

UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Texas</u>		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): Marriott Intl., Inc. on behalf of the BWI Airport Marriott		<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-15deg);">JAN 27 2010</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-15deg);">TAWANA C. MARSHALL-CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">JD</div>
Name and address where notices should be sent: Androniki Alahouzos, Collections Admin. Marriott International, Inc. 10400 Fernwood Road, Dept. 52/923.21 Bethesda, MD 20817 Telephone number: 301/380-1607		
Account or other number by which creditor identifies debtor: #2852		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Basis for Claim</p> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____</div> <div style="width: 45%; text-align: center;"> <div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; margin: 0 auto;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; margin: 5px auto;">FEB 01 2010</div> <div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; margin: 5px auto;">BMC GROUP</div> </div> </div>		
2. Date debt was incurred: 10/18/09		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>3,862.00</u> (unsecured) (secured) (priority) <u>\$3,862.00</u> (Total)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
6. Unsecured Nonpriority Claim \$ <u>3,862.00</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date 1/26/10	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Rosemarie Schmidt, Attorney	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

11/04/09
ERICKSON RETIREMENT COMM
701 MAIDEN CHOICE LN
BALTIMORE MD 21228

BWI AIRPORT MARRIOTT
GROUP MASTER ACCOUNT
FOR
ERICKSON RETIREMENT COMM
MASTER SUMMARY
=====

ACCOUNT: 2852
ARRIVE: 10/18/09
DEPART: 10/21/09

TOTAL ROOM, TAX, AND INCIDENTAL CHARGES:	\$4083.82
TOTAL CATERING CHARGES:	\$10075.19
MISCELLANEOUS CHARGES:	\$1289.00

SUBTOTAL:	\$15448.01
LESS CREDITS:	\$.00
LESS ADVANCE DEPOSIT:	\$.00

AMOUNT DUE:	\$15448.01
	=====

paid

\$ 11,586.01
(post petition)

Short
(\$ 3862.00)
balance due