

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):
GE Medical Systems Information Technologies, Inc.
 Name and address where notices should be sent:
GE Medical Systems Inf. Technologies, Inc.
Attn: Accts Receivable
5517 Collections Center Drive
 Telephone number: Chicago, IL 60693

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):
RECEIVED
FEB 15 2010
BMC GROUP
 Telephone number: _____

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: \$ 8190.11
 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: goods sold / services performed
 (See instruction #2 on reverse side.)
 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: \$ _____

3. Last four digits of any number by which creditor identifies debtor: 117887
Customer number
 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: \$ _____

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: 2/10/10 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. Manà C. Dionne
Manà C. Dionne, Sr. Strategic Finance Rep.
40 JOX Drive, PO BOX 1070, Burlington VT 05401

FOR COURT USE ONLY
 Erickson Ret. Comm. LLC

 00870

Mail original proof of claim form and copies of supporting documentation to:

If by regular mail:

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

If by messenger or overnight delivery:

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Debtors

Erickson Retirement Communities, LLC
Ashburn Campus, LLC
Columbus Campus, LLC
Concord Campus GP, LLC
Concord Campus, LP
Dallas Campus GP, LLC
Dallas Campus, LP
Erickson Construction, LLC
Erickson Group, LLC
Houston Campus, LP
Kansas Campus, LLC
Littleton Campus, LLC
Novi Campus, LLC
Senior Campus Services, LLC
Warminster Campus GP, LLC
Warminster Campus, LP

Case Number

09-37010
09-37018
09-37019
09-27021
09-37020
09-37013
09-37012
09-37016
09-37015
09-37022
09-37024
09-37023
09-37025
09-37017
09-37027
09-37026

Once filed, a "**Filed**" stamped copy of the proof of claim will be returned to the claimant within three (3) business days of docketing **If** the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.



GE Medical Systems
Information Technologies, Inc.

www.gehealthcare.com

REMIT TO:
GE Medical Systems Information
Technologies, Inc.
Attn: Accounts Receivable
5517 Collections Center Drive
Chicago, IL 60693

Federal ID Number:
39-1046671

INVOICE

Other Correspondence:
P.O. Box 23181
8200 West Tower Avenue
Mail Stop TWR2401b
Milwaukee, WI 53223
800-558-5120

Page 1 of 1
Invoice Num: 9029297

BILL TO : ERICKSON RETIREMENT
COMMUNITIES
ACCOUNTS PAYABLE
701 MAIDEN CHOICE LN
BALTIMORE MD 21228

END USER : ERICKSON RETIREMENT
COMMUNITIES
701 MAIDEN CHOICE LANE
BALTIMORE MD 21228

BILL TO CUSTOMER NO.: 114884

END USER CUSTOMER NO.: 114884

Reference this number

Invoice No.	Invoice Date	Customer Purchase Order No.	Sales Order No.	Contract No.	Shipment No.
9029297	12-JAN-09	222478	585022	US LIST PRICE	
Payment Terms		Sales Representative		Payment Type	Due Date
Net Due in 30 Days		NELSON, RACHEL			11-FEB-09

Delivery Terms: FOB ORIGIN

Line	Item Number Description	UOM	T A X	Order Qty	Invoice Qty	Unit Price	Extended Amount
1	CONTACT: JAMES BROGAN TEL: 410.402.2688 PAYMENT TERMS: NET 30 3387 Centricity Physician Office Electronic Medical Record Software (licensed on a per Concurrent User basis)	EA	Y	3	3	2,275.00	6,825.00
						Subtotal :	6,825.00
						Tax :	409.50
						Total :	7,234.50 USD



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Other Correspondence:
P.O. Box 23181
8200 West Tower Avenue
Mail Stop TWR2401b
Milwaukee, WI 53223
800-558-5120

Page 1 of 2
Invoice Num: 9030981

BILL TO : ERICKSON RETIREMENT
COMMUNITIES
ACCOUNTS PAYABLE
701 MAIDEN CHOICE LN
BALTIMORE MD 21228

END USER : ERICKSON RETIREMENT
COMMUNITIES
701 MAIDEN CHOICE LANE
BALTIMORE MD 21228

BILL TO CUSTOMER NO.: 114884

END USER CUSTOMER NO.: 114884

Reference this number

Invoice No.	Invoice Date	Customer Purchase Order No.	Sales Order No.	Contract No.	Shipment No.
9030981	01-MAY-09	33150	587893	US LIST PRICE	
Payment Terms		Sales Representative		Payment Type	Due Date
Net Due in 30 Days		IITS / PS - No Sales Credit			31-MAY-09

