

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

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities

Case Number: 09-37010-SG-J 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):

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

Name and address where notices should be sent:

20835749004932 KUSA-TV GANNETT DEPOSIT PO BOX 33010 ST PETERSBURG, FL 33733-8010

FILED

JAN 07 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):

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: 866-858-5322

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

1. Amount of Claim as of Date Case Filed: \$ 15,151.25

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).

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.

2. Basis for Claim: Commercial Airtime (See instruction #2 on reverse side.)

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

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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: \$

RECEIVED

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: 1/5/10

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.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00419

Quetta M Pappas Renette M Pappas Credit + Collections

Aging Manager

Agency: PHD New York, NY

Advertiser: Erickson Retirement Communities

Agency	Advertiser	Product	Estimate #	Order #	Start Date	End Date	Day	Rate	Spots	Total Cost	Commission	Net Total
KUSA	Tom Lang	369595-3	06/28/09	Y				\$5,376.25		\$5,376.25		\$5,376.25
KUSA	Tom Lang	396773-1	07/26/09	Y				\$425.00		\$425.00		\$425.00
KUSA	Tom Lang	396773-2	08/30/09	Y				\$3,017.50		\$3,017.50		\$3,017.50
KUSA	Tom Lang	396773-3	09/27/09	Y				\$3,570.00		\$3,570.00		\$3,570.00
KUSA	Tom Lang	418985-1	10/25/09	Y				\$4,420.00		\$4,420.00		\$4,420.00
KUSA	Tom Lang	418985-2	11/15/09	Y				\$10,497.50		\$10,497.50		\$10,497.50
								\$27,306.25		\$27,306.25		\$27,306.25
								\$27,306.25		\$10,497.50		\$16,808.75
								\$7,305.75		\$4,420.00		\$2,885.75

1457.50 - After 10/20
\$2762.50

[Sorted by: Advertiser]

INVOICE



KUSA-TV
 500 Speer Blvd.
 Denver, CO 80203
 Main: (303)871-9999
 Billing: (866)858-5322

www.9news.com

Billing Address:

Erickson Retirement Communities C/O
 PHD
 Attention: Accounts Payable
 840 W Long Lake Rd. 6th Floor
 Troy, MI 48098

Send Payment To:

KUSA-TV
 Gannett Deposit
 PO Box 33010
 St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
418985-1	10/25/09	October 2009	09/28/09 - 10/25/09

Station	Account Executive	Sales Office	Sales Region
KUSA	Tom Lang	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	ERICKSON	049

Flight Dates	Order #	Alt. Order #
10/05/09 - 11/13/09	418985	05029214

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646		

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																																																																																																																																																																																																																																																																									
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do not include

Total Spots 8 Gross Total \$5,200.00

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on

INVOICE

Send Payment To:
KUSA-TV
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

<u>Invoice #</u>	<u>Invoice Date</u>	<u>Invoice Month</u>	<u>Invoice Period</u>
418985-1	10/25/09	October 2009	09/28/09 - 10/25/09

<u>Advertiser</u>	<u>Product</u>	<u>Estimate Number</u>
Erickson Retirement Comm	ERICKSON	049

www.9news.com

<u>Agency Commission</u>	\$780.00
--------------------------	-----------------

Include Invoice # on Check - Payment Terms 30 Days

<u>Net Amount Due</u>	\$4,420.00
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INVOICE



KUSA-TV
 500 Speer Blvd.
 Denver, CO 80203
 Main: (303)871-9999
 Billing: (866)858-5322

www.9news.com

Billing Address:

Erickson Retirement Communities C/O
 PHD
 Attention: Accounts Payable
 840 W Long Lake Rd. 6th Floor
 Troy, MI 48098

Send Payment To:

KUSA-TV
 Gannett Deposit
 PO Box 33010
 St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
396773-3	09/27/09	September 2009	08/31/09 - 09/25/09

Station	Account Executive	Sales Office	Sales Region
KUSA	Tom Lang	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	ERK ERICKSON	039

Flight Dates	Order #	Alt. Order #
07/06/09 - 09/27/09	396773	04955927

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646		

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																																																																																												
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Total Spots 6 **Gross Total** \$4,200.00

Agency Commission \$630.00

Net Amount Due \$3,570.00

Include Invoice # on Check - Payment Terms 30 Days

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Invoice #	Invoice Date	Invoice Month	Invoice Period
396773-2	08/30/09	August 2009	07/27/09 - 08/30/09

Station	Account Executive	Sales Office	Sales Region
KUSA	Tom Lang	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	ERK ERICKSON	039

Flight Dates	Order #	Alt. Order #
07/06/09 - 09/27/09	396773	04955927

Billing Calendar	Billing Type
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Special Handling

IDB #	Advertiser Code	Product Code
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Agency Ref	Advertiser Ref

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Total Spots 7 Gross Total \$3,550.00

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are booked within two minutes of actual airdate. This station is an Equal Opportunity Employer.

