

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

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 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 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:

20835747001214 CONTROL SOURCES 8860 KELSO DRIVE BALTIMORE, MD 21221

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s709 AMOUNT/CLASSIFICATION \$102.00 UNSECURED

Court Claim Number: (If known)

Filed on:

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

RECEIVED JAN 04 2010 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: 410-574-8400 Ext 212

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

1. Amount of Claim as of Date Case Filed: \$102.00

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: Services performed HVAC (See instruction #2 on reverse side.)

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:

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: (See instruction #3a on reverse side.)

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

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.

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).

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:

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.

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:

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



00230

12/28/09

Handwritten signature of Michael J. Palla

Michael J. Palla Managing Partner

**CONTROL SOURCES**  
 8860 Kelso Drive  
 BALTIMORE, MARYLAND 21221

(410) 574-8400  
 Fax (410) 574-6700

Erickson Retirement Center  
 991 Corporate Boulevard  
 Linthicum, Maryland 21090  
 Attn: Accounts Payable

**INVOICE**

4645

SALESPERSON DATE OF INVOICE

09/04/09

SHIP TO Erickson Retirement Center  
 Facility# 10190179M03  
 Ordered by: Richard Mikulski  
 Application for Payment

ACCOUNT NO.	DATE SHIPPED	SHIPPED VIA	COL. PP.	F.O.B. POINT	TERMS	YOUR ORDER NUMBER
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NET 30 1496

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
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For services rendered:

Provided material, labor and equipment to complete work at the above referenced location to:  
 Set Staefa control system to unoccupied and change settings.

\$ 102.00

See attached work ticket# 22094 for further description of services performed and breakdown of charges.

wdr

THANK YOU

TOTAL

\$ 102.00

