

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):

COMPLETE HOME CONCEPTS, INC

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

Name and address where notices should be sent:

20835749001772
COMPLETE HOME CONCEPTS INC
2401 BURLINGTON
NORTH KANSAS CITY, MO 64116

4380 BELGIUM BLVD
RIVERSIDE, MD 64150

Court Claim Number: (If known)

Filed on:

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

RECEIVED

JAN 04 2010

Telephone number: 816-471-6262

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: \$ 2368.00 BMC GROUP

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: GOODS SOLD, SERVICES PERFORMED (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: 0216

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).

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.

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.

Date: 12-30-2009

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



00267

Ardyce J. Shipman - ARDYCE J. SHIPMAN, CREDIT MANAGER

Complete Home Concepts, Inc
4380 Belgium Blvd
Riverside MO 64150

COMPLETE HOME CONCEPTS

Phone: 816-471-6262
Fax: 816-471-7991

Invoice: 14267

INVOICE

Page: 1 of 1
Date: 11/24/2009

Customer ID: 20500216

Sold To:

Erickson Retirement Communities
701 Maiden Choice Ln
Baltimore MD 21228

Ship To:

Erickson Retirement Communities
13820 Metcalf Ave
RV T02
Overland Park KS 66223
SubDiv: TallGrass Creek

PO Number:
Packing Slip: 11050
Order Num: 11282
Sales Rep: Bill Bray

Terms: Net 30
Ordered: 11/23/2009

F.O.B: DEST
Ship Via: Installed
Ship Date: 11/24/2009

Line	Quantity	Part Number/Description	Revision	Unit Price	Ext Price
1	1.00	INST-SS Solid Surface Installed	INST	2,368.00 EA	2,368.00

Job No.: 017220

Payment Schedule

	Due Date	Amount
1	12/24/2009	2,368.00
Total		2,368.00

Total: 2,368.00

INCLUDES ALL APPLICABLE SALES AND USE TAX.
THIS IS AN INSTALLED CONSTRUCTION CONTRACT.
1.5% CHARGE PER MONTH IS ADDED TO ACCOUNTS 30 DAYS FROM DATE OF INVOICE.

Complete Home Concepts is now manufacturing and installing their new solid surface countertops and vanities. Don't pay the middle-man, work directly with the manufacturer and save money. Contact your Complete Home Concepts representative for details or our customer service department at 816-471-HOME.

Complete Home Concepts, Inc
4380 Belgium Blvd
Riverside, MO 64150



Phone: 816-471-6262
Fax: 816-471-7991

Sales Order: 11282

Sales Order Acknowledgement

Page: 1 of 1

Sold To: Erickson Retirement Communities 701 Maiden Choice Ln Baltimore MD 21228 <i>11050</i>	Ship To: Erickson Retirement Communities 13820 Metcalf Ave RV T02 Overland Park KS 66223 SubDiv: TallGrass Creek Cross Street: 138th and Metcalf
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Order Date: 11/23/09
Need By: 11/23/2009
Terms: Net 30

PO Number:
Quote: 11999
Sales Person: Bill Bray

FOB: Destination
Ship Via: Installed

Line	Rel	Order Qty	Part Number/Description	Date	Quantity	Job Number
1	1	1.00 EA	INST-SS Solid Surface Installed	11/23/2009	1.00	017220

Completed by Installer: _____ Yes No Date: ___ / ___ / ___

\$ 2368.00

Erickson Retirement Communities
 13820 Metcalf Ave
 RV T02
 CrStreets: 138th and Metcalf
 SubDiv: TallGrass Creek

Overland Park, KS 66223

Job Traveler

Order: 11282
 Li: 1 Rel: 1
 Quote: 11999

Page: 1 of 2
 Date: 11/23/2009

Job: 017220 Asm: 0 Description: Solid Surface Installed Rev: INST

Part: INST-SS For Order 1.00 Total 1.00 Schedule Dates Due Date: 11/23/2009

RAW MATERIAL COMPONENTS:

Seq No.	Part Number	Description	Required Qty	Used Qty	Return Qty	Status
10	D13300873	Cinnibar 50ml Adhesive	3.00 EA	<u>3</u>	_____	Open
20	D12817799	1/2 X 30 X 144 Cinnibar	36.00 SF	<u>45</u>	_____	Open
30	D11978525	881 Bone Single Bowl	1.00 EA	<u>1</u>	_____	Open

