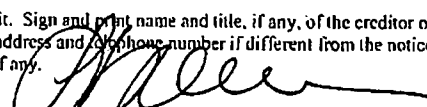



H 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT      Northern District of Texas (Dallas Division)		PROOF OF CLAIM
Name of Debtor: <b>Erickson Retirement Communities, LLC</b>		Case Number: <b>09-37010-sgj11</b>
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): <b>Schmidt &amp; Stacy Consulting Engineers, Inc.</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:  20835749004503      With a copy to: Gary S. Kessler SCHMIDT & STACY CONSULTING ENGINEERS INC      Kessler Collins, P.C. 400 CITY PLACE      2100 Ross Avenue, Ste 750 2711 N HASKELL AVENUE LOCKBOX 29      Dallas, Texas 75201 DALLAS, TX 75204		Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above):  Telephone number: _____		<input type="checkbox"/> 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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$ 1,050.00</u>  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 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: <u>services rendered</u> (See instruction #2 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: <u>59109</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> 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: <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)(____).  Amount entitled to priority: \$ _____
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:		*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: <u>1/19/10</u>	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.  	FOR COURT USE ONLY  Erickson Ret. Comm. LLC  00629
Lisa C. Tulk, Attorney, Kessler Collins, P.C., 2100 Ross Avenue, Suite 750, Dallas, Texas 75201; (214) 379-0722 p; (214) 373-4714 f		

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.

# Schmidt & Stacy Consulting Engineers

## AR Aging A (By Project Invoice)

Invoice Cutoff Date: 12/29/2009  
Age Invoices Using: Invoice Date

Selection: RANGE#  
(Project ID Between: '1659001?' and '1659304?')

Client: [ERC01] Erickson Retirement Communities  
Project: [1659109]  
Project Manager: [JTS] John Schalkamp

Primary Contact: Ms. Valerie Krasowski Phone: 410-402-2489  
Erickson Wind Crest CB1.0 - Ice Machine -  
3235 Mill Vista Road, Highlands Ranch, CO (Per PM, bill Valerie Krasowski not who is on the proposal)  
Last Payment Date: 3/27/2009

Invoice	Type	Inv Date	Est	Due	Released	Invoice Bal	Retainage	Current	21-60	61-90	91-120	Over 120
40648	Invoice	10/29/2008	10/31/2008	10/29/2008		1,050.00	0.00	0.00	0.00	0.00	0.00	1,050.00
Project: 1659109 for Client ERC01 Total:												
Client ERC01 Total:												
Report Totals:												
1,050.00												
0.00												
0.00												
0.00												
0.00												
1,050.00												

\* Transaction is either Unbalanced or Unassigned.

**SCHMIDT &  
STACY**



CONSULTING ENGINEERS

400 CITYPLACE  
2711 N. HASKELL AVE.  
LOCK BOX 29  
DALLAS, TEXAS 75204  
TEL 214-874-0200  
FAX 214-824-1155

October 29, 2008

Ms. Valerie Krasowski  
Erickson Retirement Communities  
705 Maiden Choice Lane  
Catonsville, MD 21228

Invoice # 40648

1659109 Erickson Wind Crest CB1.0 - Ice Machine

Professional Services Performed for the Period Ending 10/31/2008

**Design Fee**

Fee Amount:	\$4,200.00
Percent Complete:	50.00%
Fee Earned:	\$2,100.00
Prior Fee Billings:	\$0.00
<b>Current Fee Now Due:</b>	<b>\$2,100.00</b>

**Invoice Totals**

<b>Total Now Due This Invoice</b>	<b>\$2,100.00</b>
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**Aged Receivables:**

<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>Over 120</u>
\$2,100.00	\$0.00	\$0.00	\$0.00	\$0.00

Respectfully Submitted,  
**SCHMIDT & STACY**  
Consulting Engineers, Inc.

David A. Schmidt, P.E.

**Terms: Due Upon Receipt**

# Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

**Judge:** Stacey G. Jernigan      **Chapter:** 11

**Office:** Dallas      **Last Date to file claims:** 02/28/2010

**Trustee:**      **Last Date to file (Govt):**

<b>Creditor:</b> (12963205) Schmidt & Stacy Consulting Engineers c/o Gary S. Kessler Kessler & Collins 2100 Ross Avenue, Suite 750 Dallas, TX 75201	<b>Claim No: 19</b> <i>Original Filed</i> Date: 01/26/2010 <i>Original Entered</i> Date: 01/26/2010	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> Kessler, Gary <i>Modified:</i>
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Unsecured claimed: \$1050.00
<b>Total      claimed: \$1050.00</b>

<i>History:</i>
<u>Details</u> 19-1    01/26/2010 Claim #19 filed by Schmidt & Stacy Consulting Engineers, total amount claimed: \$1050 (Kessler, Gary )
<i>Description:</i> (19-1) Services rendered
<i>Remarks:</i>

## Claims Register Summary

**Case Name:** Erickson Retirement Communities, LLC

**Case Number:** 09-37010-sgj11

**Chapter:** 11

**Date Filed:** 10/19/2009

**Total Number Of Claims:** 1

	Total Amount Claimed	Total Amount Allowed
<b>Unsecured</b>	\$1050.00	
<b>Secured</b>		
<b>Priority</b>		
<b>Unknown</b>		
<b>Administrative</b>		
<b>Total</b>	<b>\$1050.00</b>	<b>\$0.00</b>