

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS PROOF OF CLAIM

Name of Debtor: ERICKSON RETIREMENT COMM. Case Number: 09-37010 S9J

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): AGILYSYS INC
Name and address where notices should be sent: C/O RENEZ VASON
28925 FOUNTAIN PKWY
50104, OH 44139
Telephone number: (440) 519-8329
FILED
JAN 11 2010
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: _____
(If known)
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: \$ 4279.73
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: GOODS SERVICES
(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: 2014
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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.

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 or 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.)
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

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: 1/6/10 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.
Joseph Girgas / JOSEPH GIRGAS / DIRECTOR FINANCIAL SERVICES

FOR COURT USE ONLY
Erickson Ret. Comm. LLC

00432

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.

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). 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 the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor 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) 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 fact 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.

AGILYSYS INC.

28925 Fountain Parkway
Solon, OH 44139

Erickson Retirement: Sedgebrook Erickson Retirement

CUSTOMERS STATEMENT OF ACCOUNT - 30122350 & 30022014

<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Purchase Order</u>	<u>Invoice Amount</u>
G11009801409	4/2/2009	22464 000 (CUS)	481.49
G11010001409	4/20/2009	22464 000 (CUS)	3,477.93
G11009802509	5/8/2009	22464 000 (CUS)	66.95
G11009703509	5/11/2009	22464 000(CUS)	67.92
G11137802709	7/6/2009	16099 (CUS)	114.48
G11137702709	7/31/2009	16099 (CUS)	70.96
Totals			4,279.73

Agilysys..

COPY Invoice

Thank You For Your Order

CUSTOMER NO 30122350	INVOICE DATE 02-APR-09	DUE DATE 02-MAY-09	INVOICE NUMBER G11009801409
P.O./CONTRACT NO. 22464 000 (CUS)		TERMS NET30 (N)	INVOICE AMOUNT \$481.49

Bill To:

ERICKSON RETIREMENT: SEDGEBROO
MAIL STOP 101
PO BOX 310
LINTHICUM, MD 21090-0310

Ship To:

ERICKSON RETIREMENT: SEDGEBROO
800 AUDUBON WAY
!!
ATTN: AL PETSONDEK
LINCOLNSHIRE, IL 60069-3811

Payment Made by check : Agilysys NV, LLC
1858 Paysphere Circle
Chicago, IL 60674

Payment Made by wire or ACH Account Name: Agilysys NV, LLC
Account No.: 5800339714
Bank Name: Bank Of America
ABA/Routing(WIRE): 026009593
SWIFT: BOFAUS3N
ABA/Routing(ACH): 071000039

SHIP VIA MISCELLANEOUS		F.O.B ORIG FRT-PREPAID		SALESMAN NO. I-H87 O-P44	ORDER NUMBER G11009800	
ITEM NO.	QUANTITY			VENDOR PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
	ORDERED	SHIPPED	BACK ORDERED			
001	1	1	0	SSO C31C636325 PRINTER SERIAL KWKF005251	\$450.00	\$450.00
				SUBTOTAL		\$450.00
				FREIGHT & HANDLING		\$0.00
				SALES TAX		\$31.49
				INVOICE TOTAL	US\$	\$481.49

A SERVICE CHARGE OF 1 ½% PER MONTH WILL BE ADDED TO INVOICES 30 DAYS PAST DUE.

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Thank You For Your Order

CUSTOMER NO 30122350	INVOICE DATE 20-APR-09	DUE DATE 20-MAY-09	INVOICE NUMBER G11010001409
P.O./CONTRACT NO. 22464 000 (CUS)	TERMS NET30 (N)		INVOICE AMOUNT \$3,477.93

Bill To:

ERICKSON RETIREMENT: SEDGEBROO
MAIL STOP 101
PO BOX 310
LINTHICUM, MD 21090-0310

Ship To:

