

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: ERICKSON RETIREMENT COMMUNITIES

Case Number:

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): AIRAS EAST INC

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

Name and address where notices should be sent: AIRAS EAST INC 29 NORTHWESTERN DR. SALEM NH 03079 Telephone number: (800) 562-3815

Court Claim Number: (If known) TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

RECEIVED NOV 25 2009 BMC GROUP

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: \$ 372.76 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.

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)().

2. Basis for Claim: GOODWILL (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: WAK91 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: \$ 372.76

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:

Date: 11/16/09

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.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC 00083

Kevin D. Shea KEVIN D. SHEA ANALYST

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

INFORMATION

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.

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.nsc.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.



ORIGINAL INVOICE

AIRGAS EAST
5 IRON HORSE RD
OAKLAND NJ 07436
866-718-0685

Table with columns: DATE, ACCT. NO., INVOICE NUMBER. Values: 09/30/09, YMV61, 116271571 116

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO

AIRGAS EAST
PO BOX 827049
PHILADELPHIA PA 19182-7049
800-562-3815

SO ERICKSON RETIREMENT COMMUNITIES/HEADQUARTERS CEDAR CREST VILLAGE
LD PO BOX 22000 MAINTENANCE DEPT
TO CATONSVILLE MD 21228-0002 1 CEDAR CREST DR
TO POMPTON PLAINS NJ 07444-2100

KZ
749596-00

Table with columns: CUSTOMER ORDER NUMBER, LOC, SLS #, TERR #, SHIP VIA, TERMS, PAGE. Values: 60710340-54100, 044, 405, 260, OUR TRUCK, NET 30 DAYS, 1

Main invoice table with columns: SHIPPING ORDER NUMBER, DATE, STOCK NUMBER, QTY SHIP'D, QTY B/O, CYLINDER SHIP'D RET'D, DESCRIPTION, UOM, UNIT PRICE, AMOUNT. Includes items like NITROGEN INDUSTRIAL SIZE CL and ACETYLENE SIZE B.

TOTAL CYLINDERS SHIPPED: 3 RETURNED: 3

TAX CD: 00000071 TAX DESCRP: NEW JERSEY EXMPT CD: 10 EXMPT/CERT: ST5 02-07

**** PLEASE NOTE ****
*** NEW REMITTANCE ADDRESS ***

Del Charge 24.00

Table with columns: TAXABLE AMOUNT. Value: .00

AMOUNT THIS INVOICE INCLUDING TAX

100.51

Airgas.

DELIVERY ORDER

For location nearest you visit
www.airgas.com

DEL-F-001 (Rev. 10/07)

ITEM COUNT	FILLED	REVIEWED	STAGING AREA	TOTAL PKGS	TOTAL CYLINDERS SUB	TOTAL CYLINDERS RET	FREIGHT CHARGES	SHIPPED: DELIVERED VIA			
BY					33			ON	BL #		
								PCS	ZONE	GR WEIGHT	DECL VALUE \$

— SOLD BY: _____
 AIRGAS EAST
 5 IRON HORSE RD
 OAKLAND NJ 07436
 [866] 718-0685
 — SHIP TO: _____

P/O NO: 60710340-54100

INTERNAL USE ONLY 5197

REL NO: _____

CUST. NO: YMV61

ORDER NO: 749596-00

CEDAR CREST VILLAGE
 MAINTENANCE DEPT
 1 CEDAR CREST DR
 POMPTON PLAINS NJ 07444-2100

ERICKSON RETIREMENT COMMUNIT

ORD DATE: 09/29/09

PAGE NO: 001 OF 001

TRAN TYPE	SLSM	BRCH	TERR	UPS	PPD	COLL	SHIP VIA	ROUTING	SCHEDULED SHIP DATE	REGION	ENTERED BY
CHRG	405	44	260	0	X		OUR TRUCK	C00135	09/30/09	116	KZ