INVOICE

Send Payment To:



KUSA-TV
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
396773-2	08/30/09	August 2009	07/27/09 - 08/30/09

Advertiser	Product	Estimate Number
Erickson Retirement Comm	ERK ERICKSON	039

www.9news.com

Include Invoice # on Check - Payment Terms 30 Days

<u>Agency Commission</u>	\$532.50
<u>Net Amount Due</u>	\$3,017.50

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are noted within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE



KUSA-TV
 500 Speer Blvd.
 Denver, CO 80203
 Main: (303)871-9999
 Billing: (866)858-5322

www.9news.com

Billing Address:

**Erickson Retirement Communities C/O
 PHD
 Attention: Accounts Payable
 840 W Long Lake Rd. 6th Floor
 Troy, MI 48098**

Send Payment To:

**KUSA-TV
 Gannett Deposit
 PO Box 33010
 St. Petersburg, FL 33733-8010**

Invoice #	Invoice Date	Invoice Month	Invoice Period
396773-1	07/26/09	July 2009	06/29/09 - 07/26/09

Station	Account Executive	Sales Office	Sales Region
KUSA	Tom Lang	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	ERK ERICKSON	039

Flight Dates	Order #	Alt. Order #
07/06/09 - 09/27/09	396773	04955927

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646		

Agency Ref	Advertiser Ref

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Total Spots	2	Gross Total	\$500.00
		Agency Commission	\$75.00
		Net Amount Due	\$425.00

Include Invoice # on Check - Payment Terms 30 Days

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are booked within two minutes of actual airtime. This station is an Equal Opportunity Employer.

INVOICE



KUSA-TV
 500 Speer Blvd.
 Denver, CO 80203
 Main: (303)871-9999
 Billing: (866)858-5322

www.9news.com

Billing Address:

Erickson Retirement Communities C/O
PHD
Attention: Accounts Payable
840 W Long Lake Rd. 6th Floor
Troy, MI 48098

Send Payment To:

KUSA-TV
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice #	Invoice Date	Invoice Month	Invoice Period
369595-3	06/28/09	June 2009	06/01/09 - 06/26/09

Station	Account Executive	Sales Office	Sales Region
KUSA	Tom Lang	Telerep New Yo	National

Advertiser	Product	Estimate Number
Erickson Retirement Comm	ERK/ERICKSON	029

Flight Dates	Order #	Alt. Order #
03/30/09 - 06/26/09	369595	04819618

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

IDB #	Advertiser Code	Product Code
646		

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type																																																																																																																																																																																																																																																																																																																																																																																											
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Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log.

INVOICE

Send Payment To:



KUSA-TV
Gannett Deposit
PO Box 33010
St. Petersburg, FL 33733-8010

Invoice # 369595-3	Invoice Date 06/28/09	Invoice Month June 2009	Invoice Period 06/01/09 - 06/26/09
Advertiser Erickson Retirement Comm	Product ERK/ERICKSON	Estimate Number 029	

www.9news.com

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																																																																																																																										
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Total Spots	21	Gross Total	\$6,325.00
		Agency Commission	\$948.75
		Net Amount Due	\$5,376.25

Include Invoice # on Check - Payment Terms 30 Days

Any claims of errors or discrepancies in invoices must be notified to station within 15 days of receiving such invoice. Otherwise, all claims are deemed waived and invoice will be considered correct and agency and/or advertiser will be held responsible for payment. Any claim related to rates incorrectly paid must be submitted in writing to station within sixty (60) days of the invoice date or the claim will be waived. This invoice renders void any statement concerning liability which appears on correspondence from agency or advertiser. It is further agreed that the station does not accept advertising orders or space reservations claiming sequential liability. Notwithstanding to whom bills are rendered, Advertiser, Agency, Service, jointly and severally shall remain obligated to pay to station the amount of any bills rendered by station within the time specified, and until payment in full is received by station. Payment by Advertiser to Agency or to Service, shall not constitute payment to this station. We warrant that the actual broadcast information shown on this invoice was taken from the program log. We warrant spots are posted within two minutes of actual airtime. This station is an Equal Opportunity Employer.