

UNITED STATES BANKRUPTCY COURT

Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor:

Erickson Construction, LLC

Case Number:

09-37016

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):

Plus One MidAtlantic Co., Inc.

Name and address where notices should be sent:

Plus One MidAtlantic Co., Inc.
1300 Mercantile Lane, Suite 148
Largo, Maryland 20774

Telephone number:

301-772-0070

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone number:

☐ 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.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$ 52,724.20

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.

☐ 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.

2. Basis for Claim: services performed

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

BMC GROUP

3a. Debtor may have scheduled account as: _____

(See instruction #3a on reverse side.)

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: ☐ Real Estate ☐ Motor Vehicle ☐ 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:

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

☐ 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).

☐ 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)(____).

Amount entitled to priority:

\$ _____

*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.

Date: 11/9/09

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.

Ennia Andersen Ennia Andersen, Office Mgr

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1573

Erickson Ret. Comm. LLC



00033

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: ERICKSON CONSTRUCTION, LLC.
703 Maiden Choice Lane
Baltimore, MD 21228

DATE: 6-18-09

PROJECT: 557RB15
JOB: Wood framed residential building

FROM: Plus One MidAtlantic Company, Inc

APPLICANT NO.:
PERIOD TO:

1. Original Contract Amount	\$ 319,250.00
2. Change Orders Issued to Date (Thru C.O. # <u>1-3</u>)	\$ 3,948.18
3. Contract Sum to Date (Line 1+2)	\$ 323,198.18
4. Total Completed & Stored to Date	\$ 323,198.18
5. Less Retainage (<u>-0-</u> %)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 323,198.18
7. Less Previous Requisitions	\$ 307,038.27
8. Payment Due This Period (Line 6-7)	\$ 16,159.91 RETENTION

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: [Signature] Date: 6-18-09
(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$
PROGRESS BILLING	\$
RETAINAGE HELD	\$
TOTAL AMOUNT DUE	\$
PROJECT NUMBER	557RB15
COST CODE #	48400-042000
APPROVED BY	
APPROVED DATE	

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	
REVIEWED BY	

Application No. :

Application Date: 06/17/09
Period To:

[illegible]

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **ERICKSON CONSTRUCTION, LLC.**
703 Maiden Choice Lane
Baltimore, MD 21228

DATE: 4-28-09

PROJECT: 557RB12
JOB: Wood framed residential building.
APPLICANT NO.:
PERIOD TO:

FROM: Plus One MidAtlantic Company, Inc.

1. Original Contract Amount	\$ 459,195.00
2. Change Orders Issued to Date (Thru C.O. # <u>1-7</u>)	\$ -118,993.86
3. Contract Sum to Date (Line 1+2)	\$ 340,201.14
4. Total Completed & Stored to Date	\$ 340,201.14
5. Less Retainage (____ %)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 340,201.14
7. Less Previous Requisitions	\$ 340,201.14
8. Payment Due This Period (Line 6-7)	\$ 16,971.25 RETENTION

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: Barney D. Loder Date: 4-28-09
(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$ _____
PROGRESS BILLING	\$ _____
RETAINAGE HELD	\$ _____
TOTAL AMOUNT DUE	\$ _____
PROJECT NUMBER	557RB12
COST CODE #	48400-042000
APPROVED BY	_____
APPROVED DATE	_____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

EXHIBIT "E"
CONTRACTORS, SUBCONTRACTORS AND SUPPLIER
PARTIAL RELEASE OF LIENS

STATE OF:

COUNTY OF:

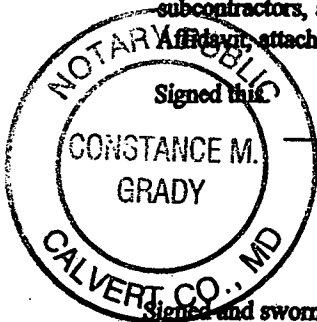
Original Contract Amount:	\$ 459,195.00
Approved Change Orders:	\$ -118,993.86
Adjusted Contract Amount:	\$ 340,201.14
Completed to Date:	\$ 340,201.14
Retention:	\$ -0-
Total Earned (Less Retention):	\$ 340,201.14
Previous Payments:	\$ 340,201.14
Current Payment:	\$ 16,971.25 RETENTION
Contract Balance:	\$ -0-

