| CSD 1144A [12/01/25] Name, Address, Telephone No. & I.D. No. | | • | | | | |
|---|------------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991 | | | | | | |
| In Re | | | | | | |
| | | BANKRUPTCY NO. | | | | |
| 1 | Debtor(s) | Date of Hearing: Time of Hearing: Name of Judge: | | | | |
| The court orders as set forth on the continuation pages attached and numbered through with exhibits, if any, for a total of pages. Motion Docket Entry No | | | | | | |
| u. | | | | | | |
| | | | | | | |
| // | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <i>II</i> | | | | | | |
| | | | | | | |
| DATED: | | | | | | |
| | Judge, Uni | ited States Bankruptcy Court | | | | |

CSD 1144A [12/01/25]

| ORDER AP DEBTOR: | PROVING UNOPPOSED | APPLICATION FOR COMPENS | ATION AND REI | MBURSE CASE NO | |
|------------------------------|---|--|--------------------------------|-------------------|--|
| named was | e | ation for allowance of compensa without oral argument by the H | tion and reimburse onorable | ement of | expenses of the party or parties , United |
| | ppearing that proper notice for good cause appearing | e was given and the Court having therefor, | considered the a | pplication | and papers filed in support |
| It is | s hereby ordered as follo | DWS: | | | |
| | e following interim fees and te payment to applicant. | d expenses for the period beginni | ing and end | ding | _ are allowed and authorized |
| Applicant: (Include state | te bar number, if any, and | * | | | |
| | <u>Amount Requ</u> | <u>ested</u> <u>A</u> | llowed | | Authorized for Payment |
| Fees: | \$ | \$ | | \$ | |
| Costs: | \$ | \$ | | \$ _ | |
| Totals: | \$ | \$ | | \$ | |
| authorized for Applicant: | e following interim fees and or immediate payment to a re bar number, if any, and | | ed but not authori | zed for pa | ayment and are now allowed and Authorized for Payment |
| | • | | Fees: | \$ | · |
| | | | Costs: | \$_ | |
| | | | Totals: | \$ | |
| 3. The | e following final fees and e | xpenses are allowed and authori | zed for immediate | payment | to applicant. |
| Applicant: | | t was af north action all | | | |
| (include star | e bar number, if any, and | type of professional) | | | Allowed and Authorized for Payment |
| | | | Fees: | \$ | |
| | | | Costs: | \$_ | |
| | | | Totals: | \$ | |
| amount acci | rued not to exceed \$ | ay, without the need of an _ for compensation and costs of e's review and approval of the ac | any miscellaneous | s work pe | |

Payment of all fees and expenses will be made at the discretion of the trustee, if one has been appointed.

All fees and costs allowed by this order may be subject to disgorgement.