

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):

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

Name and address where notices should be sent:

20835747001091
KRICK PLUMBING & HEATING CO
5011 46TH AVENUE
HYATTSVILLE, MD 20781

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s754
AMOUNT/CLASSIFICATION
\$1,366.40 UNSECURED

Court Claim Number: 09-37010 (If known)

Filed on:

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

RECEIVED
JAN 22 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.

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

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 1,366.40

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: SERVICES 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: 1595

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.)

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: \$

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: 1/11/10

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 not address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00568

D. Barry Gore D. BARRY GORE VP, CFO



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: September 23, 2009

Invoice No : 4558

Attn:

Terms Net 30

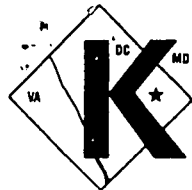
Project: 813 Maiden Choice Lane - P.O. # 101-90-179

Description of work installed:

Service per attached work order # 6512

Invoice Total = \$190.89

The Builder's Plumber



K RICK
Plumbing and Heating Co., Inc.
 • COMMERCIAL SERVICE DIVISION •

5011 46th AVENUE
 HYATTSVILLE, MARYLAND 20781
 (301) 927-5284
 FAX: (301) 927-5821

PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING

WORK ORDER # 4558 6512

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson property management</i>	DATE ORDERED <i>7-2-09</i>	OFFICE PHONE
ADDRESS	DATE PROMISED <i>7-2-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/> FLAT RATE <input type="checkbox"/> CONTRACT <input type="checkbox"/>	WK. ORDERED BY <i>Rick</i>
JOB ADDRESS <i>813 Maidenchoice LA</i>	CUSTOMER ORDER # <i>10190179M03</i>	ORDER TAKEN BY <i>Steve H</i>

DESCRIPTION OF WORK PERFORMED
Repair Toilet

Furnish and Install all necessary Material to Repair Second Floor Ladies Plom Toilet.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST
	1	<i>A400A Fluidmaster Ballcock</i>		<i>18.30</i>					<i>18.30</i>
	1	<i>Flapper Tank Ball</i>		<i>5.68</i>					<i>5.68</i>
	1	<i>TANK LEVER</i>		<i>14.60</i>					<i>14.60</i>

HOURS		MECHANIC(S) <i>Steve</i> @ <i>75.00</i>		JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL MATERIALS	<i>38</i>	<i>58</i>
<i>2</i>		HELPER(S) @		<i>150.00</i>		TOTAL LABOR	<i>150</i>	<i>00</i>
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD # _____ EXP. DATE _____ PRINT NAME OF CREDIT CARD HOLDER _____							<i>2</i>	<i>31</i>

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE *[Signature]*
 SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS

MD. 4304 • W.S.S.C. 10282
 A.A. 1639 • D.C. 1093 • B.C. 268A
 VA 2710 • MDHVAC. 4536

OTHER		
TOTAL	<i>190</i>	<i>89</i>
DATE COMPLETED	<i>7/2/09</i>	



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: September 23, 2009

Invoice No : 4559

Attn:

Terms Net 30

Project: 817 Maiden Choice Lane - P.O. # 101-90-179

Description of work installed:

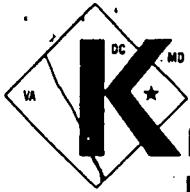
Service per attached work order # 6509

Invoice Total = \$242.10

The Builder's Plumber

4559

WORK ORDER # 6509



K RICK
Plumbing and Heating Co., Inc.
• COMMERCIAL SERVICE DIVISION •

5011 46th AVENUE
HYATTSVILLE, MARYLAND 20781
(301) 927-5284
FAX: (301) 927-5821

**PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING**

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Ericksen Property Management</i>	DATE ORDERED <i>9-2-09</i>	OFFICE PHONE
ADDRESS	DATE PROMISED <i>9-2-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/> FLAT RATE <input type="checkbox"/> CONTRACT <input type="checkbox"/>	WK. ORDERED BY <i>Rick</i>
JOB ADDRESS <i>817 Maidenchoice LA Suite 100</i>	CUSTOMER ORDER # <i>10190179/403</i>	ORDER TAKEN BY <i>Steve</i>

DESCRIPTION OF WORK PERFORMED
Leak in Ceiling

Furnish and Install all Necessary Material to Repair leaking in Ceiling.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST
	<i>1</i>	<i>ft 1 1/2" PVC Pipe</i>	<i>1.60</i>	<i>1.60</i>					
	<i>2</i>	<i>1 1/2" PVC 90°</i>	<i>3.85</i>	<i>7.70</i>					
	<i>2</i>	<i>1 1/2" PVC Couplings</i>	<i>1.90</i>	<i>3.80</i>					