TO: CHICAGO TITLE INSURANCE COMPANY (Title Insurer)
____ (Lender)
____ (Owner)
____ (Contractor)

The UNDERSIGNED being duly sworn states that he is the Corporate Secretary (title)
of Plus One MidAtlantic Co., (Inc) who has a contract with Erickson Construction, LLC
for furnishing masonry for the improvements being erected on
real estate known and identified as Independent Living Building 1.2 located in Loudoun
County, State of Virginia and owned by Erickson Construction, LLC

The UNDERSIGNED, for and in consideration of the sum of Sixteen thousand nine hundred seventy one
(\$ 16,971.25) in payment of invoice or application dated 4-28-09 and 25/100
valuable consideration, the receipt of which is hereby acknowledged, does hereby waive and release any and all liens or
claims of right of lien on the aforementioned property and improvements thereon, and on monies or other consideration due or
to become due on account of labor or services, materials, fixtures or apparatus heretofore furnished, prior to
April 28, 20 09, except for the retention stated above.

The UNDERSIGNED, respectfully warrants that the contract status set forth above is an accurate statement, and no
other sums are claimed, that all laborers, subcontractors, and suppliers employed by him have been paid all sums previously
due and all current sums due out of this payment and that none of such laborers, subcontractors or suppliers is or will be
entitled to claim or assert any claim against the above described real estate or the improvements thereon for labor or materials
furnished to or for the account of the undersigned. (Upon request, the undersigned shall list the name of each of his
subcontractors, and suppliers, with contract and payment status, on CTI form F-3926 - Contractors and Subcontractors
Affidavit, attach same hereto and upon request furnish waivers from said parties).



Signed this 28th Day of April, 20 09

Plus One MidAtlantic Co., Inc.
Contractor/Supplier/Subcontractor

By: Nancy Di Lodovico
Signature & Title (Must be an Officer)

Nancy DiLodovico, Corporate Secretary

Signed and sworn to before me this

28th

Day of

April

20 09

My Commission Expires:

9-26-12

Constance M. Grady
Notary Public Signature

Application No.:

Application Date:
Period To:

[illegible]

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **ERICKSON CONSTRUCTION, LLC.**
703 Malden Choice Lane
Baltimore, MD 21228

DATE: 6-19-09

PROJECT: 557RB16
JOB: Residential wood building over a
cast in place concrete parking garage
with 14" post tension deck.

FROM: Plus One MidAtlantic Co.

APPLICANT NO.:
PERIOD TO:

1. Original Contract Amount	\$ 404,000.00
2. Change Orders Issued to Date (Thru C.O. # ____)	\$
3. Contract Sum to Date (Line 1+2)	\$ 404,000.00
4. Total Completed & Stored to Date	\$ 67,415.00
5. Less Retainage () %	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 67,415.00
7. Less Previous Requisitions	\$ 60,673.50
8. Payment Due This Period (Line 6-7)	\$ 6,741.50 RETENTION

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: 

Date: 6-19-09

(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$
PROGRESS BILLING	\$
RETAINAGE HELD	\$
TOTAL AMOUNT DUE	\$
PROJECT NUMBER	557RB16
COST CODE #	48400-042000
APPROVED BY	
APPROVED DATE	

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	
REVIEWED BY	

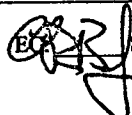

 Sub: 

EXHIBIT "E"
CONTRACTORS, SUBCONTRACTORS AND SUPPLIER
PARTIAL RELEASE OF LIENS

STATE OF:

COUNTY OF:

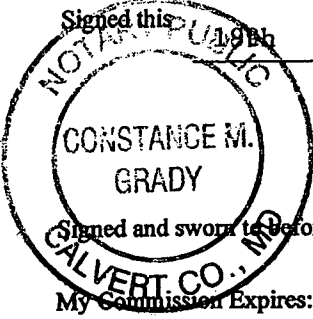
Original Contract Amount:	\$ 404,000.00
Approved Change Orders:	\$
Adjusted Contract Amount	\$ 404,000.00
Completed to Date:	\$ 67,415.00
Retention:	\$ -0-
Total Earned (Less Retention):	\$ 67,415.00
Previous Payments:	\$ 60,673.50
Current Payment:	\$ 6,741.50 RETENTION
Contract Balance:	\$

