

Northport LLC

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

Name of Debtor: Erickson Retirement Communities Case Number: _____

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):
Seacoast Security, Inc.

Name and address where notices should be sent:
20835749003661
SEACOAST SECURITY INC
PO BOX A
WEST ROCKPORT, ME 04865

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

Court Claim Number: _____
(If known)

Filed on: _____

RECEIVED
JAN 28 2010
BMC GROUP

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

Telephone number: 207-236-4876

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.

1. Amount of Claim as of Date Case Filed: \$ 2457.39

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: Security Services
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4196 + 5353

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

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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).

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).

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:

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.

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.

Lonny Weaver - Lonny Weaver Accounting Clerk

FOR COURT USE ONLY

Erickson Ret. Comm. LLC

00617

Customer Snapshot

Northport LLC - Monitoring
Pointlook Out ERC Mail Stop 7
PO Box 22000
Catonsville, MD 21228
(410) 737-2203
(410) 204-7227
(737) 903-8051 - Fax
443-883-4959--A/P Hotline

Balance Due: 669.09
Last Late Fee: 12/30/1899
Total Active RMR: 210.00
Collection Status: Over 45
Customer Type: Commercial
Customer Since: 11/01/2009
Salesperson:
Last Payment: 630.00 [1/5/2010]
AutoPay Type:
Branch: Rockport

Open Invoices

Invoice #	Date	Description	Amount	Net Due	PO Number	Site Name
1546	09/24/09	Conv Bal Fwd	19.61	19.61	Finance Charge	The ROC
3208	10/27/09	Conv Bal Fwd	9.74	9.74	Finance Charge	The ROC
102153	11/02/09	Recurring	630.00	630.00		The ROC
105093	12/01/09	Finance Charges	9.74	9.74		The ROC
			669.09	669.09		

Fitness Center/Bowling Alley, Fitness Center/Bowling Alley, Northport, ME 04915

Site Number:
Branch: Rockport
Site Since: 11/01/2009

Site RMR: 42.00
Tax Group: Maine
Cycle Tax Group: Maine
Tax Exempt #

30002822, Monitoring

Panel Type: N/A
Location:
Monitored By: Seacoast Security
Contract Date: 11/01/2009
Terms & Renewal

Warranty: None
Warranty Date:
Service Level: Time and Material
Service Company: Rockport
Next Inspection Date:

Item	Cycle	RMR	Next Cycle	Start Date	End Date	RAR
Monitoring	Q	23.00	02/01/10	11/01/09		276.00
Monitoring	Q	19.00	02/01/10	11/01/09		228.00

80000818, Monitoring

Panel Type: N/A
Location:
Monitored By: Seacoast Security
Contract Date: 11/01/2009
Terms & Renewal

Warranty: None
Warranty Date:
Service Level: Time and Material
Service Company: Rockport
Next Inspection Date:

Item	Cycle	RMR	Next Cycle	Start Date	End Date	RAR
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15353

Customer Snapshot

1/25/2010

Northport LLC - Service Cont
 Pointlook Out ERC Mail Stop 7
 PO Box 22000
 Catonsville, MD 21228
 7379-0320

Balance Due: 1,788.30
 Last Late Fee: 29.52 [11/10/2009]
 Total Active RMR: 498.83
 Collection Status: N/A
 Customer Type: Commercial
 Customer Since: 11/01/2009
 Salesperson:
 Last Payment: 1,496.50 [11/16/2009]
 AutoPay Type:
 Branch: Rockport

Open Invoices

Invoice #	Date	Description	Amount	Net Due	PO Number	Site Name
110453	01/01/10	Recurring	1,496.50	1,496.50		Roc
112677	01/20/10	Service Call	291.80	291.80		Roc
			1,788.30	1,788.30		

Roc, , Northport, ME

Site Number:
 Branch: Rockport
 Site Since: 11/01/2009

Site RMR: 498.83
 Tax Group: Maine
 Cycle Tax Group: Maine
 Tax Exempt #

Monitoring

Panel Type: N/A
 Location:
 Monitored By: Seacoast Security
 Contract Date: 11/01/2009
 Terms & Renewal

Warranty: None
 Warranty Date:
 Service Level: Time and Material
 Service Company: Rockport
 Next Inspection Date:

Item	Cycle	RMR	Next Cycle	Start Date	End Date	RAR
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Monitoring

Panel Type: N/A
 Location:
 Monitored By: Seacoast Security
 Contract Date: 11/01/2009
 Terms & Renewal

Warranty: None
 Warranty Date:
 Service Level: Time and Material
 Service Company: Rockport
 Next Inspection Date:

Item	Cycle	RMR	Next Cycle	Start Date	End Date	RAR
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