

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

PROOF OF CLAIM

Name of Debtor: ERICKSON RETIREMENT COMMUNITIES

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:

20835749003822 CUTRIGHT LAWN SERVICES INC PO BOX 606 INDIAN TRAIL, NC 28079

RECEIVED JAN 05 2010 BMC GROUP

Court Claim Number: (If known)

Filed on:

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

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:

704-201-6105

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

1. Amount of Claim as of Date Case Filed: \$ 1700.00

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.

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

2. Basis for Claim: SERVICES PERFORMED

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).

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

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

3a. Debtor may have scheduled account as:

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).

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: \$

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:

\$ 1700.00

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.

Date: 12/22/09

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.

Signature: S. Law

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00269

CUTRIGHT LAWN SERVICES, INC.

P.O. BOX 606  
INDIAN TRAIL, NC 28079  
704-201-6105

# Invoice

DATE	INVOICE #
9/25/2008	5132

<b>BILL TO</b>
ERICKSON DEVELOPMENT MAIL STOP 103 P.O. BOX 22000 CATONSVILLE, MD 21228-002 (WINDSOR RUN)

TERMS	DUE DATE	PROJECT
Net 15	10/10/2008	

DESCRIPTION	AMOUNT
MONTHLY MAINTENANCE FEE	850.00
Thank you for your business.	<b>Total</b> \$850.00

CUTRIGHT LAWN SERVICES, INC.

P.O. BOX 606  
INDIAN TRAIL, NC 28079  
704-201-6105

# Invoice

DATE	INVOICE #
10/25/2008	5236

BILL TO
ERICKSON DEVELOPMENT MAIL STOP 103 P.O. BOX 22000 CATONSVILLE, MD 21228-002 (WINDSOR RUN)

TERMS	DUE DATE	PROJECT
Net 15	11/9/2008	

DESCRIPTION	AMOUNT
MONTHLY MAINTENANCE FEE	850.00
PAST DUE INVOICE	850.00

ACCOUNT IS PAST DUE, PLEASE PAY IMMEDIATELY

**Total**

\$1,700.00