TO: CHICAGO TITLE INSURANCE COMPANY (Title Insurer)
____ (Lender)
____ (Owner)
____ (Contractor)

The UNDERSIGNED being duly sworn states that he is the _____ (title)
of Plus One MidAtlantic Co., (Inc) who has a contract with Erickson Construction
for furnishing masonry for the improvements being erected on
real estate known and identified as Ashby Ponds Independent Living Building 1.6 located in Loudoun
County, State of Virginia and owned by Erickson Construction.

The UNDERSIGNED, for and in consideration of the sum of Six thousand seven hundred forty one
(\$ 6,741.50 and 50/100) in payment of invoice or application dated 6-19-09 and other good and
valuable consideration, the receipt of which is hereby acknowledged, does hereby waive and release any and all liens or
claims of right of lien on the aforementioned property and improvements thereon, and on monies or other consideration due or
to become due on account of labor or services, materials, fixtures or apparatus heretofore furnished, prior to
June 19, 20 09, except for the retention stated above.

The UNDERSIGNED, respectfully warrants that the contract status set forth above is an accurate statement, and no
other sums are claimed, that all laborers, subcontractors, and suppliers employed by him have been paid all sums previously
due and all current sums due out of this payment and that none of such laborers, subcontractors or suppliers is or will be
entitled to claim or assert any claim against the above described real estate or the improvements thereon for labor or materials
furnished to or for the account of the undersigned. (Upon request, the undersigned shall list the name of each of his
subcontractors, and suppliers, with contract and payment status, on CTI form F-3926 - Contractors and Subcontractors
Affidavit, attach same hereto and upon request furnish waivers from said parties).

Signed this 19th Day of June, 20 09 Plus One MidAtlantic Co., Inc.
Contractor/Supplier/Subcontractor
By: [Signature]
Signature & Title (Must be an Officer)

Signed and sworn to before me this 19th Day of June, 20 09
My Commission Expires: 9-26-12 Constance M. Grady
Notary Public Signature

[Signature] Sub: MT

Application No. :

Application Date: 06/19/09
Period To:

[illegible]

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: ERICKSON CONSTRUCTION, LLC.
703 Maiden Choice Lane
Baltimore, MD 21228

DATE: 5-22-09

PROJECT: 557SW10
JOB: Site Work NH1
APPLICANT NO.:
PERIOD TO:

FROM: Plus One Mid-Atlantic Co., Inc.

1. Original Contract Amount	\$ 207,470.00
2. Change Orders Issued to Date (Thru C.O. #1,2)	\$ -26,230.73
3. Contract Sum to Date (Line 1+2)	\$ 181,239.27
4. Total Completed & Stored to Date	\$ 181,239.27
5. Less Retainage (0 %)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 181,239.27
7. Less Previous Requisitions	\$ 172,177.31
8. Payment Due This Period (Line 6-7)	\$ 9,061.96 RETENTION

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: Nancy Di Federico **Date:** 5-22-09
(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$ _____
PROGRESS BILLING	\$ _____
RETAINAGE HELD	\$ _____
TOTAL AMOUNT DUE	\$ _____
PROJECT NUMBER	557SW10
COST CODE #	48400-042000
APPROVED BY	_____
APPROVED DATE	_____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

Co. ER Sub: MT

EXHIBIT "E"
CONTRACTORS, SUBCONTRACTORS AND SUPPLIER
PARTIAL RELEASE OF LIENS

STATE OF:

COUNTY OF:

Original Contract Amount:	\$ 207,470.00
Approved Change Orders:	\$ -26,230.73
Adjusted Contract Amount:	\$ 181,239.27
Completed to Date:	\$ 181,239.27
Retention:	\$ -0-
Total Earned (Less Retention):	\$ 181,239.27
Previous Payments:	\$ 172,177.31
Current Payment:	\$ 9,061.96 RETENTION
Contract Balance:	\$ -0-

TO: CHICAGO TITLE INSURANCE COMPANY (Title Insurer)
____ (Lender)
____ (Owner)
____ (Contractor)

The UNDERSIGNED being duly sworn states that he is the Corporate Secretary (title)
of Plus One MidAtlantic Co., Inc. who has a contract with Erickson Construction
for furnishing masonry for the improvements being erected on
real estate known and identified as Ashby Ponds Sitework Phase I located in Loudoun
County, State of Virginia and owned by Erickson Construction.