HOURS	MECHANIC(S) <i>Steve</i>	@ <i>75.00</i>	JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MATERIALS	<i>13</i>	<i>10</i>
<i>2</i>	HELPER(S)	@	<i>150.00</i>	TOTAL LABOR	<i>150</i>	<i>00</i>
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD #			EXP. DATE		<i>79</i>	<i>00</i>
PRINT NAME OF CREDIT CARD HOLDER						

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE
[Signature]
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS

MD. 4304 • W.S.S.C. 10282
A.A. 1639 • D.C. 1093 • B.C. 268A
VA 2710 • MDHVAC 4536

OTHER
TOTAL *242* *10*

DATE COMPLETED *9/2/09*



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: September 23, 2009

Invoice No : 4560

Attn:

Terms Net 30

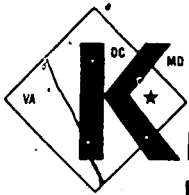
Project: 817 Maiden Choice Lane - P.O. # 101-90-179

Description of work installed:

Service per attached work order # 6510

Invoice Total = \$131.90

The Builder's Plumber



KRICK
Plumbing and Heating Co., Inc.
 • COMMERCIAL SERVICE DIVISION •

5011 46th AVENUE
 HYATTSVILLE, MARYLAND 20781
 (301) 927-5284
 FAX: (301) 927-5821

PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING

WORK ORDER # 4560
6510

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson property management</i>	DATE ORDERED <i>9-2-09</i>	OFFICE PHONE
ADDRESS	DATE PROMISED <i>9-2-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/> FLAT RATE <input type="checkbox"/> CONTRACT <input type="checkbox"/>	WK. ORDERED BY <i>Krick</i>
JOB ADDRESS <i>817 Maidenchoice CA Suite 300</i>	CUSTOMER ORDER # <i>10190179M03</i>	ORDER TAKEN BY <i>Steve H</i>

DESCRIPTION OF WORK PERFORMED
Repair Toilet

Furnish and Install all Necessary Material to Repair Ladies Room Toilet.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST
	<i>1</i>	<i>1/2" Aqua Fluidmaster Ballcock</i>	<i>18.30</i>						

JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					TOTAL MATERIALS	<i>18</i>	<i>30</i>
HOURS <i>1 1/2</i>	MECHANIC(S) <i>Steve</i>	@ <i>75.00</i>		<i>112.50</i>	TOTAL LABOR	<i>112</i>	<i>50</i>
	HELPER(S)	@				<i>1</i>	<i>10</i>
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD # _____ EXP. DATE _____ PRINT NAME OF CREDIT CARD HOLDER _____					OTHER		
					TOTAL	<i>131</i>	<i>90</i>

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE *[Signature]*
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS
 Form No. 1001

MD. 4304 • W.S.S.C. 10282
 A.A. 1639 • D.C. 1093 • B.C. 268A
 VA 2710 • MDHVAC 4536

DATE COMPLETED *9/2/09*



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: September 23, 2009

Invoice No : 4561

Attn:

Terms Net 30

Project: 813 Maiden Choice Lane - P.O. # 101-90-179

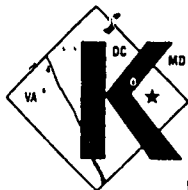
Description of work installed:

Service per attached work order # 6514

Invoice Total = \$389.01

The Builder's Plumber

4361



KRICK

Plumbing and Heating Co., Inc.

• COMMERCIAL SERVICE DIVISION •

WORK ORDER #

6514

5011 46th AVENUE
HYATTSVILLE, MARYLAND 20781
(301) 927-5284
FAX: (301) 927-5821

**PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING**

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson Property Management</i>		DATE ORDERED <i>9-4-09</i>	OFFICE PHONE
ADDRESS		DATE PROMISED <i>9-4-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME		T&M <input checked="" type="checkbox"/> FLAT RATE <input type="checkbox"/> CONTRACT <input type="checkbox"/>	WK. ORDERED BY <i>Krick</i>
JOB ADDRESS <i>803 Maidenchoice LA 2nd Floor</i>		CUSTOMER ORDER # <i>10190179M03</i>	ORDER TAKEN BY <i>Steve H</i>

DESCRIPTION OF WORK PERFORMED
Replace Faucet

FURNISH and Install all Necessary Material to Replace Broken off Lavatory Faucet in Second Floor Ladies Room.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST
	<i>1</i>	<i>#L4621 Moen Faucet</i>	<i>197.⁹⁰</i>	<i>197.⁹⁰</i>					
	<i>2</i>	<i>3/8" x 16" 3/8 Flex Lavatory Supply</i>	<i>21.¹⁰</i>	<i>42.²⁰</i>					

