

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

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 09-37010-SGJ11

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): Central Exterminating Services, Inc.

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

Name and address where notices should be sent:

20835749003760
CENTRAL EXTERMINATING SERVICES
PO BOX 1333
CAMBEN, ME 04843

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):

Camden, ME 04843

Telephone number: 207 763-3086

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: \$150.00

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.

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

2. Basis for Claim: pest control service performed

3. Last four digits of any number by which creditor identifies debtor: 4050

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).

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).

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.

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 %

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: \$

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JAN 12 2010

BMC GROUP

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: 12/28/09

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.

Rebecca D. Richards office manager 207 763-3086

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00404

Case# 09-37010-59j11

CENTRAL EXTERMINATING SERVICES

Bruce & Becky Richards
P.O. Box 1333 Camden, ME 04843
(207) 763-3086

Cust ID 4050

Date 06/27/2009

Service Report & Invoice: 23698

Customer

Contact / Location

Point Lookout, LLC
67 Atlantic Highway
Northport, ME 04849

Ken Nealley 217-4388
The Cabins
Northport

Start Time 9:20 am Finish Time 10:30 am Re-Entry Time 3:00 pm SignsPosted

Special Instructions

Materials Used:

<u>Pest</u>	<u>Site</u>	<u>Size</u>	<u>Materials</u>	<u>Percent</u>	<u>Amount</u>	<u>Units</u>	<u>Bait Sta</u>	<u>Method</u>
Carpenter ants	inside nesting site		Prescription Treatment	0.500%	2 ounces			crack & crevice
Carpenter ants	inside perimeter		Demand CS	0.060%	0.75 gallons			crack & crevice

Charges:

<u>Service</u>	<u>Units</u>	<u>Price</u>	<u>Line Total</u>
inside treatment	3	\$50.00	\$150.00

Invoice Messages

Cabins 1, 37, 68

Invoice Total: \$150.00

Date Due: 07/27/2009

Customer Signature: _____

Serviced By: Jesse Richards

You will be charged 1.5% service fee per month after 30 days
Please keep this invoice for your records and put the invoice number on your check.
We appreciate your business!