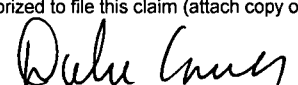


<b>United States Bankruptcy Court</b> Northern District of TX		<b>PROOF OF CLAIM</b>	
In re (Name of Debtor) <b>ERICKSON RETIREMENT</b>		Social Security No	Case Number 09-37010
			Chapter 7
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor American Electric Power		<input type="checkbox"/> Check box if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent American Electric Power PO BOX 2021  ROANOKE, VA 24022-2121 Telephone No: 1-800-956-4237		<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.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 1015333891		Check here if this claim: <input type="checkbox"/> amends a previously filed claim, dated: <input type="checkbox"/> replaces	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Electric Utility Service		<input type="checkbox"/> Retiree benefits in 11 U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries and compensations (Fill out below Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED: Various Pre-Petition Dates		3. IF COURT JUDGEMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for a part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (describe briefly)  Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <u>\$6,084.08</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 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)  <input type="checkbox"/> Contributions to an employee benefit plan ___ 11 U.S.C. 507(a)(6)  <input type="checkbox"/> Up to \$1,800 of deposits toward purchases, lease, or rental of property or services for personal, family, or household use ___ 11 U.S.C. 507(a)(6)  <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child ___ 11 U.S.C. 507(a)  <input type="checkbox"/> Taxes or penalties of governmental units ___ 11 U.S.C. 507(a)(2), (a)(7)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. 507(a)(2), (a)(5) *Amounts are subject to adjustment on 4/1/96 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: <u>\$6,084.08</u> (Unsecured)		- 0 - (Secured)      - 0 - (Priority) <b>\$6,084.08 (Total)</b>	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 11/5/2009	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)  <div style="text-align: center;">             Debra Crouch, Collection Support Rep         </div>		

FILED

NOV 09 2009

**TAWANA C. MARSHALL, CLERK**  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS

RECEIVED  
NOV 17 2009  
BMC GROUP

THIS SPACE IS FOR COURT USE ONLY

Erickson Ret. Comm. LLC  
  
 00052

1015333891

Claimant hereby asserts any and all right of setoff and recoupment that it may have pursuant to 11 U.S.C. §553 or other applicable law

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.



PO BOX 2021  
ROANOKE, VA 240222121

**Total Amount Due .....\$6,084.08**

Account Number:  
1015333891

Make Check Payable To:

\*\*\*

**ERICKSON RETIREMENT COMMUNITIES  
4510 HICKORY CHASE WAY  
HILLIARD, OH 43026-6926**

**American Electric Power  
PO BOX 2021  
ROANOKE, VA 240222121**

Please tear on dotted line and return top portion with payment

Service At:

4510 HICKORY CHASE WAY  
HILLIARD, OH 43026-6926

Question about Bill  
or Service Call:  
1-800-956-4237

Account Number:  
1015333891

**PREVIOUS CHARGES :**

	<u>Account Balance</u>	<u>Amount Due</u>
AMOUNT OF FINAL BILL AS OF Nov 05, 2009	\$6,084.08	\$6,084.08

**Total Amount Due ..... \$6,084.08**

1015333891



PO BOX 24401

CANTON, OH 44701-4401

101-533-389-1-7

\$ 6,084.08

Make Check Payable To And Send To:

101-533-389-1-7  
AMERICAN ELECTRIC POWER  
PO BOX 24413  
CANTON, OH 44701-4413

Erickson Retirement Community  
4510 Hickory Chase Way  
Hilliard, OH 43026

Amount Enclosed

Please tear on dotted line and return top portion with your payment

SERVICE AT:

Account Number

101-533-389-1-7

Erickson Retirement Community  
4510 Hickory Chase Way  
Hilliard, OH 43026

Bill Date 11/02/09

MTR	TOD	SRL	PV	PREV	RD	CUR	CURRENT	RD	METER	METERED	
ID	KD	CD	NUM	DT	READING	CD	DT	READING	CD	CONS	USAGE
1	K	336	10/12	000362	A	10/19	000372	MF	300.	3000	
1	D	336	10/12	0000.389	A	10/19	0000.389	MF	300.	116.700	
1	R	336	10/12	199993	A	10/19	199992	MF	300.	300-	

BILLING KWH 3,000 BILLING DEM 116.7 ED ORIG AT 0.00  
 ORIG DPC 0.00 REMN DPC 0.00 TAR BILL TOTAL 580.05  
 CHARGE DESCRIPTION CHARGE CHARGE DESCRIPTION CHARGE

**Total Amount Due \$6,084.08**

Due Date 11/24/09

Mail Payments to: AEP, PO BOX  
24401, Canton OH 44701-4401