OPERATIONS

Seq No.	Oper.	Description	Oper. Qty	Res.	Status
10	CTEMPL	Solid Surface Template	1.00	1.00	
		Scheduling Resources			
	Dtl. Seq. Res. Grp.	Resource			
10	CINST	CTRUCK1			
		Solid Surface Trucks			
		Solid Surface Template			
20	CMFG	Solid Surface Build	1.00	1.00	
		Scheduling Resources			
	Dtl. Seq. Res. Grp.	Resource			
10	CMFG	CBLD			
		Solid Surface Shop			
		Solid Surface Build			
30	CINST	Solid Surfae Install	1.00	1.00	
		Scheduling Resources			
	Dtl. Seq. Res. Grp.	Resource			
10	CINST	CTRUCK2			
		Solid Surface Trucks			
		Truck 1			

Erickson Retirement Communities
13820 Metcalf Ave
RV T02
CrStreets: 138th and Metcalf
SubDiv: TallGrass Creek

Overland Park, KS 66223

Job Traveler

Order: 11282
Lt: 1 Rel: 1
Quote: 11999

Page: 2 of 2
Date: 11/23/2009

Job: 017220 **Asm:** 0 **Description:** Solid Surface Installed **Rev:** INST

Part: INST-SS

Job Completed? Yes No

Installer Comments:

Complete Home Concepts, Inc
 4380 Belgium Boulevard
 Riverside Mo, 4150

Corian Fabrication Labor Sheet

Order Number _____

Job Number _____

Template	Time In	Time Out	Installer	Complete Y/N
Date	11-12 ✓	14 Hr	Jimmy/Shore	Y
Date				
Date				
Date				

Fabrication	Time In	Time Out	Installer	Complete Y/N
Date	11/20 ✓	7:00	Shore	Y
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				

Installation	Time In	Time Out	Installer	Complete Y/N
Date	11/23 ✓	9:40	Shore Jimmy	Y
Date				
Date				
Date				

Complete Home Concepts, Inc
4380 Belgium Boulevard
Riverside Mo, 4150

Corian Detail Sheet

Customer Name ERICKSON
Customer Number 20500216
Contact Number PAMA
Sales Person BILL B

Address RU- T02
Subdivision TALL GRASS
City / State OP, KS

Quote Number 11999
Order Number 11282
Corian Color Counter CINNABAR

Job Number 017220

Bowl Choice 881
Bowl Color BONE

P/N D 12817799

Qty 1

Glue Color for bowl BONE Glue Kit for bowl

P/N D 11978525

P/N D 11971323

Customer Supplied Bowl _____

Bowl Stock Yes _____ No X

Splash 1/2" Cove _____ 4" Cove _____
Loose _____ Height _____
None _____ Full Height _____

Adhesive Color CINNABAR

50 Mil 3 Stock 01
470 Mil _____

Square Footage Required 36

Stock Quantity 15

P O Number _____

Sheet Order 1

P/N _____

50 Mil Order Qty 02

P/N _____

470 Mil Order Qty _____

P/N _____

Bowl Qty 1

P/N _____

Bowl Adhesive Qty 1

P/N _____

Edge Total Inches

Eased Edge _____
3/8" Radius _____
Bull Nose _____
Roman Ogee XX
Reverse Ogee _____
Top Bevel _____

P/N D 13300873

P/N _____

481MDF _____ Sq Feet

Bill Bray

From: Pamela Hopper [Pamela.Hopper@erickson.com]
Sent: Friday, November 06, 2009 5:49 PM
To: Bill Bray
Subject: ORDER For RV T02, Mary Erickson

Hi Bill,

This is the ORDER for RV T02:

Corian Countertops in Cinnabar with Roman Ogee Edge	\$2,163.00	includes 1/2" cove with
Sink: #881 Color: Bone (Larger one)	<u>\$ 205.00</u>	includes tax
Total Invoice:	\$2,368.00	

This floor plan is the Kenilworth. No raised bartop.

Template Date: November 12th @ 3:00 pm Please advise if that time will be OK

Install Date: November 23, @ 9:00 am (MONDAY). I'm taking some time off that week, so we'll need to install it on Monday.

Thanks!

Pamela Hopper

Custom Interiors & Facility Coordinator

Tallgrass Creek
 (913) 945-2054
 Fax: (913) 945-2105
 13820 Metcalf Avenue #207
 Overland Park, KS 66223
pamela.hopper@erickson.com