Route #: 504 Delivery Date: 09/30/09 Driver #: 504

QTY SHIP	UNIT	HM	DESCRIPTION & HAZARD CLASS	ID NUMBER	LINE NO	ITEM NUMBER	LOC	QTY ORDER	---CYLINDERS-- SHIP RETN	VOL/ UT	UNIT AMOUNT	EXTENDED AMOUNT
2	CL	X	LEE TYLER 973 831 3500 NITROGEN, COMPRESSED 2.2 UM1066 (NITROGEN INDUSTRIAL SIZE 125) (CGA 580)		2	MI 125	Q04	2	2	2	232	180.0
<<<<<<Estimated delivery:09/30>>>>>>>>												
1	CL	X	ACETYLENE, DISSOLVED 2.1 UM1001 (ACETYLENE SIZE B (CL UOM)) (CGA 520)		3	AC B	Q04	1	1	1	40	26.0
<<<<<<Estimated delivery:09/30>>>>>>>>												
1	EA		HAZARDOUS MATERIAL CHARGE		4	HAZ HAZMAT	Q04	1	0		.0	
1	EA		FUEL SURCHARGE		5	SRC FSC	Q04	1	0		.0	
Total Weight:				206.0								

Customer phone number: 973-831-3579

SHIPPED BY:

UPS SHIPPER NO.

PKG ID#
749596-00

THIS AGREEMENT SUBJECT TO AIRGAS' STANDARD TERMS AND CONDITIONS. SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION.

PLACARDS OFFERED

<input type="checkbox"/>	<input type="checkbox"/>
ACCEPT	REJECT
CUSTOMER MUST INITIAL CHOICE	

ACCEPTED FOR THE ABOVE CUSTOMER X
 NAME
 PLEASE PRINT

[Signature]

SHIP TO:

CEDAR CREST VILLAGE
 MAINTENANCE DEPT
 1 CEDAR CREST DR
 POMPTON PLAINS NJ 07444-2100

Emergency Contact: 866-734-3438
 (International call: 1-703-527-3887)

Purchaser agrees to obtain Material Safety Data Sheets (MSDS) from one of the following sources: Point of purchase, Airgas Web site at www.airgas.com, or by calling the above listed emergency contact phone number and selecting option #3.

THIS IS TO CERTIFY THAT THE NAMED MATERIALS ARE PROPERLY CLASSIFIED DESCRIBED, PACKAGED MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

PO.	CUST.	UPS
60710340-54100	YMV61	00 0
ORDER	DATE	SHIP VIA
749596-00	09/29/09	OUR TRUCK
		-NONE-

AIRGAS PERSONNEL

DATE T.O.D.

[Signature] 10/30/09 11:25



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116383775	1	09/30/09	YMV61			260

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-562-3815

SOLD BY AIRGAS EAST
 5 IRON HORSE RD
 OAKLAND NJ 07436
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 PO BOX 22000
 CATONSVILLE MD 21228-0002

SHIP TO CEDAR CREST VILLAGE
 MAINTENANCE DEPT
 1 CEDAR CREST DR
 POMPTON PLAINS NJ 07444-2100

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
AC B					BALANCE FORWARD				1					
AC B					271571 09/30		1	1	1					
					PO:60710340-54100									
R ACS		ACETYLENE SMALL			----- TOTALS ----->	1	1	1	1	0		30	.395	11.85
NI 125					BALANCE FORWARD				4					
NI 125					271571 09/30		2	2	4					
					PO:60710340-54100									
R NIL		NITROGEN LARGE			----- TOTALS ----->	4	2	2	4	4		0	.395	.00
NI 60					BALANCE FORWARD				2					
R NIS		NITROGEN SMALL			----- TOTALS ----->	2	0	0	2	0		60	.395	23.70
----- SUMMARY OF CYLINDER BALANCES -----														
R ACS		ACETYLENE SMALL				1	1	1	1	0		30	.395	11.85
R NIL		NITROGEN LARGE				4	2	2	4	4		0	.395	.00
R NIS		NITROGEN SMALL				2	0	0	2	0		60	.395	23.70

TAX: .00

TOTAL VALUE OF CYLINDERS		TOTAL	35.55
INVOICE TYPE			
R - RENTAL			
D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116158803	1	08/31/09	XNI76			11

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

SOLD BY AIRGAS EAST
 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES
 PO BOX 22000
 CATONSVILLE MD 21228-0002

SHIP TO ERICKSON RETIREMENT COMMUNITIES
 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	HE	BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL				TOTALS -->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18
													TAX:	.00

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL D - DEMURRAGE

TOTAL 13.18



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116283920	1	04/30/09	XNI76			11

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

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 AIRGAS EAST
 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

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 ERICKSON RETIREMENT COMMUNITIES
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

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 ERICKSON RETIREMENT COMMUNITIES
 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0		30	.425	12.75
					SUMMARY OF CYLINDER BALANCES									
R	HEL	HELIUM LARGE				1	0	0	1	0		30	.425	12.75
													TAX:	.00