HOURS		JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MATERIALS	<i>190</i>	<i>10</i>
<i>2 1/2</i>	MECHANIC(S) <i>Steve</i>	@ <i>75.⁰⁰</i>	TOTAL LABOR	<i>187</i>	<i>50</i>
	HELPER(S)	@		<i>11</i>	<i>41</i>
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD # _____ EXP. DATE _____ PRINT NAME OF CREDIT CARD HOLDER _____			OTHER		
			TOTAL	<i>389</i>	<i>01</i>

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE *[Signature]*
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS
Form No. 1001

MD. 4304 • W.S.S.C. 10282
A.A. 1639 • D.C. 1093 • B.C. 268A
VA 2710 • MDHVAC 4536

DATE COMPLETED *9/9/09*



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: September 23, 2009

Invoice No : 4562

Attn:

Terms Net 30

Project: 5525 Research Park Dr. 3rd flr. - P.O. # 101-90-179

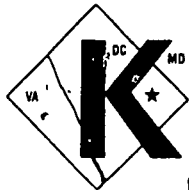
Description of work installed:

Service per attached work order # 6515

Invoice Total = \$75.00

The Builder's Plumber

4362



K RICK
Plumbing and Heating Co., Inc.
• COMMERCIAL SERVICE DIVISION •

WORK ORDER # 6515

5011 46th AVENUE
HYATTSVILLE, MARYLAND 20781
(301) 927-5284
FAX: (301) 927-5821

PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson property management</i>	DATE ORDERED <i>9-4-09</i>	OFFICE PHONE
ADDRESS	DATE PROMISED <i>9-4-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/> FLAT RATE CONTRACT	WK. ORDERED BY <i>Rick</i>
JOB ADDRESS <i>5525 Research Park Dr 3rd floor</i>	CUSTOMER ORDER # <i>10190179A03</i>	ORDER TAKEN BY <i>Steve</i>

DESCRIPTION OF WORK PERFORMED
check for leak

Checked for leak on Ice Maker. Found no leak at this time.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST

HOURS					JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MATERIALS		TOTAL LABOR	<i>75.00</i>
<i>1</i>	MECHANIC(S) <i>Steve</i>			@ <i>75.00</i>					
	HELPER(S)			@					
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD #					EXP. DATE				
PRINT NAME OF CREDIT CARD HOLDER									

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Rick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE *[Signature]*
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS
Form No. 1001

MD. 4304 • W.S.S.C. 10282
A.A. 1639 • D.C. 1093 • B.C. 268A
VA 2710 • MDHVAC 4536

DATE COMPLETED *9/4/09*

OTHER		
TOTAL	<i>75</i>	<i>00</i>



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: September 23, 2009

Invoice No : 4563

Attn:

Terms Net 30

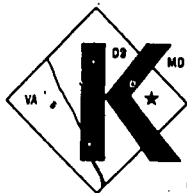
Project: 701 Maiden Choice Lane - P.O. # 101-90-179

Description of work installed:

Service per attached work order # 6518

Invoice Total = \$150.00

The Builder's Plumber



KRICK
Plumbing and Heating Co., Inc.
 • COMMERCIAL SERVICE DIVISION •

5011 46th AVENUE
 HYATTSVILLE, MARYLAND 20781
 (301) 927-5284
 FAX: (301) 927-5821

**PLUMBING
 HEATING
 AIR CONDITIONING
 BATH REMODELING**

7563
 WORK ORDER # 6518

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson property management</i>	DATE ORDERED <i>9-11-09</i>	OFFICE PHONE
ADDRESS	DATE PROMISED <i>9-11-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/> FLAT RATE <input type="checkbox"/> CONTRACT <input type="checkbox"/>	WK. ORDERED BY <i>Rick</i>
JOB ADDRESS <i>701 Maidenchoice LA 1st floor</i>	CUSTOMER ORDER # <i>1019179M03</i>	ORDER TAKEN BY <i>Steve H</i>

DESCRIPTION OF WORK PERFORMED
leak in ceiling

*Checked for leak in first floor ceiling.
 Found leak coming from roof at edge of
 Building. Rick to call for roofer.*

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST

HOURS	JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MATERIALS	TOTAL LABOR	TOTAL COST
<i>2</i>			<i>150.⁰⁰</i>	<i>150.⁰⁰</i>
MECHANIC(S) <i>Steve</i>	@ <i>75.⁰⁰</i>			
HELPER(S)	@			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD # _____ EXP. DATE _____		OTHER	TOTAL	<i>150.⁰⁰</i>
PRINT NAME OF CREDIT CARD HOLDER _____				

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE *Norman Anderson*
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS
 Form No. 1001

MD. 4304 • W.S.S.C. 10282
 A.A. 1639 • D.C. 1093 • B.C. 268A
 VA 2710 • MDHVAC 4536

DATE COMPLETED *9/11/09*



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.

