


<b>UNITED STATES BANKRUPTCY COURT</b> Northern District of Texas (Dallas Division)		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Erickson Retirement Communities, LLC</b>		Case Number: <b>09-37010-sqj11</b>
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>In-House Diagnostic Solutions</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: <b>Marc Swanson, Esq.</b> <b>Miller, Canfield, Paddock &amp; Stone, PLC</b> <b>150 W. Jefferson Ave., Suite 2500</b> <b>Detroit, MI 48226</b>  Telephone number: <b>(313) 496-7591</b>		
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.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>11,682.37</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.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> 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:  \$ _____  <i>*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.</i>
<b>2. Basis for Claim:</b> <u>Health care services</u> (See instruction #2 on reverse side.)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____  <b>3a. Debtor may have scheduled account as:</b> <u>OP Therapy, LLC</u> (See instruction #3a on reverse side.)		
<b>4. Secured Claim</b> (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: \$ _____		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
<b>7. Documents:</b> 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: <b>11/02/2009</b>	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.  <b>/s/ Marc Swanson, Esq.</b>	
		<b>FOR COURT USE ONLY</b>  Erickson Ret. Comm. LLC  00031

# Exhibit 1

Case Name	FACILITY	0-30 Days	31-60 Days	61-90 Days	91-120	Over 120	Total Balance	Last Pmtg
HENRY4	Henry Ford Village SNF	\$4,155.58	\$0.00	\$0.00	\$0.00	-\$13.47	\$4,142.11	05-Oct-09
RENASS	Renaissance Gardens at Fox Run	\$3,056.41	\$4,483.85	\$0.00	\$0.00	\$0.00	\$7,540.26	05-Oct-09

Founded in 1852  
by Sidney Davy Miller

# MILLER CANFIELD

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November 9, 2009

**BY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

BMC Group Inc  
Attn: Erickson Retirement Communities, LLC Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

Re: Proof of Claim to be filed against Erickson Retirement Communities, LLC

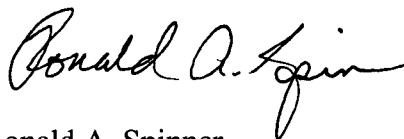
To Whom It May Concern:

Please find enclosed one original and one copy of a Proof of Claim for creditor In-House Diagnostic Solutions to be filed against Debtor Erickson Retirement Communities, LLC.

Please process this Proof of Claim in the appropriate manner and return one (1) time stamped copy to me in the enclosed self addressed pre-paid envelope.

If you have any questions, please contact me. Thank you for your cooperation.

Sincerely,



Ronald A. Spinner