ERICKSON RETIREMENT: SEDGEBROO
800 AUDUBON WAY
!!
ATTN: AL PETSONDEK
LINCOLNSHIRE, IL 60069-3811

Payment Made by check Agilysys NV, LLC
1858 Paysphere Circle
Chicago, IL 60674

Payment Made by wire or ACH Account Name: Agilysys NV, LLC
Account No.: 5800339714
Bank Name: Bank Of America
ABA/Routing(WIRE): 026009593
SWIFT: BOFAUS3N
ABA/Routing(ACH): 071000039

SHIP VIA MISCELLANEOUS		F.O.B ORIG PPD-NO ADD		SALESMAN NO. I-H87 O-P44		ORDER NUMBER G11010000	
ITEM NO.	QUANTITY			VENDOR PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT	
	ORDERED	SHIPPED	BACK ORDERED				
001	1	1	0	ARU 4840-544-DEPOT 544 TERMINAL	\$1,995.00	\$1,995.00	
002	1	1	0	SERIAL S41RH443 ARU 9202-4611-846	\$9.00	\$9.00	
003	1	1	0	LOCK INSERT ARU 5940-4611-846	\$24.00	\$24.00	
004	1	1	0	INT DISP CAB ARU 5902-4611-846	\$350.00	\$350.00	
005	1	1	0	DISPLAY SCRE ARU 3905-4611-040	\$125.00	\$125.00	
006	1	1	0	3 TRACK MSR ARU 4881-4611-846	\$207.33	\$207.33	
007	1	1	0	CASH DRAWER ARU 4865-4611-846	\$25.92	\$25.92	
009	1	1	0	FIXED TILL I ARU 4580-4611-846	\$11.53	\$11.53	
010	1	1	0	CASH DRAWER ARU ZY8-00047	\$135.00	\$135.00	
011	1	1	0	WEPOS LICENS ARU TERMINAL-INTEGRATION	\$65.00	\$65.00	
012	1	1	0	HSG TERMINAL ARU 9521-4611-846	\$8.00	\$8.00	
016	1	1	0	HARDWARE KIT ARU 7102-4611-846	\$99.00	\$99.00	
017	1	1	0	C/D INTEGRAT ARU 54P1872	\$108.00	\$108.00	
				1YR 24X7 SUP			
					SUBTOTAL	\$3,162.78	
					FREIGHT & HANDLING	\$101.41	
					SALES TAX	\$213.74	
					INVOICE TOTAL	US\$	\$3,477.93

A SERVICE CHARGE OF 1 1/2% PER MONTH WILL BE ADDED TO INVOICES 30 DAYS PAST DUE.

Agilysys..

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Thank You For Your Order

CUSTOMER NO 30122350	INVOICE DATE 08-MAY-09	DUE DATE 07-JUN-09	INVOICE NUMBER G11009802509
P.O/CONTRACT NO. 22464 000 (CUS)	TERMS NET30 (N)		INVOICE AMOUNT \$66.95

Bill To:

ERICKSON RETIREMENT: SEDGEBROO
MAIL STOP 101
PO BOX 310
LINTHICUM, MD 21090-0310

Ship To:

ERICKSON RETIREMENT: SEDGEBROO
800 AUDUBON WAY
!!
ATTN: AL PETSONDEK
LINCOLNSHIRE, IL 60069-3811

Payment Made by check
Agilysys NV, LLC
1858 Paysphere Circle
Chicago, IL 60674

Payment Made by wire or ACH
Account Name: Agilysys NV, LLC
Account No.: 5800339714
Bank Name: Bank Of America
ABA/Routing(WIRE): 026009593
SWIFT: BOFAUS3N
ABA/Routing(ACH): 071000039

SHIP VIA MISCELLANEOUS		F.O.B ORIG FRT-PREPAID		SALESMAN NO. I-H87 O-P44	ORDER NUMBER G11009800	
ITEM NO.	QUANTITY			VENDOR PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
	ORDERED	SHIPPED	BACK ORDERED			
002	1	1	0	SSO SITAI-2 SITAI 2YR WR	\$66.95	\$66.95
				SUBTOTAL		\$66.95
				FREIGHT & HANDLING		\$0.00
				SALES TAX		\$0.00
				INVOICE TOTAL	US\$	\$66.95

A SERVICE CHARGE OF 1 1/2% PER MONTH WILL BE ADDED TO INVOICES 30 DAYS PAST DUE.

