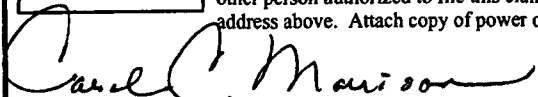

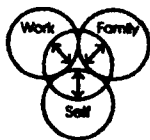


B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)		PROOF OF CLAIM
Name of Debtor: Erickson Retirement Communities, LLC		Case Number: 09-37010-sgj11
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): Morrison Associates, Ltd.		<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 2em; font-weight: bold; color: red;">FILED</p> <p style="font-size: 1.2em; font-weight: bold;">NOV 05 2009</p> <p style="font-size: 0.8em;">Court Claim Number: <u> </u></p> <p style="font-size: 0.8em;">(If known)</p> <p style="font-size: 0.8em; font-weight: bold;">TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</p> </div>
Name and address where notices should be sent: 650 First Bank Drive Palatine, IL 60067		
Telephone number: 847-991-2260		
Name and address where payment should be sent (if different from above): Telephone number:		<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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>700.00</u> 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 claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(___). Amount entitled to priority: \$ _____ <small>*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.</small>
2. Basis for Claim: <u>Consulting services performed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: <u>2009.0032</u> (See instruction #3a on reverse side.) <u>2009.0035</u>		
4. Secured Claim (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. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 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:		
Date: <u>11/2/09</u> 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.  Carol C. Morrison Director Finance & Administration		FOR COURT USE ONLY Erickson Ret. Comm. LLC  00024



Morrison Associates, Ltd.

September 29, 2009

Invoice: 2009:0032

Mr. Mark Erickson
Chief Operating Officer
Erickson Retirement Communities
701 Maiden Choice Lane
Baltimore, MD 21228

STRICTLY CONFIDENTIAL

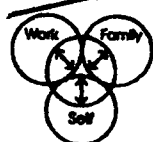
For Professional Services Rendered:

September 29, 2009	Telephone Consultation	\$300.00
	David E. Morrison, M.D.	
	45 minutes @ \$400.00/hour	

Please Remit

Thank you

TAX IDENTIFICATION NUMBER: 36-3087356



Morrison Associates, Ltd.

October 6, 2009

Invoice: 2009:0035

Ms. Sara Jo Light
Erickson Retirement Communities
701 Maiden Choice Lane
Baltimore, MD 21228

STRICTLY CONFIDENTIAL

For Professional Services Rendered:

October 6, 2009	Telephone Consultation David E. Morrison, M.D. 1 hour @ \$400.00/hour	\$400.00
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Please Remit

Thank you

TAX IDENTIFICATION NUMBER: 36-3087356

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> (12789035) Morrison Associates, Ltd. 650 First Bank Drive Palatine, IL 60067	Claim No: 8 <i>Original Filed</i> <i>Date:</i> 11/05/2009 <i>Original Entered</i> <i>Date:</i> 11/06/2009	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Jones, Anya <i>Modified:</i>
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Unsecured claimed: \$700.00
Total claimed: \$700.00

<i>History:</i>
<u>Details</u> <u>8-1</u> 11/05/2009 Claim #8 filed by Morrison Associates, Ltd., total amount claimed: \$700 (Jones, Anya)

<i>Description:</i>
<i>Remarks:</i>

Claims Register Summary