Delivery Terms: FOB DESTINATION

Line	Item Number Description	UOM	T A X	Order Qty	Invoice Qty	Unit Price	Extended Amount
	2009 TRAVEL AND LIVING EXPENSES						
	TRAVELER: MIKE DENT START DATE: 4/20/09 END DATE: 4/22/09 CUSTOMER CONTACT: NONE GIVEN REFERENCE DOC: 586885 PAYMENT TERMS: NET 30						
1	2011548-006 Daily Hotel Cost	EA	N	1	1	363.08	363.08
2	2011548-007 Daily Rental Car Cost	EA	N	1	1	241.38	241.38
3	2011548-008 Daily Living Expenses	EA	N	1	1	56.95	56.95
4	2011548-009 Airfare per Trip	EA	N	1	1	294.20	294.20
5	2011548-007 Daily Rental Car Cost	EA	N	1	1	0.00	0.00
6	MISC-TE Miscellaneous - Travel Expenses	EA	N	1	1	0.00	0.00



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Milwaukee, WI 53223
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Page 2 of 2
Invoice Num: 9030981

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BALTIMORE MD 21228

END USER : ERICKSON RETIREMENT
COMMUNITIES
701 MAIDEN CHOICE LANE
BALTIMORE MD 21228

BILL TO CUSTOMER NO.: 114884

END USER CUSTOMER NO.: 114884

Reference this number

Invoice No. 9030981	Invoice Date 01-MAY-09	Customer Purchase Order No. 33150	Sales Order No. 587893	Contract No. US LIST PRICE	Shipment No.
Payment Terms Net Due in 30 Days		Sales Representative IITS / PS - No Sales Credit		Payment Type	Due Date 31-MAY-09

Delivery Terms: FOB DESTINATION

Line	Item Number Description	UOM	T A X	Order Qty	Invoice Qty	Unit Price	Extended Amount
						Subtotal :	955.61
						Tax :	0.00
						<u>Total :</u>	955.61 USD

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 15035317004

FROM JOHN DENT

DATE 2009-05-01 15:48:01 GMT

RE T&L Expense form for Billable Travel

COVER MESSAGE

Please find my attached spreadsheet for billable travel in incurred for Erickson Retirement Communities.

- m

Mike Dent

CCIA/CCEA, VCP, CCNA

Technical Systems Consultant

GE Healthcare IT

(O) 509 443 5995

(C) 540 354 8475

(F) 509 692 9768

E mike.dent@ge.com <<mailto:mike.dent@ge.com>>

<http://www.gehealthcare.com> <<http://www.gehealthcare.com/>>

01/05/2009 MON 12:48 FAX

001/002

Complete information, One location



Centricity Practice Quotation

Quote Expires: 02/04/2009

Client Number: 1044

Quote By: Rachel Nelson

Bill to Customer

Ship to Customer

Customer Name:

Erickson Retirement
Communities

Customer Name:

Erickson Retirement
Communities

Phone: 913-884-4419

Fax: 913-273-1976

E-mail: rachel.nelson@

Creation

Date: 1/5/2009

Contact Name:

James Brogan
701 Maiden Choice Lane

Contact Name:

James Brogan
701 Maiden Choice Lane

City, State Zip Code:

Baltimore, MD 21226
410-402-2642

City, State Zip Code:

Baltimore, MD 21226
410-402-2642

E-Mail:

james.brogan@erickson.c

E-Mail:

james.brogan@erickson.com

Quote

Number: Erickson Retirement Communities-1/5/2009

Licensed Software

Quantity	Product ID	Description	License Metric	Unit Price	Unit Discount	Discounted Price	Extended Price
The Following are EMR Products							
3	3387	Centricity Electronic Medical Record Software (licensed on a per Concurrent User basis)	Concurrent	\$3,150.00	\$875.00	\$2,275.00	\$6,825.00
Total Software:							\$6,825.00

DELIVERY AND PAYMENT TERMS FOR LICENSED SOFTWARE: Licensed Software will be shipped F.O.B. origin or electronically delivered immediately upon receipt of a signed Quotation. Invoice will be generated upon shipment or electronic transmission of the Licensed Software. Payment terms are Net 30 days from invoice date. Pricing provided by existing agreement good until 12/15/2009.