The UNDERSIGNED, for and in consideration of the sum of Nine thousand sixty one and 96/100
(\$ 9,061.96) in payment of invoice or application dated 5/22/09 and other good and
valuable consideration, the receipt of which is hereby acknowledged, does hereby waive and release any and all liens or
claims of right of lien on the aforementioned property and improvements thereon, and on monies or other consideration due or
to become due on account of labor or services, materials, fixtures or apparatus heretofore furnished, prior to
May 22, 20 09, except for the retention stated above.

The UNDERSIGNED, respectfully warrants that the contract status set forth above is an accurate statement, and no
other sums are claimed; that all laborers, subcontractors, and suppliers employed by him have been paid all sums previously
due and all current sums due out of this payment and that none of such laborers, subcontractors or suppliers is or will be
entitled to claim or assert any claim against the above described real estate or the improvements thereon for labor or materials
furnished to or for the account of the undersigned. (Upon request, the undersigned shall list the name of each of his
subcontractors, and suppliers; with contract and payment status, on CTI form F-3926 - Contractors and Subcontractors
Affidavit, attach same hereto and upon request furnish waivers from said parties).

Signed this 22nd Day of May, 20 09 Plus One MidAtlantic Co., Inc.

Contractor/Supplier/Subcontractor

By:

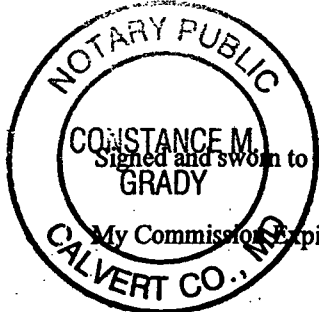
Nancy Di Lodovico
Signature & Title (Must be an Officer)

Nancy DiLodovico, Corporate Secretary

Signed and sworn to before me this 22nd Day of May, 20 09

My Commission Expires: 9-26-12

Constance M. Grady
Notary Public Signature



EC: 10 Sub: 10

Application No.:

03/18/09

A	B	C	D	E	F	G	H	I	
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK FROM PREVIOUS APPLICATION	COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	BALANCE TO FINISH (C-G)	RETAINAGE
1	Campus Entrance Sign CES-1								
	Reinforcing CMU & precast	39,245.00	39,245.00			39,245.00	100%	0.00	1,862.25
	Stone veneer	20,430.00	20,430.00			20,430.00	100%	0.00	1,021.50
2	Primary Directional sign PD-1								
	Reinforcing CMU & precast	1,940.00	1,940.00			1,940.00	100%	0.00	97.00
	Stone veneer	1,265.00	1,265.00			1,265.00	100%	0.00	63.25
3	Trellis piers								
	Reinforcing CMU & precast	6,680.00	3,675.31	2,804.69		6,680.00	100%	0.00	183.76
	Stone veneer	3,930.00	3,930.00			3,930.00	100%	0.00	196.50
4	Campus Identification Sign ID-2								
	Reinforcing CMU & precast	19,270.00		19,270.00		19,270.00		0.00	
	Stone veneer	10,430.00		10,430.00		10,430.00		0.00	
5	Ornamental Fence piers								
	Reinforcing CMU & precast	48,075.00	49,075.00			48,075.00	100%		2,453.75
	Stone veneer	52,580.00	52,580.00			52,580.00	100%		2,629.00
6	Campus Identification Sign ID-1								
	Reinforcing CMU & precast	2,060.00	2,060.00			2,060.00	100%	0.00	103.00
	Stone veneer	565.00	565.00			565.00	100%	0.00	28.25
COO1	Retaining wall per ASI #11-1	6,273.96	6,273.96						
COO2	ASI #7, #10 & RFI #142	(32,504.69)		-32,504.69		6,273.96	100%		313.70
						(32,504.69)			
						</			

