UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY

In re: Luhrs Corporation
Debtor

Case No. 12-21190

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.

Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."

Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Attached	
Certificates of Insurance:		
Workers Compensation	Cert. Attached	
Property		Explanation 1
General Liability	Cert. Attached	
Vehicle	Cert. Attached	
Other:	Cert. Attached	
Identify areas of self-insurance w/liability caps	Explanation 2	
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account	Sig Card Attached	Explanation 3
General Operating Account		Explanation 3
Money Market Account pursuant to Local Rule 4001-3 for the	N/A	
District of Delaware only. Refer to:	N/A	
http://www.deb.uscourts.gov/		
Other:		
Retainers Paid (Form IR-2)	IR-2 Attached	

Are true and correct to the best of my knowledge and belief.

May 14, 2012

Date

Signature of Debtor

John Peterson, Treasurer

Signature of Joint Debtor

Date

Printed Name of Authorized Individual

Title of Authorized Individual

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached

^{*}Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re: Luhrs Corporation Debtor Case No. 12-21190

12-Month Cash Flow Projection (Form IR-1)

Note: in response to the request for a 12-Month Cash Flow Projection, the Debtors have provided a consolidated 13-Week Cash Forecast ending July 27, 2012 This cash flow forecast is consistent with the interim Cash Collateral Order The Debtors believe that this is the most accurate and relevant cash flow forecast information currently available

