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	UNITED STATES BAN	KRUPTCY COUR	T
	for the DISTRIC	TOF Delaware	_
In re: EECI, Inc.	ş	Case No.	14-10992
Debtor(s)	\$ 		e No. <u>14-10979</u> y Administered
Post-confirmation Re	port		Chapter 11
Quarter Ending Date: 06/30/2021		Pet	ition Date: 04/29/2014
Plan Confirmed Date: 02/27/2018		Plan Effe	ctive Date: <u>03/09/2018</u>
This Post-confirmation Report rel	ates to: O Reorganized Debtor		

Other Authorized Party or Entity: EFH Plan Administrator Board Trust

Name of Authorized Party or Entity

/s/ Jason M. Madron Signature of Responsible Party

09/01/2021

Date

Jason M. Madron

Printed Name of Responsible Party

Richards, Layton & Finger, P.A. One Rodney Square 920 North King St., Wilmington, DE 19801 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

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### Debtor's Name EECI, Inc.

Case No. 14-10992

# Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

Part 2:	Preco	onfirmation Professional Fees	and Expenses				
				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor Aggregate Total		\$0	\$0	\$0	\$0	
	Itemiz	ed Breakdown by Firm					
		Firm Name	Role				
	i		Other	\$0	\$0	\$0	\$0
	ii		Other	\$0	\$0	\$0	\$0

				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.		Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total		\$0	\$0	\$0	\$0
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i		Other	\$0	\$0	\$0	\$0
	ii						
c.	All	professional fees and expense	s (debtor & committees)	\$0	\$0	\$0	\$0

## Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

#### Part 4: Questionnaire

a. Is this a final report?		Yes 🔿 No 💿
If yes, give date Final Decree was entered:		
If no, give date when the application for Final Decree is anticipated:	12/31/2021	
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. §	1930?	Yes 💿 No 🔿

Debtor's Name EECI, Inc.

Case No. 14-10992

#### **Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/ rules\_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

# I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Anthony R. Horton

Signature of Responsible Party

Plan Administrator Board

Title

Anthony R. Horton
Printed Name of Responsible Party
09/01/2021
Date