TOTAL VALUE OF CYLINDERS		TOTAL	12.75
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			

Airgas

CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116424438	1	12/31/08	XNI76			163

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

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 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

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 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

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 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200							1					
					BALANCE FORWARD									
					HELIUM LARGE									
R	HEL				TOTALS -->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18
													TAX:	.00

TOTAL VALUE OF CYLINDERS		TOTAL	13.18
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116498913	1	05/31/09	XNI76			11

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

SOLD BY AIRGAS EAST
 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

SHIP TO ERICKSON RETIREMENT COMMUNITIES
 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200							1					
					BALANCE FORWARD									
		HELIUM LARGE												
R HEL		----- TOTALS ----->				1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R HEL		HELIUM LARGE				1	0	0	1	0		31	.425	13.18
													TAX:	.00

TOTAL VALUE OF CYLINDERS		TOTAL 13.18
INVOICE TYPE		
R - RENTAL		
D - DEMURRAGE		



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116636588	1	01/31/09	XNI76			163

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

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 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

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O** ERICKSON RETIREMENT COMMUNITIES
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

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 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R HEL		----		TOTALS	-->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R HEL		HELIUM LARGE				1	0	0	1	0		31	.425	13.18
													TAX:	.00

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL
D - DEMURRAGE

TOTAL 13.18

Airgas

CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116722587	1	06/30/09	XNI76			11

REMIT TO

NET 30 DAYS 116

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

SOLD BY AIRGAS EAST
 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

SHIP TO ERICKSON RETIREMENT COMMUNITIES
 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	HE	BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	>	1	0	0	1	0		30	.425	12.75
		-----			SUMMARY OF CYLINDER BALANCES									
R	HEL	HELIUM LARGE				1	0	0	1	0		30	.425	12.75
													TAX:	.00

TOTAL VALUE OF CYLINDERS		TOTAL	12.75
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNOL CD	TERR #
116766216	1	05/31/08	XNI76			163

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

**S
O
L
D
B
Y**
 AIRGAS EAST
 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

**B
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O**
 ERICKSON RETIREMENT COMMUNITIES
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

**S
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O**
 ERICKSON RETIREMENT COMMUNITIES
 ATTN DONNA WALTER
 701 MAIDEN CHOICE LN
 CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200			BALANCE FORWARD				1					
R	HEL	-----	TOTALS	----->		1	0	0	1	0		31	.375	11.63
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.375	11.63
													TAX:	.00

TOTAL VALUE OF CYLINDERS		TOTAL	11.63
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116944102	1	07/31/09	XNI76			11

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

S AIRGAS EAST
O 2900 52ND AVE
L BLADENSBURG MD 20781
D
B 866-718-0685
Y

B ERICKSON RETIREMENT COMMUNITIES
I MAIL STOP 101
L PO BOX 310
L
T O LINTHICUM MD 21090-0310

S ERICKSON RETIREMENT COMMUNITIES
H ATTN DONNA WALTER
I 701 MAIDEN CHOICE LN
P
T O CATONSVILLE MD 21228-5968

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	HE	BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18
													TAX:	.00

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL D - DEMURRAGE

TOTAL 13.18



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116154817	1	08/31/09	WRK98			698

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 866-437-4250

S
O
L
D
B
Y
 AIRGAS EAST
 90 RESEARCH RD
 HINGHAM MA 02043
 866-718-0685

B
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T
O
 ERICKSON RETIREMENT COMMUNITIES/HEA
 PO BOX 22000
 CATONSVILLE MD 21228-0002

S
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O
 LINDEN PONDS
 SALES DIRECTOR LUKE KRAMER
 300 LINDEN PONDS WAY
 HINGHAM MA 02043-3769

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18

TAX: .82

TOTAL VALUE OF CYLINDERS		TOTAL	14.00
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			

Airgas

CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HN DL CD	TERR #
116377678	1	09/30/09	WRK98			698

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 866-437-4250

SOLD BY AIRGAS EAST
 90 RESEARCH RD
 HINGHAM MA 02043
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 PO BOX 22000
 CATONSVILLE MD 21228-0002

SHIP TO LINDEN PONDS
 SALES DIRECTOR LUKE KRAMER
 300 LINDEN PONDS WAY
 HINGHAM MA 02043-3769

INV TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	HE	BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL			TOTALS	->	1	0	0	1	0		30	.425	12.75
SUMMARY OF CYLINDER BALANCES														
R	HEL	HELIUM LARGE				1	0	0	1	0		30	.425	12.75