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **ERICKSON CONSTRUCTION, LLC.**
703 Maiden Choice Lane
Baltimore, MD 21228

DATE: 4-28-09

PROJECT: 557RB12
JOB: Wood framed residential building
APPLICANT NO.:
PERIOD TO:

FROM: Plus One MidAtlantic Company, Inc.

m1328-65
253A

1. Original Contract Amount	\$ 459,195.00
2. Change Orders Issued to Date (Thru C.O. # ¹⁻⁷)	\$ -118,993.86
3. Contract Sum to Date (Line 1+2)	\$ 340,201.14
4. Total Completed & Stored to Date	\$ 340,201.14
5. Less Retainage (____ %)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 340,201.14
7. Less Previous Requisitions	\$ 340,079.87
8. Payment Due This Period (Line 6-7)	\$ 121.27

9-11-09

Recd #115.21

Bal due = 6.06

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: Nancy Di Leden Date: 4-28-09
(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE \$ _____
PROGRESS BILLING \$ _____
RETAINAGE HELD \$ _____
TOTAL AMOUNT DUE \$ _____
PROJECT NUMBER 557RB12
COST CODE # 48400-042000
APPROVED BY _____
APPROVED DATE _____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

EC: [Signature] Sub: PA

EXHIBIT "E"
CONTRACTORS, SUBCONTRACTORS AND SUPPLIER
PARTIAL RELEASE OF LIENS

STATE OF:

COUNTY OF:

Original Contract Amount:	\$ 459,195.00
Approved Change Orders:	\$ -118,993.86
Adjusted Contract Amount:	\$ 340,201.14
Completed to Date:	\$ 340,201.14
Retention:	\$ -0-
Total Earned (Less Retention):	\$ 340,201.14
Previous Payments:	\$ 340,079.87
Current Payment:	\$ 121.27
Contract Balance:	\$ -0-

TO: CHICAGO TITLE INSURANCE COMPANY (Title Insurer)
____ (Lender)
____ (Owner)
____ (Contractor)

The UNDERSIGNED being duly sworn states that he is the Corporate Secretary (title)
of Plus One MidAtlantic Co., Inc. (firm) who has a contract with Erickson Construction
for furnishing masonry for the improvements being erected on
real estate known and identified as Independent Living Building 1.2 located in Loudoun
County, State of Virginia and owned by Erickson Construction.

The UNDERSIGNED, for and in consideration of the sum of One hundred twenty one and 27/100
(\$ 121.27) in payment of invoice or application dated 4/28/09 and other good and
valuable consideration, the receipt of which is hereby acknowledged, does hereby waive and release any and all liens or
claims of right of lien on the aforementioned property and improvements thereon, and on monies or other consideration due or
to become due on account of labor or services, materials, fixtures or apparatus heretofore furnished, prior to
April 28, 20 09, except for the retention stated above.

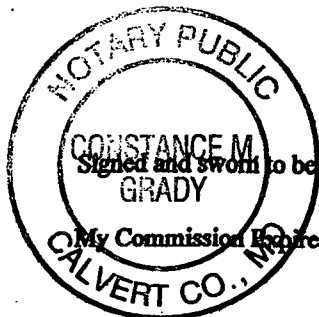
The UNDERSIGNED, respectfully warrants that the contract status set forth above is an accurate statement, and no
other sums are claimed, that all laborers, subcontractors, and suppliers employed by him have been paid all sums previously
due and all current sums due out of this payment and that none of such laborers, subcontractors or suppliers is or will be
entitled to claim or assert any claim against the above described real estate or the improvements thereon for labor or materials
furnished to or for the account of the undersigned. (Upon request, the undersigned shall list the name of each of his
subcontractors, and suppliers, with contract and payment status, on CTI form F-3926 - Contractors and Subcontractors
Affidavit, attach same hereto and upon request furnish waivers from said parties).