			2		4	5	6		8	9	10	11	12	13	Total
	Consolidated	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun	6-Jul	13-Jul	20-Jul	27-Jul	Total
(1)	Hunter Boat Sales	- 9		\$8\$						\$ 299 \$	790 \$			\$ 291 \$	
(2)	Total Cash Receipts	-	27	8	13	195	344	351	111	299	790	564	251	291	3,244
(3)	Cumulative Total Cash Receipts		27	35	49	244	587	938	1,049	1,348	2,139	2,702	2,953	3,244	
(4)	Units	-	4	1	2	5	6	6	5	6	7	7	4	7	60
(5)	Materials Purchases	(10)	(2)	(37)	(79)	(90)	(90)	(135)	(201)	(243)	(172)	(123)	(204)	(205)	(1,593)
(6)	Payroll, including employer taxes	(25)	(25)	(69)	(79)	(81)	(89)	(101)	(117)	(125)	(100)	(85)	(109)	(109)	(1,113)
(7)	Health Plan Payments	(17)	-	-	(33)	(46)	-	-	-	(68)	(33)	-	-	(62)	(258)
(8)	Corporate Insurance Hunter	(25)	-	-	-	-	-	-	-	-	-	-	-	(25)	(50)
(9)	Freight In (% Materials Purchases)	(0)	(1)	(5)	(6)	(6)	(7)	(9)	(11)	(12)	(9)	(7)	(10)	(10)	(93)
(10)	International Sales Costs	-	(4)	-	-	-	(4)	-	-	-	(4)	-	-	-	(12)
(11)	Marketing	-	-	-	-	-	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(24)
(12)	Miscellaneous	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(13)
(13)	R&D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(14)	Other	(8)	(4)	(4)	(4)	(7)	(8)	(8)	(5)	(7)	(12)	(9)	(5)	(5)	(87)
(15)	Utilities	(71)	-	-	-	(31)	-	-	-	(31)		-	-	-	(133)
(16)	Hunter Property and Tangible Taxes		-	-	-			-				-	_	-	
(17)	Total Operating Disbursements	(157)	(38)	(116)	(202)	(262)	(202)	(256)	(338)	(491)	(334)	(228)	(331)	(419)	(3,376)
(18)	Net Hunter Cash Flow	(157)	(11)	(109)	(189)	(67)	142	94	(227)	(192)	456	336	(81)	(128)	(132)
(19)	Other Property Expenses Millville Uti ities/Security/Maintenance	(10)	-	-	(9)	(3)	(1)	-	(1)	-	(3)	(17)	(1)	(5)	(50)
(20)	St. Augustine Utilities	-	-	-	-	(1)	-	-	-	(1)	-	-	-	-	(2)
(21)	Salisbury Month to Month Rent	-	1	-	-	1	1	-	-	1	1	-	-	1	5
(22)	Salisbury Utilities - Electric Reimbursed by Tenant	-	-	-	(1)	-	-	-	(1)	-	-	-	(1)	-	(3)
(23)	Insurance - Other Properties	(25)	-	-	-	-	-	-	-	-	-	-	-	-	(25)
(24)	Total Other Expenses	(35)	1	-	(10)	(3)	(0)	-	(2)	0	(2)	(17)	(2)	(4)	(75)
	Total Operating and Other Expenses	(192)	(37)	(116)	(212)	(265)	(202)	(256)	(340)	(490)	(336)	(245)	(333)	(423)	(3,450)
	Cumulative Total Operating and Other Expense	(192)	(230)	(346)	(558)	(823)	(1,026)	(1,282)	(1,622)	(2,112)	(2,449)	(2,694)	(3,027)	(3,450)	
(25)	Net Cash Flow Before Bankruptcy Costs	(192)	(10)	(109)	(199)	(70)	141	94	(229)	(191)	454	319	(83)	(132)	(206)
Ľ.	Cumulative Net Cash Flow before Bankruptcy	(192)	(202)	(311)	(510)	(580)	(438)	(344)	(573)	(764)	(310)	9	(74)	(206)	
(26)	Katz, Kane	-	-	=	(85)	-	-	-	-	-	(50)	-	_	-	(135)
(27)	Capstone	-	-	-		(100)	-	-	-	-		(100)	-	-	(200)
(28)	Counsel - Restructuring	-	-	-	-	(250)	-	-	-	-	(250)	-	-	-	(500)
(29)	Claims Agent	(15)	-	-	(75)		-	-	-	-		(75)	-	-	(165)
(30)	UCC Professionals		-	-	` -	(25)		-		-	(25)		_	-	(50)
(31)	DIP Fees	_				-				_	-				-
(32)	DIP Interest	_	-	-		(2)	-			(7)		-	-	(9)	(18)
(33)	DIP Counsel	_	_	_	_	(=)	_	_	_	/	_	_	_	-	,
(34)	DIP Interest	_	_	_	_	(50)	_	_	_		(50)	_	_	_	(100)
(35)	US Trustee	-		-	_	(30)	_	-		(25)	(30)			-	(25)
	Subtotal Restructuring Costs	(15)			(160)	(427)				(32)	(375)	(175)		(9)	(1,193)
			-	-						(32)	(377)	(173)			(1,193)
(36)		(50)	1		(170)	(43N)	(0)								
(36) (37)	Total Other and Restructuring	(50)	1 (10)	(100)	(170)	(430)	(0)	- 04	(2)	. ,	. ,	. ,	(2)	(13)	,
(36)		(50) (207)	1 (10)	(109)	(170)	(430) (497)	(0) 141	94	(229)	(224)	79	144	(83)	(141)	(1,399)
(36) (37)	Total Other and Restructuring					. ,				. ,	. ,	. ,			,
(36) (37) (38)	Total Other and Restructuring Net Cash Flow	(207)	(10)	(109)	(359)	(497)	141	94	(229)	(224)	79	144	(83)	(141)	,

ACORD

CERTIFICATE OF LIABILITY INSURANCE

MORGIND-01 CRIPPSK

DATE (MM/DD/YYYY)

5/14/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:					
Insurance Office of America, Inc. P.O. Box 162207	PHONE (A/C, No, Ext): (800) 243-6899 FAX (A/C, No): (40					
Altamonte Springs, FL 32716-2207	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Federal Insurance Company					
INSURED	INSURER B: Great Northern Insurance Company					
Morgan Industries Corp, et al	INSURER C: Atlantic Specialty Insurance Company					
PO Box 1030	INSURER D : Zenith Ins Co					
Alachua, FL 32615	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL:	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY		79532929	3/19/2012	3/19/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PRO- JECT LOC						\$	
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO		73521288	3/19/2012	3/19/2013	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS			0.00		PROPERTY DAMAGE (Per accident)	\$	
							An estimate of many	\$	
	Χ	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,000
С		EXCESS LIAB CLAIMS-MADE		B5JH25209	3/19/2012	3/19/2013	AGGREGATE	\$	10,000,000
		DED X RETENTION\$ 25,000				Ċ		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY		 A ANDRONANDO LA RABARA DE ESAMBIENTA DE LA COLOR DE LA TRABATA DE LA COLOR DEL COLOR DE LA COLOR DE LA COLOR DE LA COLOR DEL COLOR DE LA C			WC STATU- OTH- TORY LIMITS ER		
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	Z071979601	12/31/1	1	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A		12/	21/12	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below			12/	31/12	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Exc	ess Liability		79532932	3/19/2012	3/19/2013	Excess Bumbershoot		15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Office of the United States Trustee is additional insured on the referenced liability policies and per Florida law, will be given 45 days notice of cancellation except for non-payment of premium which will be 10 day notice of cancellation.

