

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

Name of Debtor: Erickson Retirement Communities, LLC Case Number: 09-37010-Sgjl

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): Central Exterminating Services, Inc.
Name and address where notices should be sent: 20835749003760 CENTRAL EXTERMINATING SERVICES PO BOX 1333 CAMBEN, ME 04843
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
Camden, ME 04843
Telephone number: 207 763-3086

1. Amount of Claim as of Date Case Filed: \$150.00
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.

2. Basis for Claim: pest control services performed
(See instruction #2 on reverse side.)
3. Last four digits of any number by which creditor identifies debtor: 4050
3a. Debtor may have scheduled account as: Point Lookout, LLC
(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: 12/28/09
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.
Rebecca D. Richards office manager 207 763-3086
FOR COURT USE ONLY
Erickson Ret. Comm. LLC
00236

case# 09-37010-sqj11

CENTRAL EXTERMINATING SERVICES

Bruce & Becky Richards
P.O. Box 1333 Camden, ME 04843
(207) 763-3086

Cust ID 4050

Service Report & Invoice: 23698

Date 06/27/2009

Customer

Contact / Location

Point Lookout, LLC
67 Atlantic Highway
Northport, ME 04849

Ken Nealley 217-4388
The Cabins
Northport

Start Time 9:20 am Finish Time 10:30 am Re-Entry Time 3:00 pm SignsPosted

Special Instructions

Materials Used:

<u>Pest</u>	<u>Site</u>	<u>Size</u>	<u>Materials</u>	<u>Percent</u>	<u>Amount</u>	<u>Units</u>	<u>Bait Sta</u>	<u>Method</u>
Carpenter ants	inside nesting site		Prescription Treatment	0.500%	2 ounces			crack & crevice
Carpenter ants	inside perimeter		Demand CS	0.060%	0.75 gallons			crack & crevice

Charges:

<u>Service</u>	<u>Units</u>	<u>Price</u>	<u>Line Total</u>
inside treatment	3	\$50.00	\$150.00

Invoice Messages

Invoice Total: \$150.00

Date Due: 07/27/2009

Cabins 1, 37, 68

Customer Signature: _____

Serviced By: Jesse Richards

You will be charged 1.5% service fee per month after 30 days
Please keep this invoice for your records and put the invoice number on your check.
We appreciate your business!

CENTRAL EXTERMINATING SERVICES, INC.

P. O. Box 1333

Camden, ME 04843-1333

207 763-3086 FAX 763-3212

28 Dec. 2009

BMC Group Inc.

ATT: Erickson Retirement Communities, LLC

Claims Processing

P. O. Box 3020

Chanhassen, MN 55317-3020

Please find enclosed a proof of claim form and a copy of the invoice for services provided to Point Lookout, Northport, ME.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca D. Richards".

**Rebecca D. Richards
Office Manager**