

**STANDARD
PROOF OF CLAIM**

Name of Debtor and Case Number

Erickson Retirement Communities, LLC Case No. 09-37010

Indicate Debtor Name and Case Number, if other than above (see Exhibit A to the Bar Date Notice for a complete list of debtors and case numbers): _____

NOTICE OF SCHEDULED CLAIM
Your claim is scheduled by the Debtor as:

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 and Address of Creditor (The person or other entity to whom the debtor owes money or property):

CenterPoint Energy Services, Inc.
1111 Louisiana Street CNPT20
Houston, TX 77002

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BMC GROUP

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address information provided is incorrect or incomplete. Please provide correct information by striking through the preprinted address and writing the correct information.

IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown above is listed as DISPUTED, UNLIQUIDATED, OR CONTINGENT, a proof of claim MUST be filed.

Creditor's Telephone Number:

713-207-3830

Creditor's Tax Identification or Social Security Number:

72-1309319

- Check here supplements
 replaces
 if this claim amends a previously filed claim, dated: _____

1. Basis for Claim

- Goods sold/Services performed
- Contract/Lease (other than trading contracts)
- Trading contract
- Money loaned
- Litigation

- Guarantees
- Taxes
- Other _____

should
 If your claim is for retiree benefits, wages, salary, or compensation, you complete the Employee Proof of Claim Form rather than this form.

2. Date Debt was incurred: October 1, 2009 – October 18, 2009

3. If court judgment, date obtained: _____

4. Total Amount of Claim at Time Case Filed: \$820.02

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral: _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

4. Unsecured Priority Claim.

- Check this box if you have an unsecured priority claim
 Amount entitled to priority \$ _____
 Specify the priority of the claim:
 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)(_____).

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.

DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

Erickson Ret. Comm. LLC



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Date:

January 8, 2010

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Roger Herman, Credit Risk Analyst

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



CenterPoint Energy Services, Inc.
 3010 Highland Parkway, Suite 525
 Downers Grove, IL 60515
 P: (630) 241-1010 F: (630) 241-1110
 www.centerpointenergy.com/ces

CenterPoint Energy Services, Inc.
Invoice for Natural Gas Deliveries

Erickson Retirement Communities LLC c/o Cass
 Attn: Accounts Payable
 P.O. Box 182633
 Mail Stop 8
 Columbus, OH 43218-2633

Customer ID: ER110002
Invoice Number: 2770261-1
Invoice Date: 11/03/2009
Date Due: 11/23/2009

NSHORE Account # 3500050752900 Service Address: 960 Autoban Way, Lincolnshire, IL

COMMODITY CHARGES						
From	To	Description	Therms	Price	Amount	
10/01/2009	10/18/2009	Index Price	2,063.83	\$0.39200	\$809.02	
Billed Volume = 2,063.83						

OTHER CHARGES			
Description	Therms	Price	Amount
Pooling / Meter Read			\$11.00

Total Current Charges: \$820.02
Prior Balance: \$0.00
Total Amount Due: \$820.02
Date Due: 11/23/2009

Please detach this portion and return with payment for the Total Amount Due. Late Fees will be assessed if payment is received after the due date as stated in the contract. Please wire payment if Amount Due > \$50,000.00.

Customer ID: ER110002	Current Charges: \$820.02
Customer: Erickson Retirement Communities LLC c/o Cass	Prior Balance: \$0.00
Invoice Date: 11/03/2009	Total Amount Due: \$820.02
Invoice Number:	Date Due: 11/23/2009

Send Check To:
 CenterPoint Energy Services, Inc.
 23968 Network Place
 Chicago, IL 60673-1239

Send Wire to:
 ABA # 113000609
 JP Morgan Chase Bank, Houston, TX
 Account Number: 709373401
 Beneficiary: CenterPoint Energy Services, Inc.