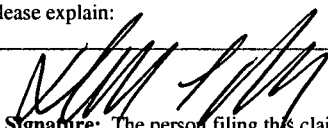



UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS (DALLAS DIVISION)		PROOF OF CLAIM
Name of Debtor LITTLETON CAMPUS, LLC	Case Number 09-37023	THIS SPACE IS FOR COURT USE ONLY
<p style="text-align: center;"><i>NOTE: This form should not be used to make a claim for an administrative expense arising 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></p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): WALLACE ROBERTS & TODD, LLC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent. David L. Pollack, Esq. c/o Ballard Spahr, LLP 1735 Market Street, 51 st Floor Philadelphia, PA 19103 Telephone No. 215-864-8325		
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.2em;"> RECEIVED JAN 15 2010 BMC GROUP </div>		<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.
Telephone No. _____		
1. Amount of Claim as of Date Case Filed: \$1,095.00 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. <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.	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: A/E SERVICES RENDERED (See instruction #3a on reverse side.)	<input type="checkbox"/> 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: 4283 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<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).	
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: <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: \$ _____	<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)(____)	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	Amount entitled to priority: \$ _____	
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 DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:	* 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.	
Date: 1/19/2010	Signature:  DAVID L. POLLACK, ESQ.	FOR COURT USE ONLY Erickson Ret. Comm. LLC  00502
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
(Littleton Campus, LLC)

1. UNSECURED CLAIM [§502]

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

\$1,095.00

TOTAL UNSECURED CLAIM

\$1,095.00

CLAIMANT RESERVES THE RIGHT TO AMEND THIS CLAIM.



Planning & Design

Invoice

Denver Campus, LLC
Mail Stop 454
PO Box 310
Linthicum, MD 21090-0310

August 7, 2009
Invoice No: 0000005

Project 04283.04 Erickson Denver CO - Phase 1 LA

Period: Through August 2, 2009

Fee

Billing Phase	Fee	Percent Complete	Earned	Previous Billing	Current Billing
30% SD 454 EC10 16030 12110	7,500.00	100.00	7,500.00	7,500.00	0.00
100% SD 454 EC10 16030 12110	8,800.00	100.00	8,800.00	8,800.00	0.00
DD 454 EC10 16030 12120	16,600.00	100.00	16,600.00	16,600.00	0.00
CD 454 EC10 16030 12130	21,900.00	100.00	21,900.00	20,805.00	1,095.00
Bid 454 EC10 16030 12140	1,500.00	100.00	1,500.00	1,500.00	0.00
CA 454 EC10 16030 12150	3,200.00	0.00	0.00	0.00	0.00
Total Fee	59,500.00		56,300.00	55,205.00	1,095.00
	Total Fee			1,095.00	

Total Amount Due \$1,095.00

This invoice may not include all reimbursable expense items for the time period of this invoice. Any missing reimbursable expenses will appear on a subsequent invoice.

Wallace Roberts & Todd, LLC
1700 Market Street, 28th Floor
Philadelphia, PA 19103

215.732.5215
www.wrtdesign.com
fax 215.732.2551

Ballard Spahr LLP

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

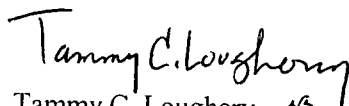
BMC Group, Inc.
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

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