## Office of the United States Trustee - Region 1 Monthly Post-Confirmation Summary Report For The QTR Ending 3/31/2021

IN RE:  _TelexFree LLC DEBTOR(S)	_ CASE NO
Confirmation Date:	-
Disbursing Agent: (if applicable)	
1.) BEGINNING OF MONTH CASH BALAN	NCE:
Cash Receipts this month:	
From business operations From loan proceeds From contributed capital From tax refunds From other sources (identify)  2.) TOTAL CASH RECEIPTS  Cash Disbursements this month:*	
Plan payments - Administrative Plan payments - Secured Creditors Plan payments - Priority Creditors Plan payments - Unsecured Creditors Plan payments - Other Other payments  3.) TOTAL CASH DISBURSEMENTS	
<b>4.) END OF MONTH CASH BALANCE</b> : (line 1 + line 2 - line 3 = line 4)	

<sup>\*</sup> Please attach detail. ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR OR ON BEHALF OF THE REORGANIZED DEBTOR, EITHER UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSES OF CALCULATING QUARTERLY FEES.

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1.	Projected date of Application for Fina	l Decree:	, 20				
2.	Have plan payments been timely disbu	ursed as require	d by the Plan?	Yes	No		
If n	no, explain the circumstances that have is	mpacted the De	btor's ability to	perform	under th	ne plan.	
3. ple	Is the Debtor current with all post petiase describe.	•		t? Yes	No.	If No,	
4.	What remaining issues require resolut	ion before an A	pplication for F	inal Dec	ree will	be filed?	
	Pursuant to 28 U.S.C. §1746(2), I h	nereby declare u	nder penalty of	perjury t	hat the		
inf	ormation contained in this document is t	true, complete, a	and correct to th	ne best of	my kno	wledge	
anc	l belief.						
		RESPONSIBLE PARTY					
Dat	ted:	Ву:	(Signa	uture)			
		Name & Title	e:(Print	or type)			
		Address:		• • •			
		Telephone No	0.:				