**R.I. Local Form 3020-1.2**

**(Rev. 12/1/09)**

UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF RHODE ISLAND

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In re: :

 : BK No.

Debtor(s) : Chapter

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**NOTICE OF FILING OF PROPOSED ORDER OF DISTRIBUTION**

 To the creditors and interested parties:

 **PLEASE TAKE NOTICE:** On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a PROPOSED DISTRIBUTION ORDER was filed with the U.S. Bankruptcy Court for the District of Rhode Island, 380 Westminster Street, 6th Floor, Providence, RI 02903, providing for distribution of funds to creditors pursuant to a Plan of Reorganization filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pending before the Court. Pursuant to the proposed Distribution Order, the claim of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is proposed to be allowed in the amount of $\_\_\_\_\_\_\_ as a claim within Class \_\_\_\_\_\_\_\_ of the Plan, consisting of the claims of creditors. A copy of said proposed Order of Distribution is on file with the Clerk’s Office and can be reviewed at the above address, or a copy may be obtained by contacting the undersigned at the address listed below. A complete copy of the proposed Order of Distribution has also been provided to the local office of the United States Trustee, U.S. Courthouse, One Exchange Terrace, Suite 431, Providence, RI 02903, and to those interested parties set forth in the certification filed with the Court relating to the same.

 **PURSUANT TO LOCAL BANKRUPTCY RULE 1005-1(d) within FOURTEEN (14) days of service of this NOTICE, any party who objects to the proposed Order of Distribution or the proposed treatment of a particular claim shall serve and file with the Clerk of Court, with copies to the United States Trustee and the undersigned, an Objection/Response to the Order of Distribution. Only parties who have timely filed an Objection/ Response will be permitted to present their position at hearing, unless otherwise ordered.**

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_