Signed this 28th Day of April, 20 09 Plus One MidAtlantic Co., Inc.
Contractor/Supplier/Subcontractor

By: Nancy Di Lodovico
Signature & Title (Must be an Officer)
Nancy DiLodovico, Corporate Secretary

April, 20 09

Constance M. Grady
Notary Public Signature



Signed and sworn to before me this 28th Day of

My Commission Expires: 9-26-12

Application No.:

Application Date:
Period To:

[illegible]

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **ERICKSON CONSTRUCTION, LLC.**
703 Maiden Choice Lane
Baltimore, MD 21228

DATE: 6-17-09

PROJECT: 557RB15
JOB: Wood framed residential building

FROM: Plus One MidAtlantic Company, Inc

APPLICANT NO.:
PERIOD TO:

M1328-67E

253A

1. Original Contract Amount	\$ 319,250.00
2. Change Orders Issued to Date (Thru C.O. # <u>1-2</u>)	\$ 3,948.18
3. Contract Sum to Date (Line 1+2)	\$ 323,198.18
4. Total Completed & Stored to Date	\$ 323,198.18
5. Less Retainage (<u>5</u> %)	\$ 16,159.91
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 307,038.27
7. Less Previous Requisitions	\$ 303,287.50
8. Payment Due This Period (Line 6-7)	\$ 3,750.77

OK to be paid August or September

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: *Nancy Di Geronimo* Date: 6-17-09
(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$
PROGRESS BILLING	\$
RETAINAGE HELD	\$
TOTAL AMOUNT DUE	\$
PROJECT NUMBER	557RB15
COST CODE #	48400-042000
APPROVED BY	
APPROVED DATE	

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	
REVIEWED BY	

EC Sub: *MB*

EXHIBIT "E"
CONTRACTORS, SUBCONTRACTORS AND SUPPLIER
PARTIAL RELEASE OF LIENS

STATE OF:
COUNTY OF:

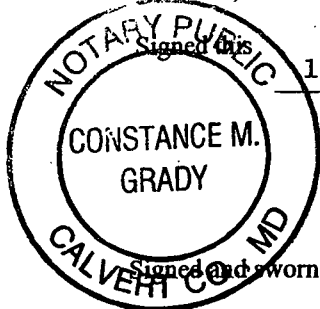
Original Contract Amount:	\$ 319,250.00
Approved Change Orders:	\$ 3,948.18
Adjusted Contract Amount\$	323,198.18
Completed to Date:	\$ 323,198.18
Retention:	\$ 16,159.91
Total Earned (Less Retention):	\$ 307,038.27
Previous Payments:	\$ 303,287.50
Current Payment:	\$ 3,750.77
Contract Balance:	\$ -0-

TO: CHICAGO TITLE INSURANCE COMPANY (Title Insurer)
____ (Lender)
____ (Owner)
____ (Contractor)

The UNDERSIGNED being duly sworn states that he is the Corporate Secretary (title)
of Plus One MidAtlantic Co., Inc. (firm) who has a contract with Erickson Construction
for furnishing masonry for the improvements being erected on
real estate known and identified as Ashby Ponds Independent Living Building 1.5 located in Loudoun
County, State of Virginia and owned by Erickson Construction

The UNDERSIGNED, for and in consideration of the sum of Three thousand seven hundred fifty and
(\$ 3,750.77) in payment of invoice or application dated 6-17-09 and other good and
valuable consideration, the receipt of which is hereby acknowledged, does hereby waive and release any and all liens or
claims of right of lien on the aforementioned property and improvements thereon, and on monies or other consideration due or
to become due on account of labor or services, materials, fixtures or apparatus heretofore furnished, prior to
June 17, 20 09, except for the retention stated above. 77/100

The UNDERSIGNED, respectfully warrants that the contract status set forth above is an accurate statement, and no
other sums are claimed, that all laborers, subcontractors, and suppliers employed by him have been paid all sums previously
due and all current sums due out of this payment and that none of such laborers, subcontractors or suppliers is or will be
entitled to claim or assert any claim against the above described real estate or the improvements thereon for labor or materials
furnished to or for the account of the undersigned. (Upon request, the undersigned shall list the name of each of his
subcontractors, and suppliers, with contract and payment status, on CTI form F-3926 - Contractors and Subcontractors
Affidavit, attach same hereto and upon request furnish waivers from said parties).



Signed this 17th Day of June, 20 09

Plus One MidAtlantic Co., Inc.