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Thank You For Your Order

CUSTOMER NO 30122350	INVOICE DATE 11-MAY-09	DUE DATE 10-JUN-09	INVOICE NUMBER G11009703509
P.O/CONTRACT NO. 22464 000 (CUS)	TERMS NET30 (N)		INVOICE AMOUNT \$67.92

Bill To:

ERICKSON RETIREMENT: SEDGEBROO
MAIL STOP 101
PO BOX 310
LINTHICUM, MD 21090-0310

Ship To:

ERICKSON RETIREMENT: SEDGEBROO
800 AUDUBON WAY
!!
ATTN: AL PETSONDEK
LINCOLNSHIRE, IL 60069-3811

Payment Made by check. Agilysys NV, LLC
1858 Paysphere Circle
Chicago, IL 60674

Payment Made by wire or ACH Account Name: Agilysys NV, LLC
Account No.: 5800339714
Bank Name: Bank Of America
ABA/Routing(WIRE): 026009593
SWIFT: BOFAUS3N
ABA/Routing(ACH): 071000039

SHIP VIA GROUND		F.O.B ORIG PPD-NO ADD		SALESMAN NO. I-H87 O-P44	ORDER NUMBER G11009700	
ITEM NO.	QUANTITY			VENDOR PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
	ORDERED	SHIPPED	BACK ORDERED			
001	1	1	0	ARU T25-00052 WINDOWS SRV	\$42.00	\$42.00
002	1	1	0	MSU 15199 10'CAT5E PAT	\$8.50	\$8.50
003	1	1	0	MSU 15188 5'CAT5E PATC	\$8.50	\$8.50
SUBTOTAL						\$59.00
FREIGHT & HANDLING						\$4.81
SALES TAX						\$4.11
INVOICE TOTAL					US\$	\$67.92

A SERVICE CHARGE OF 1 1/2% PER MONTH WILL BE ADDED TO INVOICES 30 DAYS PAST DUE.

Agilysys..

COPY Invoice

Thank You For Your Order

CUSTOMER NO 30022014	INVOICE DATE 06-JUL-09	DUE DATE 05-AUG-09	INVOICE NUMBER G11137802709
P.O/CONTRACT NO. 16099(CUS)	TERMS NET30 (N)		INVOICE AMOUNT \$114.48

Bill To:

ERICKSON RETIREMENT
MAIL STOP 101 RTE#10190150FD1
P.O. BOX 22000
CATONSVILLE, MD 21228-0002

Ship To:

ERICKSON RETIREMENT: MARIS GRO
100 MARIS GROVE WAY
!!MIKE HILL
GLEN MILLS, PA 19342-2276

Payment Made by check
Agilysys NV, LLC
1858 Paysphere Circle
Chicago, IL 60674

Payment Made by wire or ACH
Account Name: Agilysys NV, LLC
Account No.: 5800339714
Bank Name: Bank Of America
ABA/Routing(WIRE): 026009593
SWIFT: BOFAUS3N
ABA/Routing(ACH): 071000039

SHIP VIA GROUND		F.O.B ORIG PPD-NO ADD		SALESMAN NO. I-H26 O-P47	ORDER NUMBER G11137800	
ITEM NO.	QUANTITY			VENDOR PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
	ORDERED	SHIPPED	BACK ORDERED			
013	1	1	0	ARU 54P1872 1YR 24X7 SUP	\$108.00	\$108.00
				SUBTOTAL		\$108.00
				FREIGHT & HANDLING		\$0.00
				SALES TAX		\$6.48
				INVOICE TOTAL	US\$	\$114.48

A SERVICE CHARGE OF 1 1/2% PER MONTH WILL BE ADDED TO INVOICES 30 DAYS PAST DUE.

