

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

Name of Debtor: **Warminster Campus, LP** Case Number: **09-37026**

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):
 Name and address where notices should be sent:
 20835747001855
 SEVERN GRAPHICS
 7590 RITCHIE HWY
 GLEN BURNIE, MD 21061
 YOUR CLAIM IS SCHEDULED AS:
 Schedule/Claim ID: s474
 AMOUNT/CLASSIFICATION
 \$1,646.00 UNSECURED
 Court Claim Number:
 (If known)
 Filed on:

FILED
DEC 29 2009
TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Name and address where payment should be sent (if different from above):
 Telephone number:
RECEIVED
JAN 14 2010
BMC GROUP

1. Amount of Claim as of Date Case Filed: \$ 1,646.00
 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.

2. Basis for Claim: SERVICES/GOODS SOLD
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 100714
 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
 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: \$ N/A Amount Unsecured: \$ _____

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.

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: 12/23/09
 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.
FOR COURT USE ONLY
 Erickson Ret. Comm. LLC
 00457

SEVERN

GRAPHICS

Severn Graphics, Inc.
7590 Ritchie Highway
Glen Burnie, MD 21061

410-768-6118
410-768-2763 Fax

Customer #
460

Invoice Number
100714

Erickson Retirement
Communities
5525 Research Park Drive
3rd Floor
Baltimore, MD
21228-4664

Date
08/31/2009

Terms
NET 25 DAYS

TIN 52-1063181

Job Number

100714

P. O. Number

6215386

Customer Job No.

Date In

08/28/2009

Time

Review Date

Date Out

09/04/2009

Time

del.by.sept.8

Ship Via

UPS

Quantity	U/M	Description	Unit Price	Ext Price
=== ACH 2009 09 PL EVENT: EXPO SIGNAGE (6215386) ===				

1 file for 1 each 4"x15" rho printed, double-sided printing, 1/4" foamcore
17 files fro 1 each 11x17 matte lambda, 1/4" foamcore, easel backed
18 files for 1 each 24x36 matte lambda print, 1/4" foamcore
(4) 8x10 clc

17.00	ea	11x17's	\$26.00	\$442.00
1.00	ea	street sign	\$50.00	\$50.00
18.00	EAC	24x36's	\$62.00	\$1,116.00
4.00	EAC	8.5x11's	\$3.50	\$14.00
1.00	EAC	UPS Delivery	\$24.00	\$24.00

Tax \$0.00
\$0.00

Total \$1,646.00

Northern District of Texas Claims Register

09-37026-sgj11 Warminster Campus, L.P.

Judge: Stacey G. Jernigan **Chapter:** 11
Office: Dallas **Last Date to file claims:** 02/28/2010
Trustee: **Last Date to file (Govt):**

Creditor: (12907279) Severn Graphics 7590 Ritchie Hwy. Glen Burnie, MD 21061	Claim No: 1 <i>Original Filed</i> Date: 12/29/2009 <i>Original Entered</i> Date: 12/31/2009	Status: Filed by: CR Entered by: Dugan, S. Modified:
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Unsecured claimed: \$1646.00		
Total claimed: \$1646.00		

History:
Details 1-1 12/29/2009 Claim #1 filed by Severn Graphics, total amount claimed: \$1646 (Dugan, S.)

Description:
Remarks:

Claims Register Summary

Case Name: Warminster Campus, L.P.
Case Number: 09-37026-sgj11
Chapter: 11
Date Filed: 10/19/2009
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$1646.00	
Secured		
Priority		
Unknown		
Administrative		
Total	\$1646.00	\$0.00