

<b>United States Bankruptcy Court</b> NORTHERN DISTRICT OF TEXAS, DALLAS DIVISION		<b>PROOF OF CLAIM</b>												
Name of Debtor Erickson Retirement Communities, LLC, et al.		Case Number 09-37010												
<p><b>NOTE:</b> 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.</p>														
Name of Creditor (The person or other entity to whom the debtor owes money or property): Williams Mullen		<p><b>FILED</b></p> <p>NOV 12 2009</p> <p>TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>												
Name and Address where notices should be sent  Paul S. Bliley, Jr., Esquire Williams Mullen P.O. Box 1320 Richmond, VA 23218-1320														
Telephone Number: (804) 783-6448														
Account or other number by which creditor identifies debtor:														
<p style="text-align: center;"><b>RECEIVED</b> <b>NOV 17 2009</b> <b>BMC GROUP</b></p>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.												
Check here if <input type="checkbox"/> replaces this claim: <input type="checkbox"/> amends a previously filed claim, dated _____														
<p><b>1. Basis for Claim</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td>Your SS # _____</td> </tr> <tr> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td>Unpaid compensation for services performed</td> </tr> <tr> <td><input type="checkbox"/> Taxes</td> <td>from _____ to _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>(date) (date)</td> </tr> </table>			<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input checked="" type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input type="checkbox"/> Money loaned	Your SS # _____	<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed	<input type="checkbox"/> Taxes	from _____ to _____	<input type="checkbox"/> Other	(date) (date)
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<input type="checkbox"/> Taxes	from _____ to _____													
<input type="checkbox"/> Other	(date) (date)													
2. Date Debt was Incurred: September 18, 2009 - October 12, 2009		3. If court judgment, date obtained:												
<p><b>4. Total Amount of Claim at Time Case Filed: Unsecured \$5,428.00</b></p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</p> <p><input type="checkbox"/> 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.</p>														
<p><b>5. Secured Claim.</b></p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Value of Collateral: \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____</p>		<p><b>6. Unsecured Priority Claim.</b></p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: Specify the priority of the claim:</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * 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).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).</p> <p><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).</p>												
<p><b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p><b>8. Supporting Documents:</b> 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.</p> <p><b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>		<p>THIS SPACE IS FOR COURT USE ONLY</p> <p>Erickson Ret. Comm. LLC</p>  <p>00049</p>												
Date  11/10/09	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):  By <u>/s/ Paul S. Bliley, Jr.</u> Attorney and Agent for Creditor													
<p><b>Penalty for presenting fraudulent claim:</b> Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</p>														

\*MATTER NUMBER\* \*-----CLIENT-----\* MATTERS WITH NON-ZERO BALANCE  
 \*-----DESCRIPTION-----\* 121 +

	0 - 30	31 - 60	61 - 90	91 - 120	121 +	TOTAL
023757.0004 ERICKSON RETIREMENT COMMON	3348.00	.00	.00	.00	.00	3348.00
LEGISLATIVE - POST MAY 1, 1998	.00	.00	.00	.00	.00	.00
Last Bill: 10/12/2009	A/R Fees: .00	.00	.00	.00	.00	.00
Trust Bal: 22068.35	A/R Disb: .00	.00	.00	.00	.00	.00
Credit Bal: .00	A/R Ochr: .00	.00	.00	.00	.00	.00
**TOTALS**	3348.00	.00	.00	.00	.00	3348.00

	0 - 30	31 - 60	61 - 90	91 - 120	121 +	TOTAL
023757.0007 ERICKSON RETIREMENT COMMON	1248.00	.00	.00	.00	.00	1248.00
REGULATION ISSUE	.00	.00	.00	.00	.00	.00
Last Bill: 09/18/2009	A/R Fees: .00	832.00	.00	.00	.00	832.00
Trust Bal: .00	A/R Disb: .00	.00	.00	.00	.00	.00
Credit Bal: .00	A/R Ochr: .00	.00	.00	.00	.00	.00
**TOTALS**	1248.00	832.00	.00	.00	.00	2080.00

	0 - 30	31 - 60	61 - 90	91 - 120	121 +	TOTAL
***Total for : 023757 ERICKSON RETIREMEN	4596.00	.00	.00	.00	.00	4596.00
Unb Disb: .00	.00	.00	.00	.00	.00	.00
Last Bill: 10/12/2009	A/R Fees: .00	832.00	.00	.00	.00	832.00
Trust Bal: 22068.35	A/R Disb: .00	.00	.00	.00	.00	.00
Credit Bal: .00	A/R Ochr: .00	.00	.00	.00	.00	.00
**TOTALS**	4596.00	832.00	.00	.00	.00	5428.00