Case 1	.9-11984-CTG	Doc 1593	Filed 10/20/21	Page 1 of 3	
	UNITED STA	TES BANK	RUPTCY COUR	T	
		DISTRICT	DF DELAWARE	_	
In re: Fred's Stores of Tennes	ssee, Inc.	§ 8	Case No.	19-11982	
Debtor(s)		\$ \$ \$	🗌 Jointl	y Administered	
Post-confirmation Ro	eport				Chapter 11
Quarter Ending Date: 09/30/2021			Peti	ition Date: <u>09/09/201</u>	9
Plan Confirmed Date: 06/04/2020			Plan Effe	ctive Date: <u>06/19/202</u>	0
This Post-confirmation Report relates to: C Reorganized Debtor • Other Authorized Party or Entity: FI Liquidating Trust					
		internetical faity of		-	

Name of Authorized Party or Entity

/s/ Anthony M. Saccullo Signature of Responsible Party

10/20/2021

Date

Anthony M. Saccullo

Printed Name of Responsible Party

27 Crimson King Drive Bear, DE 19701 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.

Debtor's Name Fred's Stores of Tennessee, Inc.

Case No. 19-11982

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	nfirmation Professional Fees a	nd 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			\$0	\$0	\$0	\$0
	ii						

				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.		essional fees & expenses (nor red by or on behalf of the de	\$0	\$0	\$0	\$0	
	Itemi	ized Breakdown by Firm					
		Firm Name	Role				
	i			\$0	\$0	\$0	\$0
	ii					\$0	\$0
c.	All	professional fees and exp	penses (debtor & committees)				

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:	07/31/2023	
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?		Yes 💿 No 🔿

Debtor's Name Fred's Stores of Tennessee, Inc.

Case No. 19-11982

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).

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

/s/ Anthony M. Saccullo

Signature of Responsible Party

Liquidating Trustee

Title

Anthony M. Saccullo
Printed Name of Responsible Party
10/20/2021
Date