

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

PROOF OF CLAIM

INVOICE 65826

Name of Debtor: ERICKSON RETIREMENT COMMUNITIES LLC

Case Number: 09-37010-S9J 11

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): BANNER GLASS INC

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

Name and address where notices should be sent:

20835749008488 BANNER GLASS INC 7900 FENTON ST SILVER SPRING, MD 20910

FILED JAN 04 2010

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

Court Claim Number: (If known)

Filed on:

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

RECEIVED

JAN 12 2010

BMC GROUP

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.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 293.50

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: SERVICE PROVIDED ON Co Vehicles (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: 7304

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.

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).

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: \$ 293.50

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)().

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

Amount entitled to priority:

\$

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.)

*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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

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.

NELSON ARMOUR - CFO/CONTROLLER 12/23/09

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00398

06 BANNER GLASS, INC.
P.O. BOX 630205
BALTIMORE, MD 21263-0205

OFFICE COPY

RePrint # 1

PH:(410) 750-0600 FAX:(410) 313-8560

WO #: 7304

Fed Tax ID: 52-0671859

P/O # : Taken By: ANEITA Installer: 3	Cust State Tax ID: 317201744 Cust Fed Tax ID: Ship Via:	Invoice: 65826 Date: 7/29/2009 Time: 09:59 AM
SalesRep: A	Adv.Code: IR	

Bill To: 18355

Sold To: 18355

ERICKSON - RETIREMENT COMMUNITIES
ACCOUNTS PAYABLE #10190179M03
701 MAIDEN CHOICE LANE
CATONSVILLE, MD 21228

ERICKSON - RETIREMENT COMMUNITIES
ACCOUNTS PAYABLE #10190179M03
701 MAIDEN CHOICE LANE
CATONSVILLE, MD 21228

06 E (410) 402-2200 FAX: (410) 314-1652
P.O.
PAL

Vehicle Information

Make : Isuzu	Model/Style : NPR Cabover	Year : 2005
Odometer :	VIN : 4klb4b1ux5j801790	License :

Qty	Part Number	Description	List	Disc%	Sell	Total
1	DW01231GGNN	Windshield	\$202.50	40	\$121.50	\$121.50
1	LAGN01	LABOR AUTO - 35.00/ HR (2.3 Hours)	\$80.50	0	\$80.50	\$80.50
1	HAH000004	Adhesive-(2.0,Urethane,Dam,Primer)	\$25.00	0	\$25.00	\$25.00
1	WFS D1231	Filler-(Strip,3/4, Top & Sides)	\$66.50	0	\$66.50	\$66.50

DOT NUMBER: 563
RICK MIKULSKI @ (443) 797-2194 15-20 MINUTES BFORE ARRIVAL

06 E
P.O.
PAL

Sub Total: \$293.50
Tax : \$0.00

Customer's Signature: _____

NET 30 On Account: \$293.50