

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:

YOUR CLAIM IS SCHEDULED AS:

20835747001019  
INNER HARBOR DECORATING CO INC  
3825 HARBOR CENTER ROAD  
FALLSTON, MD 21047

Schedule/Claim ID: s659  
AMOUNT/CLASSIFICATION  
\$9,975.00 UNSECURED

Court Claim Number: (If known)

410-879-2100

410 KEVIN T. OLSZEWSKI Esq.  
5 South Hickory Ave  
Bel Air Md. 21014

RECEIVED

Filed on:

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

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:

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

1. Amount of Claim as of Date Case Filed: \$ 9,975.00

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: Secured provided

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:

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.

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).

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

Amount entitled to priority:

\$

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.

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

If the documents are not available, please explain:

\*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.

FOR COURT USE ONLY

Date: 12/29/09

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.

Erickson Ret. Comm. LLC



00249

Kevin T. Olszewski atty for Inner Harbor Decorating Co. Inc

Inner Harbor Decorating Co., Inc.

2825 Harford Road  
Fallston, MD 21047  
Phone: 410-592-3200  
Fax: 410-592-3211

# Invoice

Date	Invoice #
8/24/2009	7352

Bill To
Erickson Facilities 703 Maiden Choice Lane Baltimore, Md. 21228 Skip Joyner

P.O. No.	Terms	Project
		Charlestown

Quantity	Description	Rate	Amount
	701 Corp Bldg Terrance Level  Work completed for proposal #3820	9,975.00	9,975.00
		<b>Total</b>	\$9,975.00

*Law Office of*  
**KEVIN T. OLSZEWSKI, P.A.**

5 SOUTH HICKORY AVENUE  
BEL AIR, MARYLAND 21014-3732

(410) 879-2100  
(410) 838-1450  
FAX: (410) 893-3482

EMAIL: KEVINO@KTOPA.COM

December 29, 2009

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

RE: Case No. 09-37010

Dear Sir/Madam:

Please enter my name on the matrix as the attorney for Inner Harbor Decorating Co, Inc.

Additionally, please find enclosed two Proof of Claims forms to be filed in this matter. I have enclosed an additional marked "copy" to be marked "received" by this Court and returned in the envelope provided.

If you should have any questions please do not hesitate to contact my office. Thanking you for your assistance and cooperation in this matter, I am

Sincerely,

**LAW OFFICE OF KEVIN T. OLSZEWSKI, P.A.**



KEVIN T. OLSZEWSKI

KTO/smg  
Enclosures: as noted above  
cc: Robert Clingerman

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