TAX: .80

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL
D - DEMURRAGE

TOTAL 

13.55



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116632378	1	01/31/09	WRK98			163

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 866-437-4250

SOLD BY AIRGAS EAST
 90 RESEARCH RD
 HINGHAM MA 02043
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

SHIP TO LINDEN PONDS
 SALES DIRECTOR LUKE KRAMER
 300 LINDEN PONDS WAY
 HINGHAM MA 02043-3769

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	HE	BL200			BALANCE FORWARD				1					
R	HEL	HELIUM LARGE			TOTALS -->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18

TAX: .66

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL
D - DEMURRAGE

TOTAL ▶

13.84



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116632377	1	01/31/09	WRK96			163

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-556-5567

SOLD BY AIRGAS EAST
 2900 52ND AVE
 BLADENSBURG MD 20781
 866-718-0685

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 MAIL STOP 101
 PO BOX 310
 LINTHICUM MD 21090-0310

SHIP TO GREENSPRING
 SALES DIRECTOR LYN LUBIC
 7410 SPRING VILLAGE DR
 SPRINGFIELD VA 22150-4485

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL200			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18

TAX: .66

TOTAL VALUE OF CYLINDERS		TOTAL	13.84
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116154816	1	08/31/09	WRK91			698

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-442-9101

SOLD BY AIRGAS EAST
 BILLERICA MA 01821-5726
 800-442-9101

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 PO BOX 22000
 CATONSVILLE MD 21228-0002

SHIP TO BROOKSBY VILLAGE MARKETING CO 4
 ATTN JOHN DOYLE
 300 BROOKSBY VILLAGE DR
 PEABODY MA 01960-1445

INV TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL125			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18
													TAX:	.82

TOTAL VALUE OF CYLINDERS		TOTAL	14.00
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116279826	1	04/30/09	WRK91			610

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-442-9101

**S
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D
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Y** AIRGAS EAST
 BILLERICA MA 01821-5726
 800-442-9101

**B
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O** ERICKSON RETIREMENT COMMUNITIES/HEA
 MAIL STOP 625
 PO BOX 310
 LINTHICUM MD 21090-0310

**S
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T
O** BROOKSBY VILLAGE MARKETING
 COMPANY 425
 100 BROOKSBY VILLAGE DR
 PEABODY MA 01960-1438

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL125			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0	30		.425	12.75
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0	30		.425	12.75
													TAX:	.64

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL
D - DEMURRAGE

TOTAL ▶

13.39



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116377677	1	09/30/09	WRK91			698

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-442-9101

SOLD BY AIRGAS EAST
 BILLERICA MA 01821-5726
 800-442-9101

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 PO BOX 22000
 CATONSVILLE MD 21228-0002

SHIP TO BROOKSBY VILLAGE MARKETING CO 4
 ATTN JOHN DOYLE
 300 BROOKSBY VILLAGE DR
 PEABODY MA 01960-1445

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	HE	BL125			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL			TOTALS	-->	1	0	0	1	0		30	.425	12.75
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		30	.425	12.75
													TAX:	.80

TOTAL VALUE OF CYLINDERS		TOTAL	13.55
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
116494851	1	05/31/09	WRK91			610

NET 30 DAYS 116

REMIT TO

AIRGAS EAST
 PO BOX 827049
 PHILADELPHIA PA 19182-7049
 800-442-9101

SOLD BY AIRGAS EAST
 BILLERICA MA 01821-5726
 800-442-9101

BILL TO ERICKSON RETIREMENT COMMUNITIES/HEA
 MAIL STOP 625
 PO BOX 310
 LINTHICUM MD 21090-0310

SHIP TO BROOKSBY VILLAGE MARKETING
 COMPANY 425
 100 BROOKSBY VILLAGE DR
 PEABODY MA 01960-1438

INV. TYPE	CYL	ITEM NUMBER	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
		HE BL125			BALANCE FORWARD				1					
		HELIUM LARGE												
R	HEL	----	TOTALS	----	-->	1	0	0	1	0		31	.425	13.18
----- SUMMARY OF CYLINDER BALANCES -----														
R	HEL	HELIUM LARGE				1	0	0	1	0		31	.425	13.18

TAX: .66

TOTAL VALUE OF CYLINDERS
INVOICE TYPE
R - RENTAL D - DEMURRAGE

TOTAL

13.84