

UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Texas</u>		PROOF OF CLAIM
Name of Debtor Erickson Retirement Communities, LLC		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">NOV 19 2009 <i>CS</i></div> <div style="font-size: 0.8em; font-weight: bold; margin-bottom: 5px;">TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</div> <div style="font-size: 0.7em; margin-top: 20px;">THIS SPACE IS FOR COURT USE ONLY</div>
Case Number 09-37010		
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): Ameren UE		
Name and address where notices should be sent: Ameren UE P. O. Box 66881 - Mail Code 310 Saint Louis, MO. 63166		<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.
Telephone number:		
Account or other number by which creditor identifies debtor: 97888-00129, 05128-07125, & 84128-07120		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
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 <u>Utility Service</u>		
<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">NOV 25 2009</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">BMC GROUP</div>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>369.77</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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.		
5. Secured Claim. <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 _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, 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)(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)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: 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. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date 11/16/09	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): <i>Shirley M. McHenry</i> Shirley M. McHenry - Credit Advisor	
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.		

Erickson Ret. Comm. LLC

 00080

AmerenUE P.O. BOX 66529 ST. LOUIS, MO 63166-6529

PRES RDG	PREV RDG	USE	READING	RATE	AMOUNT
00127	00127	0	FINAL	1M SH	0.24
St Louis Co Muni Chg					.01
PRIOR BALANCE					216.74
AMOUNT DUE ON 11/17					\$216.99

99 -

18048 310

FIRST CLASS MAIL
 U.S. POSTAGE
 PAID 1 OUNCE
 AMEREN

Service at: **9828 MUSICK RD**
 Service from **10/18 to 10/19/09** Days **1**
 Acct. No: **97888-00129** Bill Date: **11/04/2009**

*** FINAL BILL ***

If the prior balance has been paid, pay current amount only.

RETURN THIS STUB WITH PAYMENT TO:
 AmerenUE
 P.O. BOX 66529
 ST. LOUIS, MO 63166-6529

ADDRESS SERVICE REQUESTED

Acct. No. **97888-00129**

ERICKSON RETIREMENT COMM
 PO BOX 22000
 CATONSVILLE, MD 21228

Amt Due	\$216.99
Due By	11/17
Delinquent After	11/27

AmerenUE P.O. BOX 66529 ST. LOUIS, MO 63166-6529

PRES RDG	PREV RDG	USE	READING	RATE	AMOUNT
05185	05183	2	FINAL	1M	1.09
St Louis Co Muni Chg					.06
PRIOR BALANCE					127.28
AMOUNT DUE ON 11/17					\$128.43

99 -

18048 310

FIRST CLASS MAIL
 U.S. POSTAGE
 PAID 1 OUNCE
 AMEREN

Service at: 9703 MUSICK RD
 Service from 10/15 to 10/19/09 Days 4
 Acct. No. 05128-07125 Bill Date 11/04/2009

*** FINAL BILL ***

If the prior balance has been paid, pay current amount only.

RETURN THIS STUB WITH PAYMENT TO:
 AmerenUE
 P.O. BOX 66529
 ST. LOUIS, MO 63166-6529

ADDRESS SERVICE REQUESTED

Acct. No. 05128-07125

ERICKSON RETIREMENT COMM
 MAIL STOP 103
 PO BOX 22000
 CATONSVILLE, MD 21228

Amt Due	\$128.43
Due By	11/17
Delinquent After	11/27

AmerenUE P.O. BOX 66529 ST. LOUIS, MO 63166-6529

PRES RDG	PREV RDG	USE	READING	RATE	AMOUNT
02894	02894	0	FINAL	1M	0.97
St Louis Co Muni Chg					.05
PRIOR BALANCE					23.33
AMOUNT DUE ON 11/17					\$24.35

99 -

18048 310

FIRST CLASS MAIL
 U.S. POSTAGE
 PAID 1 OUNCE
 AMEREN

Service at: 9700 MUSICK RD UNIT B
 Service from 10/15 to 10/19/09 Days 4
 Acct. No. 84128-07120 Bill Date 11/04/2009

*** FINAL BILL ***

If the prior balance has been paid, pay current amount only.

RETURN THIS STUB WITH PAYMENT TO:
 AmerenUE
 P.O. BOX 66529
 ST. LOUIS, MO 63166-6529

ADDRESS SERVICE REQUESTED

Acct. No. 84128-07120

ERICKSON RETIREMENT COMM
 MAIL STOP 103
 PO BOX 22000
 CATONSVILLE, MD 21228

Amt Due	\$24.35
Due By	11/17
Delinquent After	11/27