

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS **PROOF OF CLAIM**

Name of Debtor: Erickson Retirement Communities, LLC CASE NO.: 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):
AT&T Corp. Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
 % James Grudus, Esq.
 AT&T Services, Inc.
 One AT&T Way, Room 3A218
 Bedminster, NJ 07921
 Telephone number: 908-234-3318 Fax: 832-213-0157

**RECEIVED
 DEC 16 2009
 BMC GROUP**

COURT CLAIM NO. _____
 (if known)
 Filed on: _____

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 a 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: \$ 56,835.30
 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.

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

Domestic Support Obligation 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) (____).

3. Last four digits of any number by which creditor identifies debtor: See Attachment

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 of 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: \$ _____


Amount Entitled to Priority:
 \$ _____

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 definition of "redacted" on reverse side.)
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
 If documents are not available, please explain:

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

DATE: December 8, 2009 Signature: The person filing this claim must sign it. Sign 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.

Print Name: Trina Ford Signature: /s/ Trina Ford

FOR COURT USE ONLY
 Erickson Ret. Comm. LLC

 00152

Case Name: Erickson Retirement
Communities LLC
Case Number: 09-37010

AT&T Corp.
Pre-Petition Claim Documentation

0592319006001	\$0.00
20060894631	\$0.00
8310000923416	\$56,835.30
ERCK ERCB02	\$0.00
SOL00051905	\$0.00

Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

Judge: Stacey G. Jernigan **Chapter:** 11
Office: Dallas **Last Date to file claims:** 02/28/2010
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (12860116) AT&T Services, %James Grudus Esq., One AT&T Way, R	Claim No: 11 <i>Original Filed</i> Date: 12/08/2009 <i>Original Entered</i> Date: 12/08/2009	<i>Status:</i> Filed by: CR Entered by: Mason, Daniel Modified:
Unsecured claimed: \$56835.30 Total claimed: \$56835.30		

<i>History:</i>	
<i>Details</i>	11-1 12/08/2009 Claim #11 filed by AT&T Services, %James Grudus Esq., One AT&T Way, R, total amount claimed: \$56835.3 (Mason, Daniel)
<i>Description:</i> (11-1) services rendered	
<i>Remarks:</i>	

Claims Register Summary

Case Name: Erickson Retirement Communities, LLC
Case Number: 09-37010-sgj11
Chapter: 11
Date Filed: 10/19/2009
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$56835.30	
Secured		
Priority		
Unknown		
Administrative		
Total	\$56835.30	\$0.00