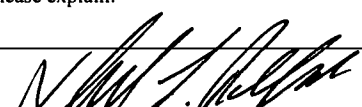



<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS (DALLAS DIVISION)</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>CONCORD CAMPUS, LP</b>	Case Number <b>09-37018</b>	<b>THIS SPACE IS FOR COURT USE ONLY</b>
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>WALLACE ROBERTS &amp; TODD, LLC</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(if known)</i>  <b>Filed on:</b> _____
Name and address where notices should be sent.  David L. Pollack, Esq. c/o Ballard Spahr, LLP 1735 Market Street, 51 <sup>st</sup> Floor Philadelphia, PA 19103  Telephone No. 215-864-8325		
Name and address where payment should be sent (if different from above):		<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 this box if you are the debtor or trustee in this case.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>JAN 15 2010</b>  <b>BMC GROUP</b> </div> Telephone No.		
<b>1. Amount of Claim as of Date Case Filed: \$7,602.86</b>  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.  <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 charges.		<b>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.</b>  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> 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).  <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)(____)  <b>Amount entitled to priority:</b>  \$ _____  <i>* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.</i>
<b>2. Basis for Claim: A/E SERVICES RENDERED</b> (See instruction #3a on reverse side.)		
<b>3. Last four digits of any number by which creditor identifies debtor: 3786</b> <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)		
<b>4. Secured Claim (See instruction #4 on reverse side.)</b> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>7. Documents:</b> 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 DOCUMENT MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <b>1/14/2010</b>	 DAVID L. POLLACK, ESQ.	<b>FOR COURT USE ONLY</b>  Erickson Ret. Comm. LLC  00499
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.		

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.

Schedule "A" to Proof of Claim of  
Wallace Roberts & Todd  
(Concord Campus, LP)

**1. UNSECURED CLAIM [§502]**

Money owed for services rendered  
up through the petition date (10/19/2009).  
See statement attached as  
Exhibit A.

\$7,602.86

**TOTAL UNSECURED CLAIM**

**\$7,602.86**

CLAIMANT RESERVES THE RIGHT TO AMEND THIS CLAIM.



Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

August 18, 2009  
Invoice No: 0000033

Project 03786.03 Erickson Concordville PA - Phase 1 Building

Renaissance Gardens at Maris Grove

**Period: Through August 2, 2009**

**Fee**

Billing Phase	Fee	Percent Complete	Earned	Previous Billing	Current Billing
30% SD 412EC10 16030 12110	47,604.00	100.00	47,604.00	47,604.00	0.00
SD% 412EC10 16030 12110	89,016.00	100.00	89,016.00	89,016.00	0.00
DD% 412EC10 16030 12120	166,878.00	100.00	166,878.00	166,878.00	0.00
CD% 412EC10 16030 12130	379,350.00	100.00	379,350.00	379,350.00	0.00
Bid% 412EC10 16030 12140	52,584.00	100.00	52,584.00	52,584.00	0.00
CA% 412EC10 16030 12150	230,938.00	100.00	230,938.00	226,319.24	4,618.76
<b>Total Fee</b>	<b>966,370.00</b>		<b>966,370.00</b>	<b>961,751.24</b>	<b>4,618.76</b>
	<b>Total Fee</b>			<b>4,618.76</b>	

**Total Amount Due \$4,618.76**

**Outstanding Invoices**

Number	Date	Balance
0000030	5/7/09	11,546.90
0000031	6/8/09	11,546.90
0000032	7/10/09	6,928.14
<b>Total</b>		<b>30,021.94</b>

**THIS INVOICE IS DUE UPON RECEIPT**

**Wallace Roberts & Todd, LLC**  
1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
www.wrtdesign.com  
fax 215.732.2551



Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

August 18, 2009  
Invoice No: 0000034

Project 03786.10 Erickson Concordville PA - Reimbursable Expenses

Invoice Code: 412 EC10 16030 12310

Invoice Period: July 6, 2009 through August 2, 2009

**Period: Through August 2, 2009**

**Reimbursable Expenses**

Travel/Subsistence-Reimbursable	77.07	
Reproduction-Reimbursable	58.09	
Miscellaneous-Reimbursable	29.67	
<b>Total Expenses</b>	<b>164.83</b>	<b>164.83</b>
	<b>Total Amount Due</b>	<b>\$164.83</b>

**Outstanding Invoices**

Number	Date	Balance
0000031	5/7/09	571.13
0000032	6/8/09	229.80
0000033	7/10/09	339.27
<b>Total</b>		<b>1,140.20</b>

**THIS INVOICE IS DUE UPON RECEIPT**

**Wallace Roberts & Todd, LLC**  
1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
www.wrtdesign.com  
fax 215.732.2551



Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

September 11, 2009  
Invoice No: 0000035

Project 03786.10 Erickson Concordville PA - Reimbursable Expenses

Invoice Code: 412 EC10 16030 12310

Invoice Period: August 3, 2009 through August 30, 2009

**Period: Through August 30, 2009**

**Reimbursable Expenses**

Reproduction-Reimbursable	694.54	
Miscellaneous-Reimbursable	25.43	
<b>Total Expenses</b>	<b>719.97</b>	<b>719.97</b>

