


UNITED STATES BANKRUPTCY COURT Northern District of Texas		PROOF OF CLAIM
Name of Debtor: Erickson Retirement Comm		Case Number: 09-37010-11
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ADP, INC.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: ADP, Inc. 1851 N. Resler Dr, El Paso TX 79912		Court Claim Number: _____ (If known)
Telephone number: (866) 931-2379		Filed on: _____
Name and address where payment should be sent (if different from above): ADP, Inc. PO Box 7247-0372 Philadelphia PA 19170-0372		<input type="checkbox"/> 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.
Telephone number: (866) 931-2379		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>6,542.92</u>		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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ <u>6,542.92</u>
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. <input type="checkbox"/> 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.		
2. Basis for Claim: <u>Services Performed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>6043</u> 3a. Debtor may have scheduled account as: <u>NA</u> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		
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:		RECEIVED DEC 22 2009 BMC GROUP
Date: <u>12/14/2009</u>		FOR COURT USE ONLY Erickson Ret. Comm. LLC  00163
Signature: <i>[Handwritten Signature]</i> 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.		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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

Invoice # 374749
July 10, 2009

Page 1 of 2

Accounts receivable number:
00137-T06043

10190126

Any questions? Call your ADP
service representative,
Erica Chavez (909)592-6411



KENNETH JACKSON
ERICKSON RETIREMENT COMM
PO BOX 310
MS 101
LINTHICUM MD 21090-0310

Current Charges

ADP TaxService

Company code **SHV0**

Processing Charges for period ending 06/30/2009

148 Tax Service Jurisdictions	\$25.00 each	3,700.00
13659 Tax Service Employees	\$.03 each	409.77
43 Tax Service Controls	\$50.00 each	2,150.00
City Applied For Fee		25.00

*Mth 06/09 Fawn,Pa (Shv0)
Forward Id# Upon Receipt*

City Applied For Fee 25.00

*Mth 06/09 Sysd,Pa (Shw0)
Forward Id# Upon Receipt*

City Applied For Fee 25.00

*Mth 06/09 Warm,Pa (Shx8)
Forward Id# Upon Receipt*

State Applied For Fee-Sit 25.00

*Mth Of 06/09 - Dc(Srm1)
Forward Id# Upon Receipt*

State Applied For Fee-Sit 25.00

*Mth Of 06/09 - Pa(Srm3)
Forward Id# Upon Receipt*

continued on next page

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-T06043
Product-Company code: 39SHV0
Invoice number: 374749
Invoice date: 07/10/2009
Lockbox number: 03

Total due this invoice: \$6,634.77
Payment due date: 07/17/2009

Amount enclosed: \$

0030313730060434071009003747490006634771

Invoice # 374749
July 10, 2009

Page 2 of 2

continued from last page

Service Charges for period ending 06/30/2009
ADP Transporter Processing Fee

250.00

Total due this invoice

\$6,634.77

+

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

Invoice # 385756
October 9, 2009

Page 1

Accounts receivable number:
00137-T06043

10190126

Any questions? Call your ADP
service representative,
Erica Chavez (909)592-6411

B900



KENNETH JACKSON
ERICKSON RETIREMENT COMM
PO BOX 22000
CATONSVILLE MD 21228-0002

Current Charges

ADP TaxService

Company code **SHV0**

Processing Charges for period ending 09/30/2009

143 Tax Service Jurisdictions	\$25.00 each	3,575.00
14764 Tax Service Employees	\$.03 each	442.92
43 Tax Service Controls	\$50.00 each	2,150.00
City Applied For Fee		25.00

Mth 09/09 Warm,Pa (Shx8)

Forward Id# Upon Receipt

Service Charges for period ending 09/30/2009

ADP Transporter Processing Fee		250.00
--------------------------------	--	--------

Total due this invoice \$6,442.92

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-T06043
Product-Company code: 39SHV0
Invoice number: 385756
Invoice date: 10/09/2009
Lockbox number: 03

Total due this invoice: \$6,442.92

Payment due date: 10/16/2009

Amount enclosed: \$

0030313730060434100909003857560006442921