

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

PROOF OF CLAIM

Name of Debtor: ERICKSON RETIREMENT COMMUNITIES, LLC

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:

20835749007302  
GILLESPIE GROUP  
124 TIGES LN  
EAST BRUNSWICK, NJ 08816

RECEIVED  
JAN 11 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:

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

1. Amount of Claim as of Date Case Filed: \$ 4000.00

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: GOODS SOLD  
(See instruction #2 on reverse side.)

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: 7600

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.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  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: \$ 4000.00

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).

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.

\*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.

If the documents are not available, please explain:

Date:

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



ROBERT GILLESPIE, PRESIDENT

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**THE GILLESPIE GROUP**

25 KIMBERLY ROAD  
 EAST BRUNSWICK, NJ 08816  
 (732) 254-5508 fax (732) 254-5537  
 Tax ID 22-2947492

**Invoice**

Date	Invoice #
2/24/2009	2600

Bill To
ERICKSON COMMUNITIES MAIL STOP 101, PO BOX 310 LINTHICUM, MARYLAND 21090-03610 ATTN:10190174 M06

P.O. No.	Terms	Project
		SEABROOK VILLAGE-LI...

Quantity	Description	Rate	Amount
	CARPET ORDERED THROUGH ATLAS FOR THE HEALTH CENTER THAT CANNOT BE RETURNED	4,000.00	4,000.00
		<b>Total</b>	\$4,000.00

AHR Jarri1  
DATE 01/06/10 09:16  
THE GILLESPIE GROUP

CUSTOMER HISTORY  
CUSTOMERS 27600 - 27600  
JOBS ALL  
DATES ALL  
BY INVOICE DATE  
SUBTOTAL BY JOB

CODE	INVOICE #	REFERENCE	DATE	INVOICE AMOUNT	OPEN AMOUNT	RTNG/DISC AMOUNT	PAYMENT AMOUNT	PAYMENT DATE	CHECK #	CHECK AMOUNT
CUSTOMER-27600 Erickson Communities										
CONTACT-Evelyn/Diana DAWN ROUPE AP MNG CONTRACT- 410 242 2880										
	SALE 2600		02/24/09	4,000.00	4,000.00					
		JOB TOTALS		4,000.00	4,000.00					
		CUSTOMER TOTALS		4,000.00	4,000.00					
		GRAND TOTALS		4,000.00	4,000.00					

*Seabrook Village*

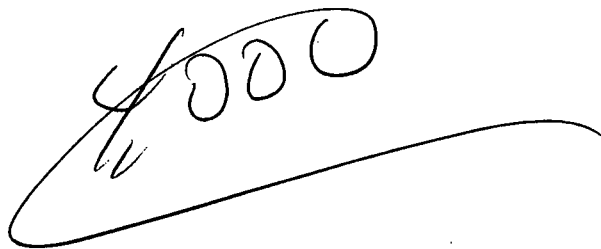
**Cathy Konopko**

**From:** Will Furman [Will.Furman@erickson.com]  
**Sent:** Monday, February 23, 2009 12:21 PM  
**To:** Cathy Konopko  
**Cc:** bob@thegillespiegroup.com; Bierbach, Dave  
**Subject:** Follow-up Dave Bierbach Invoice for Seabrook Health Clinic

Can you possible send me the invoice for the Seabrook "Health Clinic" project that Dave Bierbach was working on?

Thank you.

Will Furman  
Seabrook Village  
Project Manager  
732-643-2000 Ext. 5448



## MATERIAL SCHEDULE

ITEM NO	MATERIAL	MANUFACTURER	MFR. NUMBER	COLOR	REMARKS
B-1	WOOD BASE	MATCH	MATCH	P-7	WOOD BASE, STAIN P-7 TC
B-2	VINYL BASE	JOHNSONITE	45	SANDALWOOD	4' H CONTINUOUS ROLL GO
C-1A	CARPET	ATLAS	2S3655 (VICTORIAN)	SDMTL-222627 (GREEN W/ GOLD)	PRIOR TO ORDERING, CONTI
VCT-1	VINYL COMPOSITION TILE	ARMSTRONG	51829	FORTRESS WHITE	12' X 12' TILES
P-1	PAINT	BENJAMIN MOORE	1045	LADY FINGER	WALL PAINT
P-2	PAINT	BENJAMIN MOORE	1039	STONEHOUSE	DOOR TRIM PAINT
P-3	PAINT	SHERWIN WILLIAMS	SW6672	MORNING SUN	PAINT ABOVE PICTURE RAIL
P-4-P-6	PAINT	NOT USED	NOT USED	NOT USED	--
P-7	PAINT	MATCH	MATCH	MATCH	STAIN WOOD BASE & NEW DX
P-8	PAINT	BENJAMIN MOORE	1047	DEER PATH	PICTURE RAIL & DOOR FRAM
WC-1	WALLCOVERING	KOROSEAL	PEONY LACQUER P821-06	BISQUE	ABOVE CHAIR RAIL (CORRIDX
WC-2	WALLCOVERING	KOROSEAL	STRILL P821-06	STRAW HAT	BELOW CHAIR RAIL (CORRIDX
L-1	PLASTIC LAMINATE	PIONITE	AV721-S	THYME FIBER	WORK ROOM COUNTERTOPS
L-2	PLASTIC LAMINATE	PIONITE	ST610-S	SQUASH	WORK ROOM ANGLED PANELS
L-3-L-5	PLASTIC LAMINATE	NOT USED	NOT USED	NOT USED	--
L-6	PLASTIC LAMINATE	PIONITE	AT981-S	CORIANDER FIBER	EXAM ROOM CABINETRY
T-1-T-3	TRANSITION STRIP	NOT USED	NOT USED	NOT USED	--
T-4	VINYL TRANSITION STRIP	JOHNSONITE	CTA-45-H	SANDALWOOD	CARPET TO VINYL
			SSR-45-B	SANDALWOOD	VINYL TO CONCRETE
			CTA-45-J	SANDALWOOD	CARPET TO CONCRETE

