

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

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 09-37010 (565)

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):

JVKelly Group, Inc.

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

Name and address where notices should be sent:

20835749002986
JK KELLY GROUP
1160 EAST JERICHO TURNPIKE #200
HUNTINGTON, NY 11743

FILED

JAN 14 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Court Claim Number: (If known)

Filed on:

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

JVKelly Group, Inc
145 East Main Street
Huntington N.Y. 11743

Telephone number: 631-427-2888

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: \$ 2,000.00

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).

2. Basis for Claim: Services Rendered - Travel Management

3. Last four digits of any number by which creditor identifies debtor: N/A

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).

3a. Debtor may have scheduled account as:

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

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).

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.

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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 1/10/2010

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.

Joseph J. Lomotta Director of Administration JVKelly Group, Inc.
145 East Main Street
Huntington N.Y. 11743

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00674



145 East Main Street
Huntington, NY 11743

Invoice

Date	Invoice #
8/31/2009	102038

Please remit payment to:
JVKellyGroup, Inc.
 145 East Main Street
 Huntington, NY 11743

Bill To
Erickson Retirement Communities Mail Stop 101 P.O. Box 22000 Catonsville, MD 21228 Attn: Kurt Krummel

P.O. No.	
Terms	Net 30
Project	
DUNS No.13-045-4759	

Description	Qty	Rate	Amount
Travel Management		1,000.00	1,000.00
Total			\$1,000.00
Balance Due			\$1,000.00

Phone #	Fax #	E-mail	Web Site
631-427-2888	631-427-0266	jvk@jvkg.com	www.jvkg.com

JVKellyGroup, Inc.
A D&B COMPANY

145 EAST MAIN STREET
HUNTINGTON, NY 11743

Invoice

Date	Invoice #
9/30/2009	102073

Please Remit Payment To:
JVKellyGroup, Inc.
145 East Main Street
Huntington, New York 11743

Bill To
Erickson Retirement Communities Mail Stop 101 P.O. Box 22000 Catonsville, Maryland 21228 Attn: Kurt Krummel

P.O. Number	
Terms	Net 30
	DUNS No. 13-045-4759

Quantity	Item Code	Description	Price Each	Amount
	Monthly	Travel Management	1,000.00	1,000.00
			Total	\$1,000.00