


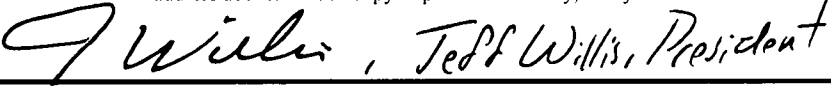

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)		PROOF OF CLAIM
Name of Debtor: Erickson Construction, LLC		Case Number: 09-37016
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment 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):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent:  20835747000957 INTEGRATED BUILDING CONTRACTOR 3617 HUMMER ROAD ANNANDALE, VA 22003		
RECEIVED JAN 12 2010 BMC GROUP		<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 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: 703-560-6546		
1. Amount of Claim as of Date Case Filed: \$ 26,218.65 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: \$ _____ *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: <u>Services Performed</u> (See instruction #2 on reverse side.)		
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: 1-07-2010	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  00370

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: ERICKSON CONSTRUCTION, LLC.
 703 Maiden Choice Lane
 Baltimore, MD 21228

DATE: 5/20/09

PROJECT: 557RB14
 JOB: Wood framed residential building
 APPLICANT NO.: #5
 PERIOD TO: 5/31/09

FROM: Intergrated Building Contractors, Inc.

1. Original Contract Amount	\$ 364,000.00
2. Change Orders Issued to Date (Thru C.O. # 18)	\$ 19,133.00
3. Contract Sum to Date (Line 1+2)	\$ 383,133.00
4. Total Completed & Stored to Date	\$ 383,133.00
5. Less Retainage (-0-%)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 383,133.00
7. Less Previous Requisitions	\$ 363,976.35
8. Payment Due This Period (Line 6-7)	\$ 19,156.65

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies: (i) that the work for which this payment request is being submitted has been complete in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: *J. Williams* Date: 5/20/09
 (Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$ _____
PROGRESS BILLING	\$ _____
RETAINAGE HELD	\$ _____
TOTAL AMOUNT DUE	\$ _____
PROJECT NUMBER	557RB14
COST CODE #	48400-074600
APPROVED BY	_____
APPROVED DATE	_____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK - DEL.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

CONTINUATION SHEET

AMA DOCUMENT G703

(Instructions on reverse side) PAGE 2 OF 2 PAGES

AMA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column 1 on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: #5
 APPLICATION DATE: 5/20/09
 PERIOD TO: 5/31/09
 ARCHITECT'S PROJECT NO: RB14

A LINE NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G-C)	I BALANCE TO FINISH (C-G)	J RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
#1	Shingle Roof	88,500.00	88,500.00	-0-	-0-	88,500.00	100	-0-	-0-
#2	Gutters/Downspouts	20,500.00	20,500.00	-0-	-0-	20,500.00	100	-0-	-0-
#3	Metal Roof	20,000.00	20,000.00	-0-	-0-	20,000.00	100	-0-	-0-
#4	Flat Roof	10,000.00	10,000.00	-0-	-0-	10,000.00	100	-0-	-0-
#5	Siding	225,000.00	225,000.00	-0-	-0-	225,000.00	100	-0-	-0-
#6	Change Order #18 Repair @ Dormer	3,815.00	3,815.00	-0-	-0-	3,815.00	100	-0-	-0-
#7	Change Order #15 Link	15,318.00	15,318.00	-0-	-0-	15,318.00	100	-0-	-0-
		383,133.00	383,133.00	-0-	-0-	383,133.00	100	-0-	-0-

EXHIBIT "D"
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **ERICKSON CONSTRUCTION, LLC.**
 703 Maiden Choice Lane
 Baltimore, MD 21228

DATE: 6/22/09

FROM: Intergrated Building Contractors, Inc.

PROJECT: 557RB14
 JOB: Wood framed residential building
 APPLICANT NO.: #6
 PERIOD TO: 6/22/09

1. Original Contract Amount	\$ 364,000.00
2. Change Orders Issued to Date (Thru C.O. # _____)	\$ 26,195.00
3. Contract Sum to Date (Line 1+2)	\$ 390,195.00
4. Total Completed & Stored to Date	\$ 390,195.00
5. Less Retainage (_____ %)	\$ 0.00
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 390,195.00
7. Less Previous Requisitions	\$ 383,233.00
8. Payment Due This Period (Line 6-7)	\$ 7,062.00

SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:

The undersigned Subcontractor certifies: (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: *[Signature]* Date: 6/22/09
 (Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

NOTES:

TO BE COMPLETED BY PROJECT MANAGER

RETAINAGE RELEASE	\$ _____
PROGRESS BILLING	\$ _____
RETAINAGE HELD	\$ _____
TOTAL AMOUNT DUE	\$ _____
PROJECT NUMBER	557RB14
COST CODE #	48400-074600
APPROVED BY	_____
APPROVED DATE	_____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK -DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

CONTINUATION SHEET

AVA DOCUMENT C703

(Instructions on reverse side)

PAGE 2 OF 2 PAGES

AVA Document C702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached to Submittals below, amounts are stated to the nearest dollar. Use Column Item Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: #6

APPLICATION DATE: 6/22/09

PERIOD TO: 6/22/09

ARCHITECT'S PROJECT NO: RB14

A LINE NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E MATERIALS PRESENTLY STORED (NO IN D OR E)	F TOTAL COMPLETED AND STORED (D + E)	G % (F - C)	H BALANCE TO FINISH (C - F)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
#1	Shingle Roof	88,500.00	88,500.00	-0-	-0-	88,500.00	100	-0-	-0-
#2	Gutters/Downspouts	20,500.00	20,500.00	-0-	-0-	20,500.00	100	-0-	-0-
#3	Metal Roof	20,000.00	20,000.00	-0-	-0-	20,000.00	100	-0-	-0-
#4	Flat Roof	10,000.00	10,000.00	-0-	-0-	10,000.00	100	-0-	-0-
#5	Siding	225,000.00	225,000.00	-0-	-0-	225,000.00	100	-0-	-0-
#6	Change Order #18 Repair @ Dormer	3,815.00	3,815.00	-0-	-0-	3,815.00	100	-0-	-0-
#7	Change Order #15 Link	15,318.00	15,318.00	-0-	-0-	15,318.00	100	-0-	-0-
#8	Change Order #07-003 Pad Out Balconies for Siding	7,062.00	-0-	7,062.00	-0-	7,062.00	100	-0-	-0-
		390,195.00	383,133.00	7,062.00	-0-	390,195.00	100	-0-	-0-

AVA DOCUMENT C703 - AVA ARCHITECTS AND ENGINEERS, INC. 1000...