

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):

Name and address where notices should be sent:

20835747001106  
OFFICE MOVERS INC  
6500 KANE WAY  
ELKRIDGE, MD 21075

YOUR CLAIM IS SCHEDULED AS:  
Schedule/Claim ID: s871  
AMOUNT/CLASSIFICATION  
\$1,863.58 UNSECURED

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

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

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

Telephone number:

**FILED**  
JAN 26 2010  
TAMARA 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: \$ 2,409.95

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  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4703

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: 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.

Melanie B. Hall, A/R Mgr. - Melanie B. Hall

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00716

Office Movers, Inc.  
 6500 Kane Way  
 Elkridge, MD 21075  
 (410) 799-7704  
 www.officemovers.com

**INVOICE 0268785**

DATE 10/13/2009

**REMIT TO:**

6500 Kane Way  
 Elkridge, MD 21075

CUSTOMER # 19703

REF. #/ P.O.#

WORK DATE: 10/9/2009

JOB # BA-70202

TERMS: Net 30 Days  
 Service charge of 1.5% on past due balances.  
 Reference Invoice number on Remittance.

**BILL TO:** Erickson Retirement Comm  
 Accounts Payables  
 PO BOX 22000 MS 101  
 Catonsville, MD 21228-0002

DESCRIPTION	QUANTITY	UOM	RATE	EXTENSION
For moving services on 10/9/09: Un-gang, move and re-gang file cabinets	1.00	FLAT	766.00	766.00
Energy Surcharge	1.00	8.0%	61.28	61.28
Environmental Recycling fee	1.00	1.4%	11.58	11.58
Sales Representative: Courtney Carr			<b>TOTAL &gt;</b>	838.86
			<b><i>If Paid After 11/13/09 &gt;</i></b>	851.44

**From:** Mr. Rick Milkulski  
 5525 Research Drive  
 Catonsville, MD  
 (443) 797-2194

**To:** Various locations

**ORIGINAL COPY**

Office Movers, Inc.  
 6500 Kane Way  
 Elkridge, MD 21075  
 (410) 799-7704  
 www.officemovers.com

**INVOICE 0268670**

DATE 9/22/2009

**REMIT TO:**

6500 Kane Way  
 Elkridge, MD 21075

CUSTOMER # 19703

REF. #/ P.O.#

WORK DATE: 8/28/2009

JOB # BA-69813

TERMS: Net 30 Days

Service charge of 1.5% on past due balances.  
 Reference Invoice number on Remittance.

**BILL TO:** Erickson Retirement Comm  
 Accounts Payables  
 PO BOX 22000 MS 101  
 Catonsville, MD 21228-0002

DESCRIPTION	QUANTITY	UOM	RATE	EXTENSION
For moving services on 8/28/09: Move workstations out from wall due to flood.	1.00	FLAT	498.00	498.00
Energy Surcharge	1.00	8.2%	40.83	40.83
Environmental Recycling fee	1.00	1.4%	7.54	7.54
Sales Representative: Courtney Carr			<b>TOTAL &gt;</b>	546.37
			<b><i>If Paid After 10/23/09 &gt;</i></b>	554.57

**From:** Mr. Rick Mikulski  
 5525 Research Park Drive Basement  
 Catonsville, MD  
 (443) 797-2194

**To:** Internal

**ORIGINAL COPY**

Office Movers, Inc.  
 6500 Kane Way  
 Elkridge, MD 21075  
 (410) 799-7704  
 www.officemovers.com

**INVOICE 0268671**

DATE 9/22/2009

REMIT TO:  
 6500 Kane Way  
 Elkridge, MD 21075

CUSTOMER # 19703  
 REF. #/ P.O.#  
 WORK DATE: 9/11/2009 - 9/14/2009  
 JOB # BA-70140  
 TERMS: Net 30 Days  
 Service charge of 1.5% on past due balances.  
 Reference Invoice number on Remittance.

BILL TO: Erickson Retirement Comm  
 Accounts Payables  
 PO BOX 22000 MS 101  
 Catonsville, MD 21228-0002

DESCRIPTION	QUANTITY	UOM	RATE	EXTENSION
For moving services on 9/11/09: Push cubicles back against wall 5528 Research	1.00	FLAT	498.00	498.00
For moving services on 9/14/09: PU at Reform/PU at 991 and deliver all to 5525 Research	1.00	FLAT	436.00	436.00
Energy Surcharge	1.00	8.2%	76.58	76.58
Environmental Recycling fee	1.00	1.4%	14.14	14.14

Sales Representative: Courtney Carr	<b>TOTAL &gt;</b>	1,024.72
	<b>If Paid After 10/23/09 &gt;</b>	1,040.09

From: Mr. Rick Mikulski  
 5525 Research Park Dr.  
 Catonsville, MD  
 (443) 797-2194

To: 5525 Research Park Dr.  
 Catonsville, MD

**ORIGINAL COPY**