

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:

20835747003097 CHESAPEAKE IRRIGATION SYSTEMS INC 405 HEADQUARTERS DRIVE STE 1 MILLERSVILLE, MD 21108

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s738 AMOUNT/CLASSIFICATION \$259.00 UNSECURED

Court Claim Number: (If known)

Filed on:

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

RECEIVED JAN 11 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: \$ 262.80

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).

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).

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

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:

\$

\*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.

2. Basis for Claim: Winterization of sprinkler system

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

3a. Debtor may have scheduled account as:

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:

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:

Date: 1/8/10

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.

[Handwritten Signature] Vice President

FOR COURT USE ONLY

Erickson Ret. Comm. LLC





CHESAPEAKE IRRIGATION SYSTEMS, INC.

405 Headquarters Drive, Suite 1

Millersville, MD 21108

410-987-2969

Date INVOICE #

10/2/2009 14643

Erickson Retirement Communities  
813 Maiden Choice Lane  
Baltimore, MD 21228

Erickson Retirement Communities  
813 Maiden Choice Lane  
Baltimore, MD 21228

TERMS	INST. DATE	SERVICE D...	PHONE	TECHNICIAN	PAGE/GRID
On receipt	4/27/92	10/1/09	410-536-4000	TM	P:41,J-4 BC

Arrived on site. Completed the system Winterization. Note: System is in poor condition. Noted several broken & several non-retracting sprinklers & (2) possible leaks. Suggest a complete system test at Spring Start-up.  
Winterization

259.00

**BALANCE DUE UPON RECEIPT \$259.00**

PAYMENT IN FULL due upon receipt. After 30 days, unpaid balances will be charged interest at the rate of 1 1/2 % per month. This represents 18% per annum. For your convenience, we accept Visa and Mastercard. Missed service appointments will be billed at \$65 per missed appointment. Additional time spent waiting for customers will be billed at normal service rates.

\_\_\_\_\_  
Visa or Mastercard Card# Exp date

\_\_\_\_\_  
CVV #  
Name as it appears on card

\_\_\_\_\_  
Signature Please return one copy with payment

30 day warranty on service parts and labor

CHESAPEAKE IRRIGATION  
 SYSTEMS INC  
 405 Headquarters Drive, Suite 1  
 Millersville, MD 21108  
 410-987-2969

# Finance Charge

DATE	INVOICE #
12/1/2009	FC 3076

TERMS	EFFECTIVE DA...	INST. DATE	SERVICE DATE	PHONE	TECHNICIAN	ROUTE NUMBER
			410-536-4000		P:41,J-4 BC	
DESCRIPTION						AMOUNT
Finance Charges on Overdue Balance Invoice #14643 for 259.00 on 10/02/2009						3.88
<b>Total</b>						<b>\$3.88</b>