

CHAPTER 11 BALLOT TABULATION

DEBTOR(S): _____

CASE NUMBER: _____

SUMMARY

CLASS _____
TOTAL NUMBER OF CLAIMS VOTING: _____
TOTAL NUMBER OF CLAIMS ACCEPTING: _____
TOTAL DOLLAR AMOUNT OF CLAIMS VOTING: \$ _____
TOTAL DOLLAR AMOUNT OF CLAIMS ACCEPTING: \$ _____
*

CLASS _____
TOTAL NUMBER OF CLAIMS VOTING: _____
TOTAL NUMBER OF CLAIMS ACCEPTING: _____
TOTAL DOLLAR AMOUNT OF CLAIMS VOTING: \$ _____
TOTAL DOLLAR AMOUNT OF CLAIMS ACCEPTING: \$ _____
*

CLASS _____
TOTAL NUMBER OF CLAIMS VOTING: _____
TOTAL NUMBER OF CLAIMS ACCEPTING: _____
TOTAL DOLLAR AMOUNT OF CLAIMS VOTING: \$ _____
TOTAL DOLLAR AMOUNT OF CLAIMS ACCEPTING: \$ _____
*

CLASS _____
TOTAL NUMBER OF CLAIMS VOTING: _____
TOTAL NUMBER OF CLAIMS ACCEPTING: _____
TOTAL DOLLAR AMOUNT OF CLAIMS VOTING: \$ _____
TOTAL DOLLAR AMOUNT OF CLAIMS ACCEPTING: \$ _____
*

**Indicate if more or less than 2/3 of amount voting.*

I certify that the tabulation is accurate and that all ballots received have been accounted for in the tabulation.

Date

Signature of Attorney or Plan Proponent

Name of Attorney or Plan Proponent