Nancy Di Lodovico
Contractor/Supplier/Subcontractor

By:

Nancy DiLodovico, Corporate Secretary
Signature & Title (Must be an Officer)

Signed and sworn to before me this 17th Day of June, 20 09

My Commission Expires: 9-26-12

Constance M Grady
Notary Public Signature

Application No. :

Application Date: 06/17/09
Period To:

[illegible]

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **ERICKSON CONSTRUCTION, LLC.**
703 Maiden Choice Lane
Baltimore, MD 21228

DATE: 2-20-09

FROM: Plus One MidAtlantic Company, Inc.

PROJECT: 557RB12
JOB: Wood framed residential building.
APPLICANT NO.: *m1328-60*
PERIOD TO:

*sent past due
notice
4-28-09*

1. Original Contract Amount	\$ 459,195.00
2. Change Orders Issued to Date (Thru C.O. # <u>1-6</u>)	\$ -119,115.13
3. Contract Sum to Date (Line 1+2)	\$ 340,079.87
4. Total Completed & Stored to Date	\$ 340,079.87
5. Less Retainage (<u>0</u> %)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 340,079.87
7. Less Previous Requisitions	\$ 339,424.99
8. Payment Due This Period (Line 6-7)	\$ 654.88

*9-11-09
Rec'd \$622.13
Bal due = 32.75*

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies; (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: Nancy Si Gordin Date: 2-20-09
(Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE \$ _____
PROGRESS BILLING \$ _____
RETAINAGE HELD \$ _____
TOTAL AMOUNT DUE \$ _____
PROJECT NUMBER 557RB12
COST CODE # 48400-042000
APPROVED BY _____
APPROVED DATE _____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK-DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

EC Sub: *PA*

EXHIBIT "E"
CONTRACTORS, SUBCONTRACTORS AND SUPPLIER
PARTIAL RELEASE OF LIENS

STATE OF:

COUNTY OF:

Original Contract Amount:	\$ 459,195.00
Approved Change Orders:	\$ -119,115.13
Adjusted Contract Amount:	\$ 340,079.87
Completed to Date:	\$ 340,079.87
Retention:	\$ -0-
Total Earned (Less Retention):	\$ 340,079.87
Previous Payments:	\$ 339,424.99
Current Payment:	\$ 654.88
Contract Balance:	\$ -0-

TO: CHICAGO TITLE INSURANCE COMPANY (Title Insurer)

(Lender)
(Owner)
(Contractor)

The UNDERSIGNED being duly sworn states that he is the Corporate Secretary (title)
of Plus One MidAtlantic Co., Inc. (firm) who has a contract with Erickson Construction
for furnishing masonry for the improvements being erected on
real estate known and identified as Independent Living Building 1.2 located in Loudoun
County, State of Virginia and owned by Virginia.

The UNDERSIGNED, for and in consideration of the sum of Six hundred fifty four and 88/100
(\$ 654.88) in payment of invoice or application dated 2/20/09 and other good and
valuable consideration, the receipt of which is hereby acknowledged, does hereby waive and release any and all liens or
claims of right of lien on the aforementioned property and improvements thereon, and on monies or other consideration due or
to become due on account of labor or services, materials, fixtures or apparatus heretofore furnished, prior to
February 20, 20 09, except for the retention stated above.

The UNDERSIGNED, respectfully warrants that the contract status set forth above is an accurate statement, and no
other sums are claimed, that all laborers, subcontractors, and suppliers employed by him have been paid all sums previously
due and all current sums due out of this payment and that none of such laborers, subcontractors or suppliers is or will be
entitled to claim or assert any claim against the above described real estate or the improvements thereon for labor or materials
furnished to or for the account of the undersigned. (Upon request, the undersigned shall list the name of each of his
subcontractors, and suppliers, with contract and payment status, on CTI form F-3926 - Contractors and Subcontractors
Affidavit, attach same hereto and upon request furnish waivers from said parties).

Signed this 20th Day of February, 20 09 Plus One MidAtlantic Co., Inc.
Contractor/Supplier/Subcontractor

By:

Nancy Di Lodovico
Signature & Title (Must be an Officer)

Nancy DiLodovico, Corporate Secretary

Signed and sworn to before me this 20th Day of

February, 20 09

My Commission Expires: 9-26-12

Constance M. Grady
Notary Public Signature



Application No. :

Application Date:
Period To:

[illegible]