

**United States Bankruptcy Court**

**PROOF OF CLAIM**

Northern District of Texas

In re (Name of Debtor)

Case Number

**Erickson Retirement Communities LLC**

**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" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor  
*(The person or entity to whom the debtor owes money or property)*  
WorkflowOne

Name and Addresses Where Notices Should be Sent

WorkflowOne  
P. O. Box 1397  
Dayton, OH 45410-1397

Telephone No.

- 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.

**FILED**  
DEC 21 2009  
TAWANA C. MARSHALL, CLERK  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

**1747053**

Check here if this claim:  replaces A previously filed claim, dated: \_\_\_\_\_  
 amends

1. BASIS FOR CLAIM:
- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other (Describe briefly)

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensations (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensations for services performed  
From \_\_\_\_\_ to \_\_\_\_\_

**RECEIVED**

**DEC 22 2009**

**BMC GROUP**

2. DATE DEBT WAS INCURRED:

**08/20/09**

3. IF COURT JUDGMENT, 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 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.

SECURED CLAIM \$ \_\_\_\_\_  
Attach evidence of perfection of security interest  
Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above, if any \$ \_\_\_\_\_

UNSECURED NONPRIORITY CLAIM **\$1,546.65**

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.

- UNSECURED PRIORITY CLAIM \$ \_\_\_\_\_  
Specify the priority of the claim.
  - Wages, salaries, or commissions (up to \$2000), 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)
  - Contributions to an employee benefit plan-U.S.C. § 507(a)(4)
  - Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6)
  - Taxes or penalties of governmental units-11 U.S.C. § 507(a)(7)
  - Other-11 U.S.C. §§ 507(a)(2), (a)(5)-(Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

\$ <u>1,546.65</u>	\$ _____	\$ _____	\$ <u>1,546.65</u>
(Unsecured)	(Secured)	(Priority)	(Total)

Check this box if claim includes prepetition 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.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, 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.

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Erickson Ret. Comm. LLC



00159

Date 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)

12/15/09

*Arlene R. Avers*

**Arlene R. Avers – Supervisor of Credit and Collections**