The following Named Insured's are included under referenced policies as indicated:

Morgan Industries Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Hunter Marine Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Luhrs Corporation: General Liability, Automobile, Excess Liability, Workers Compensation SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Office of the United States Trustee One Newark Center, Suite 2100 Newark, NJ 07102	AUTHORIZED REPRESENTATIVE All

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	ICY CUSTOMER ID: MORGIND-0	1	С	RIPPSK		
ACORD* ADDITIONAL	ADDITIONAL REMARKS SCHEDULE Page Office of America, Inc. BER BER SE 1 NAIC CODE SEE P 1 NAIC CODE SEE P 1 EFFECTIVE DATE: SEE PAGE 1 NAL REMARKS ITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, MBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	Page	1	of	1	
Insurance Office of America, Inc. POLICY NUMBER SEE PAGE 1		Morgan Industries Corp, et al PO Box 1030			ann an mana, ag grade.	
CARRIER				***************************************		
ADDITIONAL REMARKS	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabil Description of Operations/Locations/Vehicles: Mainship Corporation: General Liability, Automobile, E Silverton Corporation: General Liability, Automobile, E Hunter Composite Technologies Corporation: General Ovation Yachts Corporation: General Liability, Automobile Salisbury 10 Acres, LLC: General Liability, Automobile	ity Insurance xcess Liabi xcess Liabi Liability, Au bbile, Exces e, Excess Li	lity, Workers Compensation Itomobile, Excess Liability s Liability ability				

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In re: Luhrs Corporation Case No. 12-21190

Debtors. Reporting Period: Initial Monthly Operating Report

Explanation 1 - Property Insurance Coverage

Debtors Insurance Broker is working with the Debtors prior property insurance provider to bind coverage immediately and the broker believes such coverage will be in place by May 18, 2012.

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In re: Luhrs Corporation Case No. 12-21190

Debtors. Reporting Period: Initial Monthly Operating Report

Explanation 2 - Employee Health Insurance

Debtors are self insured for Employee Health Coverage with stop loss coverage of \$250,000/person per plan year.

