

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

PROOF OF CLAIM

Name of Debtor: Erickson Construction, LLC

Case Number: 09-37016

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:

20835747001827 IKON FINANCIAL SERVICES ATTN DONNA TANNER SPECIAL ASSETS DEPT PO BOX 6338 MACON, GA 31208-6338

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s1113 AMOUNT/CLASSIFICATION \$42,186.63 UNSECURED

Court Claim Number: (If known)

Filed on:

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

Telephone number:

FILED FEB 08 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: \$ 20,123.41

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.

2. 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: Executory contracts / unexpired leases (See instruction #2 on reverse side.)

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

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: \$

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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: 2/3/2010

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 noti address above. Attach copy of power of attorney, if any.

Donna F. Tanner

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00843

**IKON Financial Services**

**IKON Financial Services**

P.O. Box 6338  
Macon, GA 31208-6338  
Phone: 1-800-743-6459 ext 2833  
Fax: 866-471-9641

**Customer**

Name ERICKSON CONSTRUCTION  
ATTN ACCOUNTS PAYABLE  
Address PO BOX 22000  
City CATONSVILLE State MD  
Zip 21228

Date Due 30-Nov-09

Customer No. 1081242  
Contract No. 1008471A1  
**Total Due** \$9,640.15

**FINAL INVOICE**

PAST DUE RENT	\$	9,640.15
STATE TAX	\$	-
COUNTY TAX	\$	-
CITY TAX	\$	-

Equipment Description

CA IR3320N MSW04094

**FOR QUICKER PAYMENT PROCESSING YOU MAY PREFER ONE OF OUR  
ELECTRONIC PAYMENT OPTIONS:**

- 1) **CREDIT CARD**
- 2) **ELECTRONIC FUNDS TRANSFER**
- 3) **CHECK BY PHONE**

Adjusted Invoice Number DT1008471A1TO

Please return this portion with payment.

**REMIT TO** **IKON Financial Services - Special Assets**  
Attn: Donna F. Tanner  
P.O. Box 6338  
Macon, GA 31208-6338

Invoice Number DT1008471A1TO

Customer No. 1081242  
Contract No. 1008471A1  
**Total Due:** \$9,640.15

**BILL TO** ERICKSON CONSTRUCTION  
PO BOX 22000  
CATONSVILLE, MD 21228

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**IKON Financial Services****IKON Financial Services**

P.O. Box 6338  
Macon, GA 31208-6338  
Phone: 1-800-743-6459 ext 2833  
Fax: 866-471-9641

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**Customer**

Name ERICKSON CONSTRUCTION  
ATTN LIZA BONSELL  
Address PO BOX 22000  
City CATONVILLE State MD  
Zip 21228

Date Due 25-Aug-09

Customer No. 1081242  
Contract No. 1008471ML  
Total Due \$10,482.96

**FINAL INVOICE**

BUYOUT	\$	10,482.96
STATE TAX	\$	-
COUNTY TAX	\$	-
CITY TAX	\$	-

**Equipment Description**

RI 780FW H74040001

**FOR QUICKER PAYMENT PROCESSING YOU MAY PREFER ONE OF OUR  
ELECTRONIC PAYMENT OPTIONS:**

- 1) CREDIT CARD
- 2) ELECTRONIC FUNDS TRANSFER
- 3) CHECK BY PHONE

Adjusted Invoice Number DT1008471MLB1

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Please return this portion with payment.

**REMIT** IKON Financial Services - Special Assets  
**TO** Attn: Donna F. Tanner  
P.O. Box 6338  
Macon, GA 31208-6338

Invoice Number DT1008471MLB1

Customer No. 1081242  
Contract No. 1008471ML  
Total Due: \$10,482.96

**BILL** ERICKSON CONSTRUCTION  
**TO** PO BOX 22000  
CATONVILLE, MD 21228