

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

PROOF OF CLAIM

Name of Debtor: Columbus Campus, LLC

Case Number: 09-37019

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:

20835747005393
PORTA KLEEN
PRO KLEEN INDUSTRIAL SERV INC
PO BOX 930
LANCASTER, OH 43130

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s584
AMOUNT/CLASSIFICATION
\$245.27 UNSECURED
\$551.26

Court Claim Number: (If known)

Filed on:

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

Telephone number:

FILED
JAN 06 2010
TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

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: \$ 551.26

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:

\$

*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: Services provided & rental

3. Last four digits of any number by which creditor identifies debtor: 20494

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: \$

RECEIVED
FEB 01 2010
BMC GROUP

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: 12-23-09

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.

[Handwritten Signature]

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00653

PORTA KLEEN

PRO KLEEN INDUSTRIAL SERVICES INC
P O BOX 930
LANCASTER, OH 43130
(800) 972-3800

Invoice

Number: 294013
Date: 13-Jun-2009
P.O. Number:

BILL TO 20494
ERICKSON RETIREMENT COMMUNITY
4472 LEAP RD
HILLIARD, OH 43026

JOB SITE 32800
HICKORY CHASE
4472 LEAP RD
HILLIARD, OH 43026

Last Payment Date:

Job Number:

Accounting ID:

From => To	Duration	Unit/Service Type	Quantity	Price/Per	Tax?	Extension
08-Jun-2009 => 05-Jul-2009	28	250 GAL HOLDING TANK	1	\$79.75	<input checked="" type="checkbox"/>	\$79.75

Rate Description
6.75 Franklin-25

Subtotal Taxable Rental: \$79.75
Rental Tax: \$5.39
Current Invoice Total: \$85.14
+/- Charge or Payment: \$6.40

Please Pay: \$91.54

Payment Terms: ON RECEIPT

Unit Number(s):

250 GAL HOLDING TANK 3304

Winterization will be charged Nov 1st thru Mar 31st invoices

1 1/2% PER MONTH ON ALL ACCOUNTS NOT PAID WITHIN 30 DAYS

PORTA KLEEN

PRO KLEEN INDUSTRIAL SERVICES INC
P O BOX 930
LANCASTER, OH 43130
(800) 972-3800

Invoice

Number: 295912
Date: 20-Jul-2009
P.O. Number:

BILL TO 20494
ERICKSON RETIREMENT COMMUNITY
4472 LEAP RD
HILLIARD, OH 43026

JOB SITE 32800
HICKORY CHASE
4472 LEAP RD
HILLIARD, OH 43026

Last Payment Date:

Job Number:

Accounting ID:

From =>	To	Duration	Unit/Service Type	Quantity	Price/Per	Tax?	Extension
20-Jul-2009	=> 20-Jul-2009	1	PUMPING CHARGE	1	\$50.00	<input checked="" type="checkbox"/>	\$50.00

Rate Description
6.75 Franklin-25

Subtotal Taxable Rental:	\$50.00
Rental Tax:	\$3.38
Current Invoice Total:	\$53.38
+/- Charge or Payment:	\$3.20
Please Pay:	\$56.58

Payment Terms: ON RECEIPT

Winterization will be charged Nov 1st thru Mar 31st invoices

1 1/2% PER MONTH ON ALL ACCOUNTS NOT PAID WITHIN 30 DAYS

PORTA KLEEN

PRO KLEEN INDUSTRIAL SERVICES INC
P O BOX 930
LANCASTER, OH 43130
(800) 972-3800

Invoice

Number: 296776
Date: 05-Aug-2009
P.O. Number:

BILL TO 20494
ERICKSON RETIREMENT COMMUNITY
4472 LEAP RD
HILLIARD, OH 43026

JOB SITE 32800
HICKORY CHASE
4472 LEAP RD
HILLIARD, OH 43026

Last Payment Date:

Job Number:

Accounting ID:

From =>	To	Duration	Unit/Service Type	Quantity	Price/Per	Tax?	Extension
03-Aug-2009 =>	30-Aug-2009	28	250 GAL HOLDING TANK	1	\$79.75	<input checked="" type="checkbox"/>	\$79.75
03-Aug-2009 =>	03-Aug-2009	1	PUMPING CHARGE	1	\$50.00	<input checked="" type="checkbox"/>	\$50.00

Rate Description
6.75 Franklin-25

Subtotal Taxable Rental: \$129.75
Rental Tax: \$8.76
Current Invoice Total: \$138.51
+/- Charge or Payment: \$6.24

Please Pay: \$144.75

Payment Terms: ON RECEIPT

Unit Number(s):

250 GAL HOLDING TANK 3304

Winterization will be charged Nov 1st thru Mar 31st invoices

1 1/2% PER MONTH ON ALL ACCOUNTS NOT PAID WITHIN 30 DAYS

PORTA KLEEN

PRO KLEEN INDUSTRIAL SERVICES INC
P O BOX 930
LANCASTER, OH 43130
(800) 972-3800

Invoice

Number: 297096
Date: 12-Aug-2009
P.O. Number:

BILL TO 20494
ERICKSON RETIREMENT COMMUNITY
4472 LEAP RD
HILLIARD, OH 43026

JOB SITE 32800
HICKORY CHASE
4472 LEAP RD
HILLIARD, OH 43026

Last Payment Date:

Job Number: Accounting ID:

From => To	Duration	Unit/Service Type	Quantity	Price/Per	Tax?	Extension
10-Aug-2009 => 10-Aug-2009	1	PUMPING CHARGE	1	\$50.00	<input checked="" type="checkbox"/>	\$50.00

Rate Description	Subtotal Taxable Rental:	\$50.00
6.75 Franklin-25	Rental Tax:	\$3.38
	Current Invoice Total:	\$53.38
	+/- Charge or Payment:	\$2.40
	Please Pay:	\$55.78

Payment Terms: ON RECEIPT

Winterization will be charged Nov 1st thru Mar 31st invoices

1 1/2% PER MONTH ON ALL ACCOUNTS NOT PAID WITHIN 30 DAYS

PORTA KLEEN

PRO KLEEN INDUSTRIAL SERVICES INC
P O BOX 930
LANCASTER, OH 43130
(800) 972-3800

Invoice

Number: 297364
Date: 17-Aug-2009
P.O. Number:

BILL TO 20494
ERICKSON RETIREMENT COMMUNITY
4472 LEAP RD
HILLIARD, OH 43026

JOB SITE 32800
HICKORY CHASE
4472 LEAP RD
HILLIARD, OH 43026

Last Payment Date:

Job Number:

Accounting ID:

From => To	Duration	Unit/Service Type	Quantity	Price/Per	Tax?	Extension
17-Aug-2009 => 17-Aug-2009	1	PUMPING CHARGE	1	\$50.00	<input checked="" type="checkbox"/>	\$50.00

Rate Description
6.75 Franklin-25

Subtotal Taxable Rental: \$50.00
Rental Tax: \$3.38
Current Invoice Total: \$53.38
+/- Charge or Payment: \$2.40

Please Pay: \$55.78

Payment Terms: ON RECEIPT

Winterization will be charged Nov 1st thru Mar 31st invoices

1 1/2% PER MONTH ON ALL ACCOUNTS NOT PAID WITHIN 30 DAYS