

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: **Ashburn Campus, LLC**

Case Number: **09-37018**

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):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

20835747001172
PRESS EXPRESS
7483 C CANDLEWOOD ROAD
HANOVER, MD 21076

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s608
AMOUNT/CLASSIFICATION
\$646.00 UNSECURED

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

RECEIVED

DEC 29 2009

BMC GROUP

Telephone number:

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: \$ 646.00

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.

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).

Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$ _____

*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.

2. Basis for Claim: Goods Sold
(See instruction #2 on reverse side.)

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

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 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: \$ _____

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:

Date: 12/24/09

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.

Merle W. Lebowitz

Merle Lebowitz, President

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



PRESS EXPRESS

7483-C Candlewood Road
Hanover, Maryland 21076
www.pressexpress.com
p 410 850 4403 | f 410 859 3719

Invoice

Date	Invoice #
10/15/2009	31710

Bill To:

ERICKSON RETIREMENT COMMUNITIES
701 MAIDEN CHOICE LANE
BALTIMORE, MD 21228

P.O. Number:

6263227

Ordered By:

JEANNE CHENOWITH

Quantity	Description	Amount
500	CLUBHOUSE MAP - APL 2009 CARDINAL	295.00
	Freight	11.00

Sales Tax (0.0%) \$0.00

Total \$306.00

Payments/Credits \$0.00

Balance Due \$306.00



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Jonathan Lebowitz
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APL 2009 CARDINAL CLUBHOUSE MAP UPDATE (6263227)

December 24, 2009 8:19:22 AM

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Create Open Bid...
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Create...
Invokes
List
Create...
Shipments

View Order with Changes

Original Order

Accepted Changes

Final Cost

Order title: APL 2009 CARDINAL CLUBHOUSE MAP UPDATE ()
 Order number: 5568703-1
 Supplier Tracking:
 Completion Date: 10/9/09 5:00 PM
 Buyer workgroup: Erickson Communities
 Buyer person: Jeanne M chenowith
 Supplier workgroup: Press Express
 Supplier person: Jonathan Lebowitz
 Comments: Must delivery by 10/9 to community
 Allowed Overs: 99.00 %
 Allowed Unders: 99.00 %

Misc: \$0.00 \$0.00 \$0.00

APL 2009 CARDINAL CLUBHOUSE MAP UPDATE

(5890277) [Job Id: 5763033]

Requested Shipments: 0
 Delivered: 0
 Received: 0

	Original	With Changes
Quantity:	500	500
Completion Date:	10/9/09	10/9/09

Cost: \$295.00 \$0.00 \$295.00

Completion Date: 10/9/09 10/9/09

Comments: Price does not include shipping.

Discounts/Surcharges^{††} @ 0.00%:

Order Total:	\$295.00	\$0.00	\$295.00
Tax:	\$0.00	\$0.00	\$0.00
Shipping:	\$0.00	\$11.00	\$11.00
Grand Total:	\$295.00	\$11.00	\$306.00

Discounts/Surcharges Total:

Additional Discount/Surcharge: \$0.00

Discounts/Surcharges^{††} GrandTotal: \$0.00

^{††} A negative amount denotes a discount while the positive amount means surcharge. Discounts/Surcharges are not be included in the order's total. It will be applied in the final invoice.

Terms & Conditions

Erickson Communities Purchase Terms and Conditions

No overs or unders unless approved via a change order

Press Express Sales Terms and Conditions

Press Express has not entered any Terms & Conditions.

[Cost Center Allocation](#)

[Update Supplier Tracking...](#)

PRESS EXPRESS

7483-C Candlewood Road
Hanover, Maryland 21076
www.pressexpress.com
p 410 850 4403 | f 410 859 3719

Invoice

Date	Invoice #
10/15/2009	31762

Bill To:	
ERICKSON RETIREMENT COMMUNITIES 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	
P.O. Number:	6263538

Ordered By:	TIM ELLER
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Quantity	Description	Amount
1,000	MAP - APL 2009 SITE MAP UPDATE	349.00
	DISCOUNT	-24.00
	Freight	15.00

Sales Tax (0.0%)	\$0.00
Total	\$340.00
Payments/Credits	\$0.00

Balance Due	\$340.00
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Jonathan Lebowitz
Press Express

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APL 2009 SITE MAP UPDATE (6263538)

December 24, 2009 8:18:30 AM

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Invite Members...
Messages
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Attach Remote...
Create Folder...
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Tasks
List
Create...
Specs
List
Create...
Find & Copy...
Estimates
List
Create RFE...
Create Open Bid...
Orders
List
Create...
Invokes
List
Create...
Shipments

View Order with Changes

Original Order

Accepted Changes

Final Cost

Order title: APL 2009 SITE MAP UPDATE
 Order number: 5572758-1
 Supplier Tracking:
 Completion Date: 10/9/09 5:00 PM
 Buyer workgroup: Erickson Communities
 Buyer person: Timothy Eller
 Supplier workgroup: Press Express
 Supplier person: Jonathan Lebowitz
 Comments: Art will be available on FTP tomorrow or later today. I'll notify you when on FTP.
 Thanks
 Allowed Overs: 99.00 %
 Allowed Unders: 99.00 %

Misc: \$0.00 \$0.00 \$0.00

APL 2009 SITE MAP UPDATE (6263538) [Job Id: 5764133]

Requested Shipments: 1,000
 Delivered: 0
 Received: 0

	Original	With Changes
Quantity:	1,000	1,000
Completion Date:	10/9/09	10/9/09

Cost: \$349.00 \$0.00 \$349.00

Comments: Price does not include shipping.

Discounts/Surcharges^{††} @ 0.00%:

Order Total:	\$349.00	\$0.00	\$349.00
Tax:	\$0.00	\$0.00	\$0.00
Shipping:	\$0.00	\$15.00	\$15.00
Grand Total:	\$349.00	\$15.00	\$364.00

Discounts/Surcharges Total:
 Additional Discount/Surcharge: \$-24.00

Discounts/Surcharges^{††} GrandTotal: \$-24.00

^{††} A negative amount denotes a discount while the positive amount means surcharge. Discounts/Surcharges are not be included in the order's total. It will be applied in the final invoice.

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[Cost Center Allocation](#)

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