



<b>UNITED STATES BANKRUPTCY COURT      Northern District of Texas (Dallas Division)</b>		<b>PROOF OF CLAIM</b>
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):  <div style="text-align: center; font-size: 1.2em;"> <b>RECEIVED</b>   <b>JAN 29 2010</b>   <b>BMC GROUP</b> </div> 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> <b>BMC GROUP</b>  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 checked="" 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).
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:		<input type="checkbox"/> 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: <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.	
Lisa C. Tulk, Attorney, Kessler Collins, P.C., 2100 Ross Avenue, Suite 750, Dallas, Texas 75201; (214) 379-0722 p; (214) 373-4714 f		FOR COURT USE ONLY <b>Erickson Ret. Comm. LLC</b>  00633

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

# Schmidt & Stacy Consulting Engineers

## AR Aging A (By Project Invoice)

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

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

Primary Contact: Ms. Valerie Krasowski Phone: 410-402-2489  
 Erickson Wind Crest CBI.0 - Ice Machine -  
 3235 Mill Vista Road, Highlands Ranch, CO (Per PM, bill Valerie Krasowski not who is on the proposal)  
 Last Payment Date: 3/2/2009

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

**Total Now Due This Invoice \$2,100.00**

**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**



ATTORNEYS AT LAW  
A PROFESSIONAL CORPORATION

January 26, 2010

Certified Article Number

7160 3901 9848 3551 3618

SENDERS RECORD

Via CM, RRR

BMC Group Inc  
Attn: Erickson Retirement Communities LLC  
Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

Re: Case No. 09-37010-sgj11 PROOF OF CLAIM  
Debtor: Erickson Retirement Communities, LLC  
Creditor: Schmidt & Stacy Consulting Engineers, Inc.  
In the US Bankruptcy Court, Northern District of Texas

Dear Claims Processing:

Enclosed please find an original and one copy of a Proof of Claim for Creditor, Schmidt & Stacy Consulting Engineers, Inc. Please file the claim and return a file-stamped copy in the enclosed prepaid return envelope.

If you have any questions, please contact Lisa Tulk of this office at 214-379-0722.

Thank you.

Sincerely,

Judith A. Womack  
Assistant to  
Lisa C. Tulk

Enclosures