

UNITED STATES BANKRUPTCY COURT Northern District of Texas PROOF OF CLAIM

Name of Debtor: Erickson Retirement Comm Case Number: 09-37010-11

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): ADP, INC. Name and address where notices should be sent: ADP, Inc. 1851 N. Resler Dr, El Paso TX 79912 Telephone number: (866) 931-2379

PP FILED DEC 17 2009

Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:

Name and address where payment should be sent (if different from above): ADP, Inc. PO Box 7247-0372 Philadelphia PA 19170-0372 Telephone number: (866) 931-2379

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

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: \$ 3,837.55 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 Performed (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5720 3a. Debtor may have scheduled account as: NA (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: \$

RECEIVED DEC 22 2009 BMC GROUP

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).

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:

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ 3,837.55 *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: 12/14/2009 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. Erickson Ret. Comm. LLC

Handwritten signature of Erik Aguilar

FOR COURT USE ONLY Barcode 00162

ADP, INC.
400 COVINA BOULEVARD
SAN DIMAS CA 91773-2976

Invoice # 382582
September 18, 2009 Page 1

Accounts receivable number:
00137-T05720

10190126 CFN CREDIT

Any questions? Call your ADP
service representative,
Team Garnish-Serv (909)592-6501

TINA RITES
ERICKSON RETIREMENT COMM
PO BOX 22000
CATONSVILLE MD 21228

Current Charges

ADP Garnishment Services	Company code SHV0	
Processing Charges for period ending 08/31/2009		
549 Lien Disbursement Fee	\$1.50 each	823.50
Processing Charges for period ending 09/17/2009		
85 New Lien Interpretation/Full Svc	\$15.00 each	1,275.00
Service Charges for period ending 08/31/2009		
ADP Transporter Processing Fee		100.00
Total due this invoice		\$2,198.50

Please return the portion below with your payment in the enclosed return envelope. Include your accounts receivable number on your check made out to ADP, Inc. Send all service or general information correspondence to the address listed above or call your Client Service Representative.

Return Stub



ERICKSON RETIREMENT COMM
Mail payment to:



ADP, INC.
P.O BOX 78415
PHOENIX AZ 85062-8415

Accounts receivable number: 00137-T05720
Product-Company code: 37SHV0
Invoice number: 382582
Invoice date: 09/18/2009
Lockbox number: 03

Total due this invoice: \$2,198.50
Payment due date: 09/25/2009

Amount enclosed: \$

0030313730057201091809003825820002198506

ADP, INC.
400 COVINA BOULEVARD
SAN DIMAS CA 91773-2976

Invoice # 386398
October 16, 2009

Page 1

Accounts receivable number:
00137-T05720

10190126 CFN CREDIT

Any questions? Call your ADP
service representative,
Team Garnish-Serv (909)592-6501

B900

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TINA RITES
ERICKSON RETIREMENT COMM
PO BOX 22000
CATONSVILLE MD 21228-0002

Current Charges

ADP Garnishment Services	Company code SHV0	
Processing Charges for period ending 09/30/2009		
499 Lien Disbursement Fee	\$1.50 each	748.50
Processing Charges for period ending 10/15/2009		
60 New Lien Interpretation/Full Svc	\$15.00 each	900.00
Service Charges for period ending 09/30/2009		
ADP Transporter Processing Fee		100.00
Total due this invoice		\$1,748.50

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Return Stub



ERICKSON RETIREMENT COMM
Mail payment to:

|||||

ADP, INC.
P.O BOX 78415
PHOENIX AZ 85062-8415

Accounts receivable number: 00137-T05720
Product-Company code: 37SHV0
Invoice number: 386398
Invoice date: 10/16/2009
Lockbox number: 03

Total due this invoice: \$1,748.50
Payment due date: 10/23/2009

Amount enclosed: \$

0030313730057201101609003863980001748506