

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:

 20835747007959
PARULIS, LINDA
 8103 MOUNTAIN VIEW CIRCLE
 PASADENA, MD 21122

YOUR CLAIM IS SCHEDULED AS:
 Schedule/Claim ID: s2969
AMOUNT/CLASSIFICATION
 \$15,293.50 UNSECURED

Court Claim Number: _____
 (If known)

Filed on: _____

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

RECEIVED
FEB 01 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: \$ 15,293.50

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.

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).

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:

\$ 15,293.50

*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.

2. Basis for Claim: GPP (Growth PARTICIPATION PLAN)
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

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: \$ _____

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: 12-29-09

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.

Linda A. Parulis

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00651

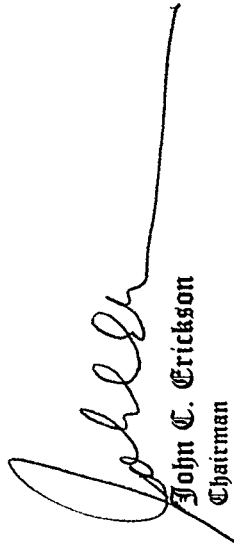
Erickson Retirement Communities, L.L.C.
Growth Participation Plan
Certificate For

100 UNITS at the strike price of \$900

**In The Growth Participation Plan Of
Erickson Retirement Communities Holdings, L.L.C.
Granted To**

Linda A Parulis

This certificate represents your right to the amount of Equity Units indicated above under the Erickson Retirement Communities Holdings, L.L.C. Growth Participation Plan (the Plan). The designated holder of these Equity Units is entitled to all the rights, opportunities, values, and benefits of future financial growth of the Company as specified in the Plan. These Equity Units are granted in consideration of the holder's future contributions to corporate strategies and the holder's productive delivery of services that form the foundation of the Company's growth. These Equity Units may be transferred and redeemed only in accordance with the Plan and are otherwise fully subject to the provisions of the Plan.


John C. Erickson
Chairman

Date: 12/31/2003

8103 Mountain View Cir
Pasadena, MD 21122
January 27, 2010

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

Re: Case No. 09-37010
Schedule/Claim ID: s2969

To whom it may concern:

Enclosed you will find the signed Proof of Claim in the amount of \$15,298.50 as well as a copy of the original of 100 Equity Units issued to me on 12/31/2003 by Erickson Retirement Communities, LLC. This document is submitted as proof of claim according to instruction #7 of the B10 filing instructions. If further evidence is required, Please don't hesitate to contact me with further instructions. I am also enclosing a self-address, stamped envelope for a "filed" stamped copy of the proof of claim to be returned to me following docketing.

Very truly yours,

A handwritten signature in black ink that reads "Linda A. Parulis". The signature is written in a cursive, flowing style.

Linda A. Parulis