


UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Texas</u>		PROOF OF CLAIM
Name of Debtor Erickson Retirement Communities, LLC.		Case Number 09-37010
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): Pitney Bowes Inc		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: Pitney Bowes Inc 27 Waterview Drive Shelton CT 06484		
Telephone number: 1-800-243-9506 ext. 4635		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: 8000-9090-0230-3902		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>RECEIVED</p> <p>JAN 14 2010</p> <p>BMC GROUP</p> </div> <div style="text-align: center;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> </div>		
2. Date debt was incurred: 10/20/2009		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>1,155.80</u> (unsecured) _____ (secured) _____ (priority) <u>1,155.80</u> (Total)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* 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)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub L. 109-8.</small>
6. Unsecured Nonpriority Claim \$ <u>1,155.80</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		Erickson Ret. Comm. LLC  00451
Date 01/13/2010	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): /s/Grisselle Betancourt-BK Coordinator	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



Purchase Power®

Statement for October 20, 2009

Account Name: **ANGIE PETERSON**
Purchase Power Account Number: **8000-9090-0230-3902**
Postage By Phone Number: **45294980**
Customer Identification #: **21004860868**

Questions about this statement:

Call: **1-800-243-7800**
When prompted please enter your 16-digit account number located at the top.

Credit Limit: **\$1,600.00** Available Credit: **\$444.20**
Purchase Power Reward Points Available: **21,824**

Purchase Power Account Summary

Previous Balance	\$1,155.73
Postage	\$200.00
Payments	-\$223.36
Credits and Other Charges	\$0.00
Finance Charges	\$23.43
New Amount Due	\$1,155.80
Minimum Amount Due By: 11/16/09	\$58.00

You have earned 200 reward points this month. To view or redeem your points please visit www.pb.com/rewards.

Pay for your permit mail the same way you pay for your meter mail today. Visit www.pbpermit.com to find out more.

Now you can simplify mail management -View, track and administer postage through a dynamic, online system. Visit www.totalpostagemanagement.com to find out more.

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Pitney Bowes Tax ID # 84-1386389

Tear off here and return with payment

PURCHASE POWER
PO BOX 5135
SHELTON, CT 06484-7135

PAYMENT COUPON

Purchase Power Acct Number 8000-9090-0230-3902	Total Amount Due \$1,155.80	Minimum Amount Due \$58.00	Payment Due Date 11/16/09	Amount of Payment Enclosed \$.
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MAKE CHECKS PAYABLE TO:

ANGIE PETERSON
ERIKSON RETIRMENT COMMUNITIES
PO BOX 22000
CATONSVILLE MD 21228-0002

**0000000

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PURCHASE POWER
PO BOX 856042
LOUISVILLE KY 40285-6042

Check here and note changes to address and phone number on back

When making payments please reference your 16-digit account number.

99 8000 9090 0230 3902 00005800 00115580



Purchase Power Account Number: 8000-9090-0230-3902
Customer Identification #: 21004860868

Purchase Power

Postage Detail

Meter Postage

Tran Date	Post Date	Description	Amount
10/01	10/02	Postage Meter Refill -CATONSVILLE , MD	\$200.00
			G900/SN-3095215PBP #:
Sub-Total Meter Postage:			\$200.00
Total Postage:			\$200.00

Payments

Tran Date	Post Date	Description	Amount
10/03	10/05	PAYMENT RECEIVED --THANK YOU	-\$223.36
Total Payments:			-\$223.36

Finance Charges

	Average Daily Balance \$	Daily Periodic Rate	ANNUAL PERCENTAGE RATE	Periodic FINANCE CHARGE
Postage/Supplies	\$1,148.38	0.060%	22.00%	\$23.43
Total Finance Charges:				\$23.43

Important Contact Information

<p>Need Help with this bill?</p> <p>Call: 1-800-243-7808: 8:00 a.m. to 8:00 p.m. EST Enter your 16-digit account number located at the top of this page.</p>	<p>Need Help with your Meter?</p> <p>Call: 1-800-522-0020 8:00 a.m. to 8:00 p.m. EST</p>	<p>Need Help with your Permit Mail?</p> <p>Visit www.pbpermit.com</p>
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To order supplies visit www.pb.com/supplies or call 1-800-243-7824

Purchase Power

SEND OVERNIGHT CHECKS TO:
PURCHASE POWER
FIRST EXPRESS REMITTANCE PROCESSING
5101 INTERCHANGE WAY
LOUISVILLE KY 40229-2161

Please complete for change of contact information.

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

E-MAIL: _____

