

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

PROOF OF CLAIM

Name of Debtor: Erickson Retirement

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): Shared Technologies Inc
Name and address where notices should be sent: Shared Technologies, 1405 S. Beltline Rd #100, Coppell, TX 75019
Telephone number: 972 462 5935

FILED
DEC 31 2009
TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number:
Filed on:

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

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

1. Amount of Claim as of Date Case Filed: \$ 5110.62
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.

2. Basis for Claim: Service and Good performed
3. Last four digits of any number by which creditor identifies debtor: 1003777
3a. Debtor may have scheduled account as:

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).

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: \$

RECEIVED
JAN 12 2010
BMC GROUP

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).

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:

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.

Date: 12/29/09
Signature: Terry Smith, Director Credit/Collections

FOR COURT USE ONLY
Erickson Ret. Comm. LLC
00395

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g):

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION**

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Mail original proof of claim form and copies of supporting documentation to:

**If by regular mail:**

BMC Group Inc  
Attn: Erickson Retirement Communities, LLC  
Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

**If by messenger or overnight delivery:**

BMC Group Inc  
Attn: Erickson Retirement Communities, LLC  
Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317

**Debtors**

Erickson Retirement Communities, LLC  
Ashburn Campus, LLC  
Columbus Campus, LLC  
Concord Campus GP, LLC  
Concord Campus, LP  
Dallas Campus GP, LLC  
Dallas Campus, LP  
Erickson Construction, LLC  
Erickson Group, LLC  
Houston Campus, LP  
Kansas Campus, LLC  
Littleton Campus, LLC  
Novi Campus, LLC  
Senior Campus Services, LLC  
Warminster Campus GP, LLC  
Warminster Campus, LP

**Case Number**

09-37010  
09-37018  
09-37019  
09-27021  
09-37020  
09-37013  
09-37012  
09-37016  
09-37015  
09-37022  
09-37024  
09-37023  
09-37025  
09-37017  
09-37027  
09-37026

Once filed, a "**Filed**" stamped copy of the proof of claim will be returned to the claimant within three (3) business days of docketing **If** the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.



Billing Inquiry Phone ..... 1-888-781-2627  
 Billing Inquiry Email ..... billing@sharedtechnologies.com  
 Shared Tech Website ..... www.sharedtechnologies.com  
 Service Phone Number... 1-800-526-7006

**Invoice copy**

Invoice Number ..... PSV-128951  
 Page ..... 1 of 1  
 Invoice Date ..... 9/21/2009  
 Due Date ..... 10/21/2009  
 Invoice Account ..... ACN-071629  
 Customer ID ..... 1003777  
 Invoice Amount ..... 1,102.50  
 Credits/Payments ..... (630.00)  
 Open Balance as of ..... 11/11/2009  
 Open Balance ..... 472.50

Including its wholly owned subsidiaries and successors

**ERICKSON RETIREMENT COMMUNITIES**  
 ATTN: MAIL STOP 101  
 P.O. BOX 22000  
 Catonsville, MD 21228

Service Ticket ..... 80741943 Requested by..... jason headman  
 Ticket Open/Close .... 9/16/2009 9/18/2009 Cust Ref/PO Num.. 10400909  
 Ticket Note..... need to set up call menu on main marketing line-see jason headman

Resolution Note ..... per tech mark emegancy call out to make changes to 800 # and old local#. all tested good ok to complete no parts used signed off by Jason

Site..... ERICKSON RETIREMENT SiteID..... 48309  
 1919 FERRY RD Rd. Site Account..... ACN-071606  
 NAPERVILLE, IL 60563 Cust site code.....

Date of service	Employee name	Description	Qty	Rates	Ext Amount	Sales tax amount
9/18/2009	Bellot, Mark	Overtime Hours	4.00	157.50	630.00	0.00
9/18/2009	Hauser, Edward	Standard Time Hours	4.50	105.00	472.50	0.00

USD	Sales balance	Total discount	Misc. charges	Sales tax	Round-off	Total
	1,102.50	0.00	0.00	0.00	0.00	1,102.50

<b>B</b>	ERICKSON RETIREMENT COMMU	Invoice number ..	PSV-128951	Please Return Remittance with Payment _____ Amount Paid _____ Check Number
<b>I</b>	ATTN: MAIL STOP 101	Invoice account..	ACN-071629	
<b>L</b>	P.O. BOX 22000	Payment due by..	10/21/2009	
<b>L</b>	Catonsville, MD 21228	Amount due .....	472.50	
<b>T</b>		Customer ID.....	1003777	
<b>o</b>				

**Wire Information:**  
 Capital One, N.A.  
 ABA Routing - 111901014  
 Acct # - 3620321574  
 Beneficiary - Shared Technologies Inc. - Wiring Acct.

