

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

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):

Steffian Bradley Architects

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

(company name changed to)

20835749001988 SBA/STEFFIAN BRADLY ASSOCIATES 100 SUMMER STREET BOSTON, MA 02110-2105

Steffian Bradley Architects

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

Steffian Bradley Architects 100 Summer Street Boston, MA 02110-2105

RECEIVED

JAN 19 2010

BMC GROUP

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.

Telephone number:

617-305-7100

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 6718.46

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: Service performed (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: 1948

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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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:

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: 1/13/10

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.

Jane Kralik

Jane Kralik, Treasurer

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00520

Invoice

Steffian Bradley Architects - Boston
100 Summer St
9th Floor
Boston, MA 02110
(617) 305-7100

August 27, 2009
Project No: 001314-110
Invoice No: 52403

Larry Ross, P.E., CCP, CPE
Erickson Retirement Communities
813 Maiden Choice Lane
Baltimore, MD 21228

Project 001314-110 ERC BBV CB 1.0 Pool Lift

Professional Services from July 11, 2009 to August 7, 2009

Employee Type

	Hours	Rate	Amount	
Principal	8.50	200.00	1,700.00	
Totals	8.50		1,700.00	
Total Labor				1,700.00

Reimbursable Expenses

Copies and Supplies			18.46	
Total Reimbursables			18.46	18.46

Total this Invoice \$1,718.46

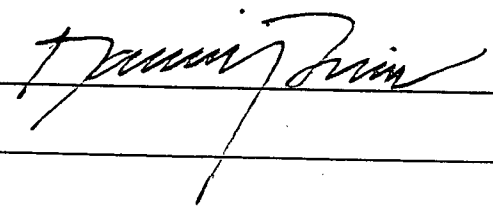
Billings to Date

	Current	Prior	Total
Labor	1,700.00	1,750.00	3,450.00
Expense	18.46	76.64	95.10
Totals	1,718.46	1,826.64	3,545.10

Wire Transfer Instructions

Bank: Citizens Bank
Providence, RI
ABA #: 211070175
Account #: 1137500791
Account Name: Steffian Bradley Architects

cc: Arthur Trenoweth CSI, CFM
Senior Facilities Manager
Brooksby Village
100 Brooksby Drive
Peabody, MA 01960

Authorized  Date: 8/27/09

