

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):

EMH&T, Inc.

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

Name and address where notices should be sent:

EMH&T 5500 NEW ALBANY ROAD COLUMBUS, OH 43054

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s722 AMOUNT/CLASSIFICATION \$6,805.02 UNSECURED

Court Claim Number: (If known)

Filed on:

RECEIVED

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

JAN 25 2010 BMC

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: (614) 775-4025

1. Amount of Claim as of Date Case Filed: \$ 6,805.02

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

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: 1336

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:

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

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).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

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.

Amount entitled to priority:

\$

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*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.

If the documents are not available, please explain:

Date: 1/20/10

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.

Handwritten signature of Kenneth E. Shoemaker

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00582



Evans, Mechwart, Hambleton & Tilton, Inc.
Engineers, Surveyors, Planners, Scientists

INVOICE

December 15, 2008
Project No: 2008-1456
Invoice No: 0130008

Mr. Mark Hunter, Development Director
Erickson Campus at Atlanta
Erickson Retirement Communities
1 Cedar Crest Village Drive
Pompton Plains NJ 07444

Project: 2008-1456 Erickson Campus at Atlanta
Update master plan and prepare site work construction documents

Professional services from October 26, 2008 to November 22, 2008

Professional Services:

Phase	Fee	Percent Complete	Earned
Surveying Services			
Allowance	30,000.00	6.00	1,800.00
Surveying Services Total	30,000.00		
Preliminary Environmental Services			
Allowance	7,500.00	0.00	0.00
Prel. Environmental Services Total	7,500.00		
Master Plan			
Master Plan Update	138,287.50	100.00	138,287.50
Master Plan Total	138,287.50		
Phase I			
Schematic Design	250,000.00	16.10	40,250.00
Permit Documents	305,000.00	0.00	0.00
Construction Documents	490,000.00	0.00	0.00
Construction Administration	307,000.00	0.00	0.00
Meetings	100,000.00	3.53	3,530.00
Phase I Total	1,452,000.00		
Phase II			
Schematic Design	190,000.00	1.46	2,774.00
Permit Documents	225,000.00	0.00	0.00
Construction Documents	390,000.00	0.00	0.00
Construction Administration	271,600.00	0.00	0.00
Meetings	80,000.00	0.00	0.00
Phase II Total	1,156,600.00		

Please Include Invoice Number on Check

Project: 2008-1456

Erickson Campus at Atlanta

Invoice No: 013008

Construction Phasing

Construction Phasing (SD) 80,000.00 0.00 0.00

Construction Phasing Total 80,000.00

As-Built (Budgetary Estimate)

As-Built Deliverables 162,000.00 0.00 0.00

As-Built (Budgetary Estimate) Total 162,000.00

Total Fee 3,026,387.50

Total Earned To Date 186,641.50

Previous Fee Billing 179,967.50

Current Fee Billing **6,674.00**

Reimbursable Expenses:

Special Delivery 20.17

Telephone 18.30

Postage 1.34

Total Reimbursable Expenses **39.81**

Direct Expenses:

Prints and Copies 85.44

Total Direct Expenses **85.44**

Taxes

Franklin County Sales Tax 6.75% of 85.44 5.77

Total Taxes 5.77 5.77

Total this invoice \$6,805.02

Project Summary:

	Current	Previously Invoiced	Total
Fee	6,674.00	179,967.50	186,641.50
Additional Services	0.00	0.00	0.00
Reimbursables	39.81	7,234.63	7,274.44
Direct Expenses	85.44	752.53	837.97
Tax	5.77	50.79	56.56
Totals	6,805.02	188,005.45	194,810.47