Remit To  
 Shared Technologies  
 P.O. Box 4869  
 Department #145  
 Houston, TX 77210



Billing Inquiry Phone ..... 1-888-781-2627  
 Billing Inquiry Email ..... billing@sharedtechnologies.com  
 Shared Tech Website ..... www.sharedtechnologies.com  
 Service Phone Number... 1-800-526-7006

**Invoice copy**

Invoice Number ..... PSV-130852  
 Page ..... 1 of 1  
 Invoice Date ..... 9/30/2009  
 Due Date ..... 10/30/2009  
 Invoice Account ..... ACN-071612  
 Customer ID ..... 1003777  
 Invoice Amount ..... 315.00  
 Credits/Payments ..... 0.00  
 Open Balance as of ..... 11/11/2009  
 Open Balance ..... 315.00

Including its wholly owned subsidiaries and successors

**ERICKSON RETIREMENT-RIDERWOOD**  
 ATTN: MAIL STOP 606  
 P.O. BOX 22000  
 Catonsville, MD 21228

Service Ticket ..... 80748539  
 Ticket Open/Close .... 9/30/2009 9/30/2009  
 Ticket Note ..... Client stated the Garden Plot Phone, ext 7939, not working. They were trying to find the line (TN). Tech didn't know where the line went and the site found the information. please assign to Darryl Lockridge. Tech aware, line has no dial tone. Now able t  
 Resolution Note ..... Looked for a tie cable in 3 buildings for a garden phone, unable to locate cable. Tested ring down number in switch rm problem is w cable. Advised customer and they will have to locate the cable.

Site ..... ERICKSON RETIREMENT  
 3900 GRACEFIELD RD  
 SILVER SPRING, MD 20904  
 SiteID ..... 45910  
 Site Account ..... ACN-071612  
 Cust site code .....

Date of service	Employee name	Description	Qty	Rates	Ext Amount	Sales tax amount
9/30/2009	Lockridge, Darryl	Standard Time Hours	3.00	105.00	315.00	0.00

USD	Sales balance	Total discount	Misc. charges	Sales tax	Round-off	Total
	315.00	0.00	0.00	0.00	0.00	315.00

**B** ERICKSON RETIREMENT-RIDERWOOD Invoice number ... PSV-130852  
**I** ATTN: MAIL STOP 606 Invoice account... ACN-071612  
**L** P.O. BOX 22000 Payment due by.. 10/30/2009  
**L** Catonsville, MD 21228 Amount due ..... 315.00  
 Customer ID..... 1003777  
 T  
 o

Please Return Remittance with Payment  
 \_\_\_\_\_ Amount Paid  
 \_\_\_\_\_ Check Number

**Wire Information:**  
 Capital One, N.A.  
 ABA Routing - 111901014  
 Acct # - 3620321574  
 Beneficiary - Shared Technologies Inc. - Wiring Acct.

Remit To  
 Shared Technologies  
 P.O. Box 4869  
 Department #145  
 Houston, TX 77210



Billing Inquiry Phone .....: 1-888-781-2627  
 Billing Inquiry Email .....: billing@sharedtechnologies.com  
 Shared Tech Website .....: www.sharedtechnologies.com  
 Service Phone Number...: 1-800-526-7006

**On-account invoice copy**

Invoice Number .....: OAI-122705  
 Page .....: 1 of 1  
 Invoice Date .....: 12/7/2009  
 Due Date .....: 1/6/2010  
 Invoice Account .....: ACN-071629  
 Customer ID .....: 1003777  
 Invoice Amount .....: 4,323.12  
 Credits/Payments .....: 0.00  
 Open Balance as of .....: 12/23/2009  
 Open Balance .....: 4,323.12

Including its wholly owned subsidiaries and successors

ERICKSON RETIREMENT  
 ATTN: MAIL STOP 101  
 P.O. BOX 22000  
 Catonsville, MD 21228

**Note : Effective January 1, 2010 Shared Technologies Inc. will begin enforcing our Late Fee policy as defined in your agreement.**

Site Id	Cust Ref/PO Number	Site name	CustLoc	Line text	Ext Amount	Sales tax amount
41390		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	180.46	0.00
48309		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	208.27	0.00
2005042		Erickson Retirement Communities - Ann's		10/19/09-10/31/09 Post-petition Mtc	234.22	0.00
45909		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	263.78	0.00
45910		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	469.27	0.00
45911		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	363.28	0.00
45912		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	184.47	0.00
45915		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	351.74	0.00
45916		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	184.47	0.00
45917		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	475.04	0.00
45918		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	774.87	0.00
45919		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	447.33	0.00
45920		ERICKSON RETIREMENT		10/19/09-10/31/09 Post-petition Mtc	185.92	0.00

USD	Sales balance	Total discount	Misc. charges	Sales tax	Round-off	Total
	4,323.12	0.00	0.00	0.00	0.00	4,323.12

<b>B</b>	ERICKSON RETIREMENT	Invoice number ...:	OAI-122705	Please Return Remittance with Payment _____ Amount Paid _____ Check Number
<b>I</b>	ATTN: MAIL STOP 101	Invoice account...:	ACN-071629	
<b>L</b>	P.O. BOX 22000	Payment due by.:	1/6/2010	
<b>L</b>	Catonsville, MD 21228	Amount due .....:	4,323.12	
		Customer ID.....:	1003777	

**Wire Information:**  
 Capital One, N.A.  
 ABA Routing - 111901014  
 Acct # - 3620321574  
 Beneficiary - Shared Technologies Inc. - Wiring Acct.

Remit To  
 Shared Technologies  
 P.O. Box 4869  
 Department #145  
 Houston, TX 77210