

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

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities

Case Number: _____

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): DOWN EAST MAGAZINE (A Division of)

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

Name and address where notices should be sent:

20835749003953
DOWN EAST ENTERPRISE INC
PO BOX 679
CAMDEN, ME 04843

307-594-9544

Court Claim Number: _____
(If known)

Filed on: _____

FILED

JAN 21 2010

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

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

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.

Telephone number: _____

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 630.00

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.

2. Basis for Claim: Advertising Services Performed
(See instruction #2 on reverse side.)

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: 1817

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: _____
(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

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

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:

\$ _____

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: 1/14/10

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.

Judith Van Norman
VP-Finance

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00700



Down East Enterprise
 PO Box 679
 Camden ME 04843

Invoice # 32518
 Invoice Date 09/11/2009
 Customer Point Lookout, ID: 1817
 Payment Terms Net 30
 Due Date 10/11/2009
 Customer PO #
 Sales Executive Jill Robinson

BILLING ADDRESS

Jenni Dickinson
 Erickson Retirement Communities, LLC
 P O Box 310
 Linthicum MD 21090

ADVERTISER

Point Lookout, ID: 1817
 P O Box 119
 Northport ME 04849

MEDIA: www.downeast.com

INSERTION ORDER/AD ID	EDITION	SECTION	HEADLINE	ISSUE DATE	PAGE	AD SIZE	QTY	RATE	TOTAL
18739-25369	Primary	Email Program		09/15/09		E-Mail Blast	1	\$630.00	\$630.00
Subtotal									\$630.00
Payments & Credits									\$0.00
BALANCE DUE									\$630.00

Thank you for your business. Please be aware our terms are net 30 days.

 REMITTANCE STUB FOR POINT LOOKOUT

Invoice #	32518 www.downeast.com
Customer ID	ID: 1817, Point Lookout
Invoice Date	09/11/2009 Advertiser ID: 1817, Point Lookout
Amount Enclosed:	

Make Checks Payable to:
 Down East Enterprise
 PO Box 679
 Camden ME 04843

PHONE (207) 594-9544
 FAX (207) 594-0147
 EMAIL jboeckeler@downeast.com
 WEB SITE www.downeast.com