Annual Maintenance and Support (12-month term)

Quantity	Product ID	Description	License Metric	Unit Price	Unit Discount	Discounted Price	Extended Price
The Following are EMR Products							
3	3051	Centricity Electronic Medical Record Annual Support - Standard (per Concurrent User)	Concurrent	\$630.00	\$174.96	\$455.04	\$1,365.12
Total Annual Support:							\$1,365.12

DELIVERY AND PAYMENT TERMS FOR MAINTENANCE AND SUPPORT: The Initial Term of Maintenance and Support shall commence, and the annual fees shall be invoiced upon the Installation Date and shall end immediately prior to the first anniversary of such date. "Installation Date" means the date of issuance of the keys that enable the use of the Licensed Software. Payment terms are net 30 days from the invoice date. During the annual term of a customer's maintenance and support contract, customer may request termination of maintenance and support on any of their licenses by notifying GE of the change. Upon receipt of customer's written notification, GE will deactivate the license or licenses, which will terminate maintenance and support on those license or licenses. Because maintenance and support are provided on an annual term, no credits or refunds are issued on deactivated licenses for the remaining months of the annual term. Maintenance and support on deactivated licenses will not be renewed or billed at the annual contract renewal date, provided customer notifies GE of license deactivation within 60 days prior to annual contract renewal date.

Totals:	Software and Professional Services	\$6,825.00
	Annual Maintenance and Support	\$1,365.12
	Electronic Data Services	

Practice Solutions-Cover Signature Page

This Change Order Quotation (this "Quotation") is between the General Electric Company, by and through its GE Healthcare division (referred to herein as "GE Healthcare"), on its own behalf and as successor in interest to GE Medical Systems, and the customer named below (the "Customer"). GE Healthcare (either directly or through of its affiliated entities, such as GE Medical Systems Information Technologies, Inc., and/or GE Healthcare IITS USA Corp. (formerly known as IDX Information Systems Corporation)) and Customer have previously executed license and/or services agreement(s) (the "Existing Agreement(s)"). The Existing Agreement(s) govern the sale of computer equipment, the licensing of computer programs and the delivery of services. The terms of this Quotation amends and supplements the Existing Agreement(s) and in the event of any conflict or inconsistency between the applicable terms of the Existing Agreement(s) and the terms of this Quotation, the terms of this Quotation shall govern and control with respect to the subject matter herein; otherwise, all provisions of the Existing Agreement(s) remain in full force and effect.

01/05/2009 MON 12:49 FAX

002/002

Quotation shall govern and control with respect to the subject matter herein; otherwise, all provisions of the Existing Agreement(s) remain in full force and effect.

Customer will sign and return this to GE Healthcare, for items identified on this Quotation. Customer may issue a Purchase Order in addition to the signed Quotation to satisfy its internal requirements. No terms, conditions or warranties other than those identified in this Agreement and no agreement or understanding, oral or written, in any way purporting to modify such terms and conditions whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding on GE Healthcare unless hereafter made in writing and signed by GE Healthcare's authorized representative. Customer is hereby notified of GE Healthcare's objection to any terms inconsistent with this agreement and to any other terms proposed by Customer in accepting this agreement. Neither GE Healthcare's subsequent lack of objection to any such terms, nor the delivery of the products or services, shall constitute an agreement by GE Healthcare to any such terms.

Customer has caused this Agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER: ERICKSON RETIREMENT FUND

By: [Signature]

Printed Name: JIM BROWN

Title: IT MGR

Date: 1-5-09

Quote template :-

PS1.69

IMPORTANT CUSTOMER ACTION:

Please initial or check only one form of payment for this arrangement. If financing by "GE Healthcare Financial Services ("HFS") Loan" or "HFS Lease" is NOT selected at this time, then you may NOT elect to seek financing with Healthcare Financial Services (HFS) at a later date to fund this arrangement.

[Signature] Cash _____ HFS Loan _____ HFS Lease _____
Third-Party Lease (Please identify finance company _____)

Additional Notes:

- (1) Applicable state and local taxes will be added to the invoice. Freight charges, if any, will be prepaid and added to the invoice.
- (2) Third party Electronic Data Services are covered by the third-party, provider/ manufacturer/supplier's warranties, to the extent available. CUSTOMER ACKNOWLEDGES THAT NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING WITHOUT LIMITATION, IMPLIED WARRANTIES OF NON-INFRINGEMENT, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, QUIET ENJOYMENT, SYSTEM INTEGRATION AND DATA ACCURACY, HAVE BEEN MADE BY GE HEALTHCARE AS TO ANY THIRD PARTY ELECTRONIC DATA SERVICES.
- (3) Financing is an estimate and is not approved or relieves the customer of their payment obligation, as stated on the quotation unless the customer executes a financing agreement with GE Healthcare Financial Services.
- (4) Quotation of Centricity Mobile does not include implementation and training. Those services shall be quoted by PatientKeeper separately.

