ |  |  |
| Agrees with | (%) | Amount Paid |
| claims | Total | at Confirmation |
| register | Amt. | or Such Other | Amt/(#) |
| Name & Address | and/or | to be | Date as Specified | remaining |
| of claimant | Schedules Y/N | paid | in Plan | Payments |

Class Six

1. Other (name type of claim)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Amount To Be |  |  |  |
| Allowed/ |  |  |
| Agrees with | (%) | Amount Paid |
| claims | Total | at Confirmation |
| register | Amt. | or Such Other | Amt/(#) |
| Name & Address | and/or | to be | Date as Specified | remaining |
| of claimant | Schedules Y/N | paid | in Plan | Payments |

Class Seven

Date:

Counsel to the Debtor Address:

Telephone Number: Bar Code Number: