

UNITED STATES BANKRUPTCY COURT

Northern District of Texas

PROOF OF CLAIM

Name of Debtor: ERICKSON CONSTRUCTION LLC. SUBSIDIARY OF ERICKSON RETIREMENT COMMUNITIE

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): Otis Elevator Company

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: Otis Elevator Company, et al., ATTN: Treasury Services - V Palmerie -1st Fl. 1 Farm Springs Farmington, CT 06032

Court Claim Number: (If known)

Telephone number: (860) 676-6446

Filed on:

FILED

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

DEC 28 2009

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:

TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

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

1. Amount of Claim as of Date Case Filed: \$ 29,743.00

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Elevator Service & Equip. (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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

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).

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

Value of Property: \$ Annual Interest Rate %

RECEIVED

Amount of arrearage and other charges as of time case filed included in secured claim.

JAN 12 2010

If any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

BMC GROUP

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 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:

FOR COURT USE ONLY

Date: 12/22/2009

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.

Erickson Ret. Comm. LLC



00387

John Parent, Spvsr. Treasury Svcs, North American Credit/Collections

OTIS

Statement of Account

Today's Date 12/22/2009

To
ERICKSON CONST INC

Customer No. 473616

MARIS GROVE
115 BRINTON LAKE RD
GLEN MILLS
PA 19342

Document No.	Transaction Date	Transaction Type	Amount	Payments/Adjustments	Amount Due
* NPH240149013	04/17/2009	Invoice	\$28,764.00	\$0.00	\$28,764.00
* NPH240149012	04/15/2009	Invoice	\$979.00	\$0.00	\$979.00

TOTAL \$29,743.00

\$0.00

\$29,743.00

Total Amount Due \$29,743.00

* INVOICE IN DISPUTE

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If unapplied cash is indicated above, we require written advice to apply these funds. Please contact the party on the attached notice or cover sheet.