5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: October 13, 2009

Invoice No : 4579

Attn:

Terms Net 30

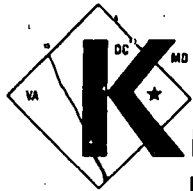
Project: 813 Maiden Choice Lane - P.O. # 101-90-179

Description of work installed:

Service per attached work order # 6532

Invoice Total = \$75.00

The Builder's Plumber



KRICK
Plumbing and Heating Co., Inc.
 • COMMERCIAL SERVICE DIVISION •

5011 46th AVENUE
 HYATTSVILLE, MARYLAND 20781
 (301) 927-5284
 FAX: (301) 927-5821

PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING

WORK ORDER # 4579
6532

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson property management</i>		DATE ORDERED <i>9-24-09</i>	OFFICE PHONE
ADDRESS		DATE PROMISED <i>9-24-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/>	FLAT RATE	CONTRACT <input type="checkbox"/>
JOB ADDRESS <i>813 Mardenvoice LA</i>	CUSTOMER ORDER # <i>101-90-179</i>		WK. ORDERED BY <i>Rick</i> ORDER TAKEN BY <i>Steve H</i>

DESCRIPTION OF WORK PERFORMED
Check Water Dispenser

Checked for Cloudy Water to Ice Maker - Water Dispenser. Found Water Clear at this time.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST

HOURS	JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MATERIALS	
<i>1</i>	MECHANIC(S) <i>Steve</i> @ <i>75.00</i>	TOTAL LABOR	<i>75.00</i>
	HELPER(S) @		

VISA MASTERCARD DISCOVER CARD # EXP. DATE

PRINT NAME OF CREDIT CARD HOLDER

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process this transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE *[Signature]*
 SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS
 MD. 4304 • W.S.S.C. 10282
 A.A. 1639 • D.C. 1093 • B.C. 268A
 VA 2710 • MDHVAC 4536
 DATE COMPLETED *9/24/09*

TOTAL *75.00*



(301) 927-5284

FAX (301) 927-2728

PLUMBING & HEATING COMPANY, INC.
5011 46th AVE. • HYATTSVILLE, MD 20781

INVOICE

Erickson Property Mgmt.
Mail Stop 101
P.O. Box 22000
Catonsville, MD 21228

Date: October 13, 2009

Invoice No : 4578

Terms Net 30

Attn:

Project: 817 Maiden Choice Lane #100 - P.O. # 101-90-179M03

Description of work installed:

Service per attached work order # 6524

Invoice Total = \$112.50

The Builder's Plumber



KRICK
Plumbing and Heating Co., Inc.
 • COMMERCIAL SERVICE DIVISION •

5011 46th AVENUE
 HYATTSVILLE, MARYLAND 20781
 (301) 927-5284
 FAX: (301) 927-5821

4578
 WORK ORDER # 6524

PLUMBING
HEATING
AIR CONDITIONING
BATH REMODELING

OVER FIFTY YEARS OF QUALITY SERVICE

BILL TO <i>EPM Erickson property management</i>	DATE ORDERED <i>9-22-09</i>	OFFICE PHONE
ADDRESS	DATE PROMISED <i>9-22-09</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	HOME PHONE
JOB NAME	T&M <input checked="" type="checkbox"/> FLAT RATE <input type="checkbox"/> CONTRACT <input type="checkbox"/>	WK. ORDERED BY <i>Rick</i>
JOB ADDRESS <i>817 Maiden Lane VA Suite 100</i>	CUSTOMER ORDER # <i>10190179403</i>	ORDER TAKEN BY <i>Steve H.</i>

DESCRIPTION OF WORK PERFORMED
Clear Toilet

Clear Mens Room Toilet with Auger + Plunger. Cause of Stoppage Was Paper Towels.

T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST	T/S	QUANT.	MATERIALS USED	COST OF EACH	TOTAL COST

HOURS <i>1 1/2</i>	MECHANIC(S) <i>Steve</i>	@ <i>75.00</i>	JOB COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MATERIALS	TOTAL LABOR <i>112</i>	<i>50</i>
HELPER(S) @			EXP. DATE	OTHER	TOTAL <i>112</i>	<i>50</i>
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD #				PRINT NAME OF CREDIT CARD HOLDER		

I hereby acknowledge the satisfactory completion of the above described work and further acknowledge that I understand the general terms and conditions as outlined on the reverse side of this sheet. Additionally, if payment is by means of a credit card, your signature authorizes Krick Plumbing & Heating Co., Inc. to process the transaction up to and including the full amount of job.

AUTHORIZED SIGNATURE _____
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS

MD. 4304 • W.S.S.C. 10282
 A.A. 1639 • D.C. 1093 • B.C. 268A
 VA 2710 • MDHVAC 4536

DATE COMPLETED *9/22/09*