

1107875

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

PROOF OF CLAIM

Name of Debtor:

Case Number:

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:

20835749003493 NORTH JERSEY MEDIA GROUP 1 GARRET MOUNTAIN PLAZA PO BOX 471 6TH FLOOR ATTN CASH DEPT WEST PATERSON, NJ 07424-0471

RECEIVED JAN 04 2010

Court Claim Number: (If known)

Filed on:

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

BMC GROUP

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:

973-569-7650

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 855.00

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.

2. Basis for Claim: Service provide

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 7875

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).

3a. Debtor may have scheduled account as:

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.

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Nature of property or right of setoff: Real Estate Motor Vehicle Other

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:

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.

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

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.)

Amount entitled to priority:

\$

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*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.

If the documents are not available, please explain:

Date: 12/28/09

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.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00219

Handwritten signature of William Sully

North Jersey Media Group

Billing Period		Advertiser / Client Name	
10/01/09 - 10/31/09		ERICKSON RETIREMENT COMMUNITIES	
Total Amount Due	*Unapplied Payment	Payment Due By	
\$1,902.00	\$0.00	11/27/2009	
Current Period	Sep-09	Aug-09	Jul-09 and prior
\$1,047.00	\$855.00	\$0.00	\$0.00

Page	Statement Date
1	11/2/2009
Customer Account #	
1107875	

Billed Account Name and Address

Remittance Address	
North Jersey Media Group 1 Garret Mountain Plaza, 6th Floor P.O. Box 471 Woodland Park, NJ 07424-0471	
Total Due	Amount Paid
\$1,902.00	

ERICKSON RETIREMENT COMMUNITIES
Cedar Crest, Mail Stop 607
P.O. BOX 22000
Catonsville, MD 21228-0002

QUESTIONS ABOUT YOUR BILL?
Please contact your Customer Account Specialist at 973-569-7649

QUESTIONS ABOUT YOUR AD?
Please contact your Account Executive.

* UNAPPLIED AMOUNTS ARE INCLUDED IN AGING
Please make checks payable to: North Jersey Media Group

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Doc Date	Ad# - Trans#	Description	P. O. Number	Times	Size	Rate	Net	
09/13/2009	102684689-09132009			1	3x5		650.00	
		Products: Herald News, Suburban Trends, The Record						
09/13/2009	102684690-09122009	Jobs Class- HEALTHCARE C		1	1.00 x 12 Li	12.00	144.00	
		Products: northjersey.com, Herald News, Suburban Trends, The Record						
					Text Enhancement		61.00	
10/04/2009	102680540-10042009	Rail Directory-		1	2 x 14 Li	3.57	100.00	
		Products: Herald News, The Record						
10/03/2009	102697208-09262009	Jobs Class- DRIVER WANT		1	1.00 x 26 Li	17.54	456.00	
		Products: northjersey.com, Herald News, Monster Match, Suburban Trends, The Record, Monster.com, Shop Passaic/Morris, Shop Paterson/Passaic						
					Text Enhancement		16.00	
10/09/2009	102702883-10042009	Jobs Class- Maintenance E		1	1.00 x 25 Li	17.76	444.00	
		Products: northjersey.com, Herald News, Monster Match, Suburban Trends, The Record, Monster.com, Shop Passaic/Morris, Shop Paterson/Passaic						
					Text Enhancement		31.00	

Mail original proof of claim form and copies of supporting documentation to:

If by regular mail:

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

If by messenger or overnight delivery:

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Debtors

Erickson Retirement Communities, LLC
Ashburn Campus, LLC
Columbus Campus, LLC
Concord Campus GP, LLC
Concord Campus, LP
Dallas Campus GP, LLC
Dallas Campus, LP
Erickson Construction, LLC
Erickson Group, LLC
Houston Campus, LP
Kansas Campus, LLC
Littleton Campus, LLC
Novi Campus, LLC
Senior Campus Services, LLC
Warminster Campus GP, LLC
Warminster Campus, LP

Case Number

09-37010
09-37018
09-37019
09-27021
09-37020
09-37013
09-37012
09-37016
09-37015
09-37022
09-37024
09-37023
09-37025
09-37017
09-37027
09-37026

Once filed, a "**Filed**" stamped copy of the proof of claim will be returned to the claimant within three (3) business days of docketing **If** the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.