Definitions:

Provider is defined as any billable provider of healthcare services, including a doctor or medicine, osteopathy, dental science, psychiatric medicine, chiropractic medicine, residents, nurse practitioners, physical therapists and physician assistants. Provider licenses are purchased for the maximum number of Providers authorized to use the Software.

Concurrent Users are defined as the maximum number of users authorized to simultaneously log on to the Software. Concurrent User licenses are purchased for the maximum number of users authorized to simultaneously log on to the Software.

Designated Individual is defined as a particular individual who has been identified by name and user authorization ID, regardless of whether the individual is actively using the software at any given time. Designated Individual licenses are purchased for every individual authorized to use the Software.

Enterprise is defined as the Customer and any entities controlled by or under the control of Customer.



GE Healthcare Travel Expenses-EMR

Traveler: Mike Dent
Travel Dates:
Start Date: 4/20/2009
End Date: 4/22/2009
Sales Order: 886888

Apply/Oryx Number: 27388
Bill to Customer:
Customer Name: Erickson Retirement Communities
Contact Name:
Address:
City, State Zip Code:
Phone:

Apply/Oryx Number: 27388
Ship to Customer:
Customer Name: Erickson Retirement Communities
Contact Name:
Address:
City, State Zip Code:
Phone:

Professional Services

Quantity	Product ID	Description	Cost	Extended Price
1	2011548-006	Daily Hotel Cost	\$ 363.08	\$ 363.08
1	2011548-007	Daily Rental Car Cost	\$ 241.38	\$ 241.38
1	2011548-008	Daily Living Expenses	\$ 56.95	\$ 56.95
1	2011548-009	Airfare Per Trip	\$ 294.20	\$ 294.20
1	MISC-TE	Miscellaneous Travel Expenses	\$ -	\$ -
Total Travel Expenses:				\$ 955.81
Total From Expense Report:				\$ 955.81

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 15035317004

FROM Rachel Nelson

DATE 2009-01-05 18:00:04 GMT

RE FW: Corporate eFax message from "unknown" - 2 page(s)

COVER MESSAGE

g GE HealthCare
Integrated IT Solutions
Rachel Nelson
Account Specialist
Office 913-884-4419
Fax 913-273-1976
Support 888-436-8491
rachel.nelson@med.ge.com

For our Website Click on the Link Below:

http://www.gehealthcare.com/it_solutions/clinical/physician_office.html

For an Overview of Centricity Practice Solution 2006 Click on the Link Below:

http://www.gehealthcare.com/user/hit/images/flash/CPS_Overview.htm

For an Overview of Our EDI Solution Click on the Link Below:

http://www.gehealthcare.com/user/hit/images/flash/EDI_Overview.htm

—Original Message—

From: eFax Corporate [mailto:message@inbound.efax.com]

Sent: Monday, January 05, 2009 11:49 AM

To: Nelson, Rachel B (GE Healthcare)

Subject: Corporate eFax message from "unknown" - 2 page(s)

You have received a 2 page fax at 2009-01-05 17:48:54 GMT.

* The reference number for this fax is
stf1_did12-1231177623-9132731976-8.

Please visit <https://www.efaxcorporate.com/corp/twa/page/customerSupport>
if you have any questions regarding this message or your service. You
may also e-mail our corporate support department at
corporatesupport@mail.efax.com.

Thank you for using the eFax Corporate service!

(c) 2008 j2 Global Communications, Inc. All rights reserved.
eFax Corporate(r) is a registered trademark of j2 Global Communications,
Inc.

This account is subject to the terms listed in the eFax Corporate
Customer Agreement:
<http://home.efax.com/customerAgreements/corp/customerAgreement.html>



GE Healthcare

FINANCE DEPARTMENT

PO Box 1070
Burlington, VT 05402
USA

Telecopier 802 862 6390

T +1 802 862 1022
F +1 802 859 6025

February 10, 2010

VIA FEDERAL EXPRESS

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

In Re: Erickson Retirement Communities, LLC.
Case No. 09-37010

Dear Sir or Madam:

I enclose for filing in the above-referenced matter one original and one copy of the Proof of Claim form, on behalf of GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES, INC . I also enclose a copy of the Proof of Claim with a postage-paid, self-addressed envelope to receive acknowledgement of the receipt of the form.

Please contact me if I can provide further assistance.

Very truly yours,

A handwritten signature in cursive script that reads "Maria C. Dionne".

Maria C. Dionne
Sr Strategic Finance Account Rep