
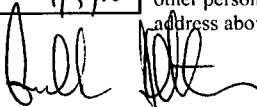



UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)		PROOF OF CLAIM
Name of Debtor: Erickson Retirement Communities, LLC		Case Number: 09-37010
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:  20835747001122 YEM CORP 18 OLD PADONIA ROAD COCKEYSVILLE, MD 21030		<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): Telephone number:		RECEIVED JAN 07 2010 BMC GROUP
1. Amount of Claim as of Date Case Filed: \$ <u>15,74.00</u> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(___). Amount entitled to priority: \$ _____
2. Basis for Claim: <u>goods sold/services provided</u> (See instruction #2 on reverse side.)		*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.
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: <u>1/5/10</u> Signature:  <u>Gerald Atterbury, President</u> 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  00301

INVOICE

INVOICE NO. 25168



Y.E.M. CORPORATION
 18 Old Padonia Road
 Cockeysville, MD 21030
 410-308-2280 / Fax: 410-308-2192

BILL TO Erickson Retirement Communitie
 Mail Stop 101
 P.O. Box 22000
 Catonsville, MD 21228

JOB Service 09

CUSTOMER	PURCHASE ORDER NO.	BILL THRU	TERMS	INVOICE DATE	PAGE
ERC	10190179M03		Net 30	9/17/09	1

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
See Copy of Service Report				
Work Completed: 09/11/09				
Technician: Mark Simokat/Dave Ware				
	1	100' 18-3.Shielded Wire	44.00	44.00
	4	Labor - Regular Hours (Crew Hours)	110.00	440.00
	6	Labor - Overtime (Crew Hours)	165.00	990.00
	2	Vehicle Charge	50.00	100.00

means item is non-taxable	SALE AMOUNT	1,574.00
	TOTAL	\$1,574.00

All attached entire from Dave Loupe regarding payment.



18 Old Padonia Road / Cockeysville, Maryland 21030
 Telephone: 410-308-2280 / Fax 410-308-2192

SERVICE REPORT

CUSTOMER: ERICKSON RETIREMENT COMMUNITIES
MAIL STOP 101
P.O. Box 22000
CATONSVILLE, MD 21228
BU 10190179H03

Control System Specialist: MARK S / DAVE W.
 Control Billed Service Contract Extra Service Contract
 Job# _____ Job# _____ Job# _____
 Job Name: RLTV
 Job Location: _____

QTY	MATERIAL	P.O.#	STOCK	DESCRIPTION OF WORK
100'	18-3 SHIELDED WIRE		44	FOUND CCP MAIN TRANSFORMER TRIPPED, TRANSFORMER DRAWING 13 AMP. TRACED WIRING + FOUND SHORTED WIRE LEADING TO 3RD FLOOR CEILING STATIC PRESSURE CONTROL. FOUND SHORTED WIRE IN 4TH FLOOR ELECTRICAL CLOSET WHERE NEW CABLING WAS BEING PULLED BY ANOTHER CONTRACTOR. PULLED NEW WIRE FROM 4TH FLOOR CEILING TO 3RD FLOOR CONTROL. WIRING + CHECKED OPERATION OK.
				Work Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Day	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Total	Recommendations:
Date						9/11			
Hours - Regular						2 1/2		440.00	
Hours - Overtime						3/3		990.00	
Hours - Travel									
Milage*	TRUCK CHARGE \$50.00 x 2								

*Only required if job location 50+ miles from Towson

Control System Special Signature: Mark Smith Date: 9-11-09 Customer Signature: [Signature] Date: _____

THANK YOU