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							Sig	nature Card
CLIENT INFORM							THE REAL PROPERTY.	Total Control of the last of t
	New Account		Update (Add/De	ete) Signers	☐ Sup	ersede Existin	a Signati	Ire Card
Account # (If new a	account, Bank will o	complete):					g oignatt	arc caru
ORGANIZATION LI	EGAL NAME (Mus	t match legal r	name indicated in comp	any formation	documents)	F22-471		
			EGARDED ENTITY OF			NER NAME, IF	ESS1	ON
DESCRIPTIVE ACC	COUNT TITLE (if ap	onlicable e.g. C	Ingrating Associat De-	t Account, etc.	Cannot be and	other legal entity	name.)	
Address For State		30x	•					
City: ALACH		Sta			441	T		
STATE OF FORMA	TION (You may be re	equired to provide	copies of your company	I P	ostal Code:	32615		
TYPE OF BUSINE	SS (Select One):	adamen to provide	copies of your company of	charter or formation	on documents.):	NEW.	JERS	EY
				ППс	In Dec. 1			
Limited Liability (Company:				le Proprietors	ship		
	Managed Me	ed Sole Memb			Organization	or Assoc	iation	
☐ Limited Liability	/ Partnership				int Venture			
☐ Limited Partner	rship			U Go	vernment Aut	thority/ Agency	(Type:)
Note: Property mana	gement accounts n	nust be accome	nanied by appropriate	Oti	her (Type:)		
			panied by appropriate of	wher and ager	nt indemnities a	nd property mar	nagement	account supplement.
Employer Identific		22-	19870	126				
Legal name of the				N INDO	STRIES	CORPE	ZAT	24 1
Federal Tax Class		Individual sol	e prop 🛛 C Corpo	oration S	Corporation	☐ Partnersh		Trust/Estate
LLC Tax Classifica	ation (UNLY for	Limited Lial	pility Company).	T CC-		S Corporation		
You begin or continue of	CINFORMATION	CERTIFICA	TION and AUTHOR	IZATION				☐ Partnership
give you is part of you	s deposit account re	iationship with u	s by giving us information	n about your bu	siness and by si	gning this Agreer	ment. The	deposit agreement we
give you is part of you agreement at any time The deposit agreement	and will inform you	of changes that		bligations. By s	ent terms govern	ning your accou	nt. We ma	ay change the deposit
Dii	molddes a provision	ior <u>aiternative</u>	dispute resolution.		5 - 5 - c-c-i, je	o doknowiedge i	eceipt of the	ne deposit agreement.
By signing below, you a card now or in the future to endorse and deposit	authorize each person	on who has sign	ned in the Designated A	ccount Signer s	ection below to	operate any acco	unt opono	d under this side
card now or in the futun to endorse and deposit including closing the ac name. We may rely on	checks and other its	ems payable to	or belonging to you to the	sign checks ar	nd other items ar	nd to give us other	er instruction	ons to withdraw funds:
name. We may rely on	this authorization for	to restrict a des	ignated signer's authorit	y to check signi	ing you must inc	er administrative dicate that by che	business re	elating to the account,
name. We may rely on where we maintain the a	account, and we have	e a reasonable t	time to act upon such no	iture card until tice.	we receive writte	en notice revokir	g the auth	orization at the office
By signing below, you o	odić							
By signing below, you clisted above is a United exempt from back-up wito report all interest or or	States person (def	ined below); an	d 3) the organization lis	ation number list	ted above for thi	is organization is	correct; 2)	that the organization
to report all interest or	tinoiding, or (b) has	not been notifie	ed by the Internal Reven	ue Service (the	IRS) that it is an	top will inolding	Decause: (a) the organization is
have been notified by	ve is not a officed	States person	and follow the instruct	ions in the nar	naronh immedia	p with holding.	cross out	item 2 above if the
* If the organization lists	nd and that you are	currently subj	ect to backup withholo	ing for failure t	o report interes	ately below.] [Cross out	item 3 above if you
								lding of Tax on Non-
any State, or any estate	or trust other thee	States or or any	State, a corporation cre	ated or organize	ed in the United	States or under the	mp create	d or organized in the
By signing below, this org For CA Public Funds or	ganization hereby ag	rees to be boun	nd to the above Agreeme	nt Tay Informat	ion Codification			ic Officed States of or
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The IRS does not requ	ire your consent	to any provisi	on of this document	leposit of money	s on file with us.		cvidericed	by attached banking
/00	Authorized	Signer Signa	ature:	mer man the	certifications i	required to avo	id backup	withholding.
(Must match Banking R	esolution & Certific	ate of Incumbe	ency):	GET Y	aten			
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Must match Booking 5	Authorized	Signer Signa	iture:		· LNI	-	Date:	5/7/12
Must match Banking R					41	7 (
	IAN G. I	PINGLE	Print Title:	VICE .	MESTO:	-UT	Date:	5/5/13
DESIGNATED ACCO	ONI SIGNERS	(use suppler	nental pages as ne	eded for add	litional signe	rs)		5/7/12
ONLY sign checks	Add/Delete Signer (A/D)	Name		Title	3.10		7	1
				riue		Signatur	e /	
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Merrill Lynch		Signature Card
