FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor	Case Number
Erickson Retirement Communities, LLC, et al.	09-37010 (SGJ)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
McGuireWoods LLP

RECEIVED
FEB 24 2010
BMC GROUP

Name and address where notices should be sent:
Emery B. McRill, Esq.
7 Saint Paul Street, Suite 1000
Baltimore, MD 21202

Telephone number: 410.659.4400

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
☐ Check box if you have never received any notices from the bankruptcy court in this case.
☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here ☐ replaces ☐ amends if this claim a previously filed claim, dated: _____

1. Basis for Claim

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other legal services rendered

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: 2007 - petition date

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 212,147.00 (unsecured) _____ (secured) _____ (priority) 212,147.00 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral: $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Nonpriority Claim $_____

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to $2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
February 22, 2010	Emery B. McRill, Partner Emery B. McRill

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 [illegible] 18 U.S.C. §§ 152 and 3571.

Erickson Ret. Comm. LLC
01282

EXHIBIT A

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James E. Van Horn
Direct: 410.659.4468

McGUIREWOODS

jvanhorn@mcguirewoods.com
Direct Fax: 410.659.4488

February 23, 2010

VIA FEDERAL EXPRESS

RECEI
FEB 24 2010
BMC GROUP

BMC Group, Inc.
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Re: In re: Erickson Retirement Communities, LLC, et al.
Case No. 09-37010 (SGJ)

Dear Sir or Madam:

Enclosed please find an original and one copy of a Proof of Claim. Please date-stamp and return the copy to me in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter.

Very truly yours,

James E. Van Horn

JVH/dmt
Enclosures