

**UNITED STATES BANKRUPTCY COURT, NORTHERN DISTRICT OF TEXAS**

**PROOF OF CLAIM**

Name of Debtor  
**Littleton Campus**

Case Number  
**09-37023**

**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*):  
**Staples, Inc.**

- 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.
- Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.

Name and Address Where Notices Should be Sent:  
**Staples, Inc.**  
**Attn: Bryan Mannlein**  
**555 W 112<sup>th</sup> Ave**  
**Northglenn CO 80234**

Telephone Number: 303-323-7030

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**15217033**

Check here if this claim:

- Replaces
- Amends

A previously filed claim, dated: \_\_\_\_\_

**FILED**

**DEC 10 2009**

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

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**1. BASIS FOR CLAIM**

- Goods Sold**
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (Describe briefly)

**RECEIVED**

**DEC 15 2009**

**BMC GROUP**

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)

Your social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. DATE DEBT WAS INCURRED:**

**Varies**

**3. IF COURT JUDGMENT, DATE OBTAINED:**

**4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$170.46**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- 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.**

- Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate       Motor Vehicle
- Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any:

\$ \_\_\_\_\_

**6. UNSECURED PRIORITY CLAIM.**

- Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- 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, which ever is earlier – 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(4)
- 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)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child – 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)(\_\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/01 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.

DATE: **12/8/09**

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):

  
**Daniel Wise - Credit Manager**

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Erickson Ret. Comm. LLC



00147



REMIT TO  
STAPLES INC  
PO BOX 71217  
CHICAGO, IL 60694-1217

CUSTOMER:  
LITTLETON CAMPUS  
701 MAIDEN CHOICE LN  
KATONSVILLE MD 21228

STATEMENT OF OPEN  
INVOICES  
As of 12/8/09  
Customer Number 15217033

Invoice Date	Invoice Number		Open Balance
09/17/09	21023441901	\$	69.09
10/21/09	21219409301	\$	101.37
	<b>TOTAL DUE:</b>	<b>\$</b>	<b>170.46</b>