**Total Amount Due \$719.97**

**Outstanding Invoices**

Number	Date	Balance
0000031	5/7/09	571.13
0000032	6/8/09	229.80
0000033	7/10/09	339.27
0000034	8/18/09	164.83
<b>Total</b>		<b>1,305.03</b>

**THIS INVOICE IS DUE UPON RECEIPT**

**Wallace Roberts & Todd, LLC**

1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
www.wrtdesign.com  
fax 215.732.2551



Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

October 12, 2009  
Invoice No: 0000036

Project 03786.10 Erickson Concordville PA - Reimbursable Expenses

Invoice Code: 412 EC10 16030 12310

Invoice Period: August 31, 2009 through October 4, 2009

**Period: Through October 4, 2009**

**Consultants**

Commercial Kitchen Concepts, Inc	263.80	
<b>Total Consultants</b>	<b>263.80</b>	<b>263.80</b>
<b>Total Amount Due</b>		<b>\$263.80</b>

**Outstanding Invoices**

Number	Date	Balance
0000034	8/18/09	164.83
0000035	9/11/09	719.97
<b>Total</b>		<b>884.80</b>

**THIS INVOICE IS DUE UPON RECEIPT**

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**Wallace Roberts & Todd, LLC**  
1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
www.wrtdesign.com  
fax 215.732.2551



Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

September 11, 2009  
Invoice No: 0000016

Project 03786.13 Erickson Concordville - Add Serv - Owner Directives

Invoice Code: 412 EC10.16030 12210

**Period: Through August 30, 2009**

**Consultants**

GHT Limited	735.00	
<b>Total Consultants</b>	<b>735.00</b>	<b>735.00</b>
<b>Total Amount Due</b>		<b>\$735.00</b>

**Outstanding Invoices**

Number	Date	Balance
0000015	6/8/09	210.00
<b>Total</b>		<b>210.00</b>

**THIS INVOICE IS DUE UPON RECEIPT**

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**Wallace Roberts & Todd, LLC**  
1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
[www.wrtdesign.com](http://www.wrtdesign.com)  
fax 215.732.2551



Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

August 18, 2009  
Invoice No: 0000001

Project 03786.17

Erickson Concordville - Obtain Variances

Period: Through August 2, 2009

**Labor**

	<b>Hours</b>	<b>Rate</b>	<b>Total</b>
Jacobi, Caitlin	1.00	56.00	56.00
Monaghan, Erin	3.25	122.00	396.50
Rupert, Brad	5.00	100.00	500.00
Totals	9.25		952.50
<b>Total Labor</b>			<b>952.50</b>

**Total Amount Due \$952.50**

**THIS INVOICE IS DUE UPON RECEIPT**

**Wallace Roberts & Todd, LLC**  
1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
www.wrtddesign.com  
fax 215.732.2551





Planning & Design

# Invoice

Concordville Campus, LLC  
Mail Stop 412  
P.O. Box 310  
Linthicum, MD 21090-0310

October 14, 2009  
Invoice No: 0000002

Project 03786.17 Erickson Concordville - Obtain Variances

Invoice code: 412 EC10 16030.12210

**Period: Through October 4, 2009**

**Labor**

	<b>Hours</b>	<b>Rate</b>	<b>Total</b>	
Carpenter, Amy	.50	235.00	117.50	
Monaghan, Erin	.25	122.00	30.50	
Totals	.75		148.00	
<b>Total Labor</b>				<b>148.00</b>

**Total Amount Due \$148.00**

**Outstanding Invoices**

<b>Number</b>	<b>Date</b>	<b>Balance</b>
0000001	8/18/09	952.50
<b>Total</b>		<b>952.50</b>

**THIS INVOICE IS DUE UPON RECEIPT**

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**Wallace Roberts & Todd, LLC**  
1700 Market Street, 28<sup>th</sup> Floor  
Philadelphia, PA 19103

215.732.5215  
[www.wrtdesign.com](http://www.wrtdesign.com)  
fax 215.732.2551

# Ballard Spahr LLP

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1735 Market Street, 51st Floor  
Philadelphia, PA 19103-7599  
TEL 215.665.8500  
FAX 215.864.8999  
www.ballardspahr.com

Tammy C. Loughery  
Paralegal  
Direct: 215.864.8768  
Fax: 215.864.9978  
lougheryt@ballardspahr.com

January 14, 2010

*Via Federal Express*

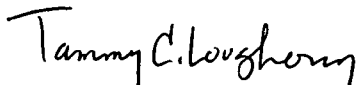
BMC Group, Inc.  
Attn: Erickson Retirement Communities, LLC  
Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317

Re: Erickson Retirement Communities, LLC et al.  
Case No. 09-37010-11

Dear Sir/Madam:

With regard to the above-captioned matters, enclosed for filing are proofs of claim on our behalf of our client. We would appreciate you docketing the originals and returning to us a date stamped copies. If you have any questions, please give me a call.

Very truly yours,



Tammy C. Loughery AS  
Paralegal

TCL/jb  
Enclosures

DMEAST #12108566 v1