CLIENT INFORMATION		
Select One: New Account Update (Add/Delete)	Signers Supersede	Existing Signature Card
Account # (If new account, Bank will complete):		
ORGANIZATION LEGAL NAME (Must match legal name indicated in company f	- DE3, GR IN	POSSESSION ME, if applicable
DESCRIPTIVE ACCOUNT TITLE (if applicable, e.g. Operating Account, Rent Acc	count, etc. Cannot be another leg	al entity name.)
Address For Statement: 70 Box 1030 HIGHU	DAY 441	
City: ALACHUA State: FC		615
STATE OF FORMATION (You may be required to provide copies of your company charte		W JERSEY
TYPE OF BUSINESS (Select One):		
Corporation	Sole Proprietorship	
Limited Liability Company:	☐ Unincorporated Organi	ration or Association
☐ Manager Managed ☐ Member Managed ☐ Sole Member	Unincorporated Organi	zation of Association
General Partnership	☐ Joint Venture	
Limited Liability Partnership	☐ Government Authority/	Agency (Type:)
Limited Partnership	Other (Type:)	
Note: Property management accounts must be accompanied by a propriate owner TAX CLASSIFICATION	er and allent indemnities and prop	perty management account supplement.
	811	
Employer Identification Number:	- 6	100000 m l
Lagal name of the owner of the ELIN listed above: how CGAN		OZPOZATION
Federal Tax Classification: Individual sole prop X C Corporat		Partnership
LLC Tax Classification (ONLY for Limited Liability Company): AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORY You begin or continue a deposit account relationship with us by giving us information all give you is part of your agreement with us regarding use of your account and tells agreement at any time and will inform you of changes that affect your rights and oblig The deposit agreement includes a provision for alternative dispute resolution.	TION bout your business and by signing to you the current terms governing you	his Agreement. The deposit agreement we our account. We may change the deposit
By signing below, you authorize each person who has signed in the Designated Accordant now or in the future. The authority to operate an account includes: authority to sign or endorse and deposit checks and other items payable to or belonging to you to the anoluding closing the account. If you wish to restrict a designated signer's authority to hame. We may rely on this authorization for any account opened under this signature where we maintain the account, and we have a reasonable time to act upon such notice.	gn checks and other items and to g account; and, to transact other adm b check signing you must indicate to card until we receive written not	ive us other instructions to withdraw funds; inistrative business relating to the account, that by checking the box to the left of their
By signing below, you certify under penalty of perjury that 1) the employer identification isted above is a United States person (defined below); and 3) the organization listed exempt from back-up withholding, or (b) has not been notified by the Internal Revenue to report all interest or dividends; or (c) the IRS has notified the organization that it organization listed above is not a United States person and follow the instruction have been notified by the IRS that you are currently subject to backup withholding if the organization listed above is a foreign entity use the applicable Form W-8 (for Resident Aliens or Foreign Entities). The term "United States person" means: a citized united States or under the law of the United States or of any State, a corporation creation of the United States or foreign frust.	I above is not subject to backup we Service (the IRS) that it is subject is no longer subject to backup with in the paragraph immediately g for failure to report interest or considerational information please see and or resident of the United States,	ithholding because: (a) the organization is to back up withholding as a result of failure tholding. (Cross out item 2 above if the below."] [Cross out item 3 above if you lividends.] IRS Pub 515 Withholding of Tax on Nona partnership created or organized in the
By signing below, this organization hereby agrees to be bound to the above Agreement For CA Public Funds only: Any person signing this Agreement for the Organization corresolution/contract for deasist of moneys or existing banking resolutions/contract for dealths and the agreement of the contract for dealths are provided.	rtifies that they are duly authorized asit of maneys on the with us.	to do so as evidenced by attached banking
Authorized Signer Signature:	12- 11-	
Must match Banking Resolution & Certificate of Incumbency):	De Come	100 1=1-1-
Print Name: JOHN T. TETES PRINTED	FICESIUSHI .	Date: 5/7/12
Authorized Signer Signature: Must match Banking Resolution & Certificate of Incumbency):	21/1	
Print Name: BRIAN G. DINGLER Print Title:	VICE PRESIDENT	Date: 5/1/12
DESIGNATED ACCOUNT SIGNERS (use supplemental pages as nee		374710
Select if signer can Add/Delete		
ONLY sign checks Signer (A/D) Name	Title	Signature

