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UNITED STATES BANKRUPTCY COURT          R.I. Bankr. Form K.1
FOR THE DISTRICT OF RHODE ISLAND        See R.I. LBR 3020-1
- - - - - - - - - - - - - - - - -*
In re:                          :
                                        BK No.
                                :       Chapter 11
        Debtor(s)
                                :       PROPOSED ORDER
- - - - - - - - - - - - - - - - -*      OF DISTRIBUTION
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Proposed Distribution Schedule

A.   Secured Claims

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

Class One

Class Two

B.   Priority Unsecured Claims

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

Class Three

C.   General Unsecured Claims

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

Class Four

D.   Equity Interest Holders

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

Class Five

E.   Administrative Claims

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

Class Six

F.   Other (name type of claim)

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

Class Seven

Date: _____   _____
                             Counsel to the Debtor
                             Address:

                             Telephone Number:
                             Bar Code Number: