

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)	PROOF OF CLAIM
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Name of Debtor: ERICKSON RETIREMENT COMMUNITIES, LLC.	Case Number: 09-37010-SGJ11
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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): SPECIALTY SCREEN AND WINDOW COMPANY	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: SPECIALTY SCREEN AND WINDOW COMPANY 10429 REISTERSTOWN ROAD OWINGS MILLS, MARYLAND 21117 Telephone number: 410-998-4212	Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> TRIANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS </div>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: _____	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

FILED


NOV 06 2009

1. Amount of Claim as of Date Case Filed: \$ 25,592.77	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
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If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claims falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
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2. Basis for Claim: GOODS AND SERVICES PERFORMED. (See instruction #2 on reverse side.)	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: _____	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
4. Secured Claims (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Value of Property: \$ _____ Annual Interest Rate _____ %	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
Amount of arrearage and other charges as of time case filed included in secured claim,	Amount entitled to priority: \$ _____
If any: \$ _____ Basis for perfection: _____	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	RECEIVED NOV 09 2009 BMC GROUP

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	FOR COURT USE ONLY
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____	Erickson Ret. Comm. LLC  00023

Date: 11/3/09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Joel M. Matz, PRESIDENT JOEL M. MATZ	Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
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Specialty Screen & Window Co., Inc.
10429 Reisterstown Road
Owings Mills, MD 21117

Invoice

Phone # 410-998-4212
Fax # 410-998-4214
E-mail sswc@verizon.net

Date	Invoice #
10/29/2009	102909-K-5

Job Location	Charlestown General Services BU # 60110320 MD
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Bill To
Charlestown Retirement Community Mail Stop 601 P.O. Box 22000 Catonsville, MD 21228

Ship To
Job Phone

REP	Terms	P.O.No.
	Net 30 days	

Quantity	Item Code	Description	Price Each	Amount
1	Materials	950 series patio door supplied & installed w/keylock	1,142.81	1,142.81
1	Labor	9T12-95 3/8 x 89 installation	275.00	275.00

		Sales Tax (0.07%)	30.00
		Total	\$1,417.81
		Payments/Credits	\$0.00
		Balance Due	\$1,417.81

**Replacement of Insulated Glass
 Windows . Patio Doors . Screens
 Storm Windows . Storm Doors**

Terms: Net cash in thirty (30) days. Past due amounts subject to 18% interest per annum (1.5 % per month) or highest applicable rate according to state law. Customer will pay all attorney fees when collection services are used.

Specialty Screen & Window Co., Inc.

**10429 Reisterstown Road
Owings Mills, MD 21117**

**Phone # 410-998-4212
Fax # 410-998-4214
E-mail sswc@verizon.net**

Invoice

Date	Invoice #
10/29/2009	102909-K-6

Job Location	Charlestown General Services BU # 60110320 MD
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Bill To
Charlestown Retirement Community Mail Stop 601 P.O. Box 22000 Catonsville, MD 21228

Ship To
Job Phone

REP	Terms	P.O.No.
	Net 30 days	

Quantity	Item Code	Description	Price Each	Amount
1	Materials	950 series patio door supplied & installed	1,142.81	1,142.81
1	Labor	PV605-95 3/8 X 87 1/2 installation	275.00	275.00

		Sales Tax (6.0%)	\$0.00
Replacement of Insulated Glass Windows . Patio Doors . Screens Storm Windows . Storm Doors		Total	\$1,417.81
		Payments/Credits	\$0.00
		Balance Due	\$1,417.81

Terms: Net cash in thirty (30) days. Past due amounts subject to 18% interest per annum (1.5 % per month) or highest applicable rate according to state law. Customer will pay all attorney fees when collection services are used.

Specialty Screen & Window Co., Inc.

**10429 Reisterstown Road
Owings Mills, MD 21117**

**Phone # 410-998-4212
Fax # 410-998-4214
E-mail sswc@verizon.net**

Invoice

Date	Invoice #
10/23/2009	102309-K-10

Job Location	Charlestown General Services BU # 60110320 MD
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Bill To
Charlestown Retirement Community Mail Stop 601 P.O. Box 22000 Catonsville, MD 21228

Ship To
Job Phone

REP	Terms	P.O.No.
	Net 30 days	

Quantity	Item Code	Description	Price Each	Amount
1	Materials	950 series, patio door supplied & installed	1,142.81	1,142.81
1	Labor	BR110-95 3/8 x 89 installation	275.00	275.00

		Sales Tax (6.0%)	\$0.00
		Total	\$1,417.81
		Payments/Credits	\$0.00
		Balance Due	\$1,417.81

**Replacement of Insulated Glass
Windows . Patio Doors . Screens
Storm Windows . Storm Doors**

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Specialty Screen & Window Co., Inc.

**10429 Reisterstown Road
Owings Mills, MD 21117**

Invoice

**Phone # 410-998-4212
Fax # 410-998-4214
E-mail sswc@verizon.net**

Date	Invoice #
10/23/2009	102309-K-11

Job Location	Charlestown General Services BU # 60110320 MD
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Bill To
Charlestown Retirement Community Mail Stop 601 P.O. Box 22000 Catonsville, MD 21228

Ship To	
Job Phone	

REP	Terms	P.O.No.
	Net 30 days	

Quantity	Item Code	Description	Price Each	Amount
1	Materials	950 series, patio door supply only BR227-95 3/8 x 87 1/2	1,142.81	1,142.81

			Sales Tax (6.0%)	\$0.00
			Total	\$1,142.81
			Payments/Credits	\$0.00
			Balance Due	\$1,142.81

**Replacement of Insulated Glass
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Specialty Screen & Window Co., Inc.
10429 Reisterstown Road
Owings Mills, MD 21117

Invoice

Phone # 410-998-4212
Fax # 410-998-4214
E-mail sswc@verizon.net

Date	Invoice #
10/23/2009	102309-K-12

Job Location	Charlestown General Services BU # 60110320 MD
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Bill To
Charlestown Retirement Community Mail Stop 601 P.O. Box 22000 Catonsville, MD 21228

Ship To _____
 Job Phone _____

REP	Terms	P.O.No.
	Net 30 days	

Quantity	Item Code	Description	Price Each	Amount
1	Materials	7800 series window supplied & installed	590.00	590.00
1	Labor	ST425-99 x 60 1/4 installation	175.00	175.00

		Sales Tax (6.0%)	\$0.00
		Total	\$765.00
		Payments/Credits	\$0.00
		Balance Due	\$765.00

**Replacement of Insulated Glass
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 Storm Windows . Storm Doors**

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**UNITED STATES BANKRUPTCY COURT FOR
THE NORTHERN DISTRICT OF TEXAS**

ADDITIONAL EXHIBITS OR ATTACHMENTS SUBMITTED

Additional exhibits or attachments in reference to this document were submitted. Pursuant to our Administrative Procedures for CM/ECF, such documentation is not to be filed with the court except as summarized or excerpted, unless a party is directed to do so. The court will not process or retain more than 5 pages of exhibits or attachments to documents filed with the court. A complete copy of the exhibits or attachments are available upon request from the filer.

Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

Judge: Stacey G. Jernigan **Chapter:** 11

Office: Dallas **Last Date to file claims:** 02/28/2010

Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (12789032) Specialty Screen and Window Company 10429 Reisterstown Road Owings Mills, MD 21117	Claim No: 7 <i>Original Filed</i> Date: 11/06/2009 <i>Original Entered</i> Date: 11/06/2009	<i>Status:</i> Filed by: CR Entered by: Jones, Anya Modified:
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Unsecured claimed: \$25532.77

Total claimed: \$25532.77

<i>History:</i>	
<u>Details</u>	<u>7-1</u> 11/06/2009 Claim #7 filed by Specialty Screen and Window Company, total amount claimed: \$25532.77 (Jones, Anya)
<i>Description:</i>	
<i>Remarks:</i>	

Claims Register Summary