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BRIANG DINGLEZ VICE TRESIDENT

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STATE OF FORMATION		to provide copies of your	company charter	or formation documents.)		KSEY				
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Filed 05/15/12 Entered 05/15/12 15:44:53 Desc Main ocument Page 11 Deposit Account Documentation 21156•MBK Doc 97 Document Banking Resolution and Certificate of Incumbency Date: Supersede Banking Resolution Update Incumbency New Resolution/Incumbency Select One: This Banking Resolution and Certificate of Incumbency will apply to all accounts you maintain with us. COZZEZATION DEBICK IN Organization Legal Name The Organization adopts the following Banking Resolution and Certificate of Incumbency (with specimen signatures)* The undersigned certifies that: 1) any individual (each an "Authorized Signer") holding any of the following positions: (Title) EN (Title) is authorized, acting alone, (a) to establish accounts from time to time for the Organization at Bank of America, N.A. (the "Bank"), as well as to operate and close such accounts, and (b) to designate persons to operate each such account including closing the account, and 2) the person whose signature, name, and title appear in the "AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZATION" section of the Deposit Account Documentation Signature Card ("Signature Card") and those persons listed below on the Incumbency Certificate, are Authorized Signers who are authorized to establish accounts and to designate persons to operate each such account and to execute contracts and agreements with the Bank and that their signatures are genuine 3) the persons who signed in the Designated Account Signers section of the Signature Card are authorized to operate any accounts opened with the deposit account documentation unless otherwise noted on the Signature Card, and that their signatures are genuine. 4) the foregoing is a complete, true and correct copy of the banking resolutions adopted by the Board of Directors, the Members or the General Partners, Commission, Council or Governing Board as applicable, of the Organization, government entity or authority and that the resolutions are still in full force and effect and have not been amended or revoked and do not exceed the objects or powers of the Organization, government entity, authority or the powers of its management or Governing Board, Commission or Council. Incumbency Certificate: Use when Authorized Signer's signature does not appear on the accompanying Signature Card, or to update authorized signers. Signature Name Oto * If you choose to provide your own Banking Resolution and Certificate of Incumbency (with specimen signatures), it must be attached to the signature card. This Banking Resolution and Certificate of Incumbency must be signed as follows: Corporations: Secretary or assistant secretary of the company must sign. Any Partnership type: One of the general partners must sign. If the general partner is an organization, show the name of the general partner and include capacity of signer. Limited Liability Company: Member Managed LLC: One of the members or an officer of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer. Manager Managed LLC: The manager or managers or an officer authorized of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer. Other unincorporated organizations: An officer of the organization who is authorized by the by-laws or operating agreement of the company must sign. Government entities, authorities or agencies: An authorized signer of the government entity/authority who is authorized by the statutes must sign. IN WITNESS WHEREOF, I have hereunto set my hand as (title) of the Organization listed above this

	Name of Company who	is General Partner or I	Member)	
	THIS DOCUME	NT MUST BE PR	OCESSED BY THE BANK OF AMERICA UNIT LISTED BELOW	•
or Bank Use:	Forward to:			
Date Received:		Received by:	Phone:	
Date Reviewed:		Reviewed by:		

Type or Print Name of Certifying Individual

Bv

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In re: Luhrs Corporation Case No. 12-21190

Debtors. Reporting Period: Initial Monthly Operating Report

Explanation 3 - Main Operating Account

Pursuant to Docket Filing number 40: Order Authorizing Continued Maintenance of Existing Bank Accounts, the Debtors are using its Bank of America account ending in 4377 at Bank of America as its General Operating Account.

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In re: Luhrs Corporation Case No. 12-21190

Debtors Reporting Period: Initial Monthly Operating Report

SCHEDULE OF RETAINERS PAID TO PROFESSIONALS

(This schedule is to include each Professional paid a retainer ¹)

Check				Amount Applied		
Payee	Date	Number	Name of Payor	Amount	to Date	Balance
Arent Fox, LLP	3/8/2012	(1)	Hunter Marine Corporation	75,000	75,000	0
Capstone Advisory Group LLC	12/28/2012	(1)	Warren Luhrs	10,000	10,000	0
Donlin, Recano & Company, Inc.	4/19/2012	(1)	Hunter Marine Corporation	15,000	0	15,000
Stichter, Riedel, Blain & Prosser	10/16/2009	152575	Luhrs Corporation	5,000	0	5,000
Rattett Pasternak LLP	4/23/2012	(1)	Hunter Marine Corporation	5,000	5,000	0
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¹ Identify all Evergreen Retainers

(1) Paid by wire