UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re	)	
	)	Case No. _____
	)	
	)	NOTICE OF CHAPTER 12
Debtor(s)	)	CONFIRMATION HEARING

NOTICE IS GIVEN that:

1. The debtor filed, with this Notice, a plan (or modified plan) dated _____.

2. Objections to the proposed plan must be in writing, setting forth the specific grounds and details of objection, and **BOTH**: (1) the original shall be filed at least 5 business days before the hearing scheduled in point 3 below with the Clerk of Court (i.e., if the 5-digit portion of the Case No. begins with a "3" or "4", mail to 1001 S.W. 5th Ave. #700, Portland OR 97204; OR if it begins with a "6" or "7", mail to 405 E 8th Ave #2600, Eugene OR 97401); **AND** (2) a copy of any objection shall be mailed to (a) the party named below who signed this Notice at the address shown, (b) the trustee, _____ _____ at _____, and (c) the debtor(s) or debtor's attorney IF one did not sign below. Creditors who have filed a timely written objection may also appear at the confirmation hearing to voice objections.

3. **THE HEARING ON CONFIRMATION OF THE PLAN WILL BE HELD ON _____ AT _____ IN _____.**

NOTE: DUE TO TIGHT STATUTORY TIME REQUIREMENTS, THE HEARING(S) SCHEDULED ABOVE WILL NOT NORMALLY BE RESET. SETTLEMENTS SHOULD BE COMPLETED BEFORE THE TIME SET FOR HEARING.

I CERTIFY that on _____ copies of this Notice and the Plan were served on the debtor(s), trustee, and their respective attorneys; U.S. Trustee; and all creditors. In order to assure proper service pursuant to FRBPs 3012, 7004 and 9014, I served all creditors affected by pt. 2(b)(1) of the Plan as follows: (a) I have served such creditors, other than insured depository institutions, in care of a person or entity authorized to be served; AND (b) on _____ I served, via certified mail, copies of this Plan on any insured depository institution(s) affected by pt. 2(b)(1) of the Plan (FRBP 7004(h)); AND (c) I have ATTACHED a list separately identifying those entities in pt. 2(b)(1) served via first class mail and those entities served via certified mail INCLUDING the names AND addresses of all such creditors served.

_____
Signature of Attorney or Debtor Last 4 digits of SSN/or full Tax ID# (if debtor) OSB# (if atty)

_____
Name of Signer (Type or Print) Telephone

_____
Service Address