


UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Texas		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): Pitney Bowes Inc		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: Pitney Bowes Inc 27 Waterview Drive Shelton CT 06484		
Telephone number: 1-800-243-9506 ext. 4635		
Account or other number by which creditor identifies debtor: 8000-9000-0803-9061		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
RECEIVED FEB 15 2010 BMC GROUP		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 01/22/2010		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>6,206.30</u> (unsecured) (secured) (priority) <u>6,206.30</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 \$10,000)* 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)(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. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub L. 109-8.</small>
6. Unsecured Nonpriority Claim \$ <u>6,206.30</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 c) none or only part of your claim is entitled to priority.		
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		THIS SPACE IS FOR COURT USE ONLY Erickson Ret. Comm. LLC  00873
Date 02/03/2010	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): /s/Grisselle Betancourt-BK Coordinator	



Purchase Power

Statement for October 22, 2009

Account Name: **MAIL STOP 101**
Purchase Power Account Number: **8000-9000-0803-9061**
Postage By Phone Number: **36898229**
Customer Identification #: **18739828863**

Credit Limit: \$15,000.00 Available Credit: \$8,793.70
Purchase Power Reward Points Available: 36,809

Questions about this statement:

Call: **1-800-243-7800**
When prompted please enter your 16-digit account number located at the top.

Purchase Power Account Summary

Previous Balance	\$5,255.49
Postage	\$4,000.00
Payments	-\$3,111.63
Credits and Other Charges	\$0.00
Finance Charges	\$62.44
New Amount Due	\$6,206.30
Minimum Amount Due By: 11/18/09	\$311.00

You have earned 4,000 reward points this month. To view or redeem your points please visit www.pb.com/rewards.

Pay for your permit mail the same way you pay for your meter mail today. Visit www.pbpermit.com to find out more.

Now you can simplify mail management -View, track and administer postage through a dynamic, online system. Visit www.totalpostagemanagement.com to find out more.

PURCHASE POWER
PO BOX 5135
SHELTON, CT 06484-7135

PAYMENT COUPON

8000-9000-0803-9061	\$6,206.30	\$311.00	11/18/09	\$.

MAKE CHECKS PAYABLE TO:

MAIL STOP 101
ERICKSON RETIREMENT
PO BOX 22000
CATONSVILLE MD 21228-0002

**0000000

PURCHASE POWER
PO BOX 856042
LOUISVILLE KY 40285-6042

Check here and note changes to address and phone number on back When making payments please reference your 16-digit account number.



Purchase Power Account Number: 8000-9000-0803-9061
Customer Identification #: 18739828863

Purchase Power

Postage Detail

Meter Postage

Tran Date	Post Date	Description		Amount
09/22	09/23	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
09/23	09/24	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
09/25	09/27	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
09/29	09/30	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
10/06	10/07	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
10/07	10/08	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
10/13	10/14	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00
10/20	10/21	Postage Meter Refill -BALTIMORE , MD	1M00/SN-4220456PBP #:	\$500.00

Sub-Total Meter Postage: \$4,000.00
Total Postage: \$4,000.00

Payments

Tran Date	Post Date	Description	Amount
09/25	09/25	PAYMENT RECEIVED --THANK YOU	-\$3,111.63

Total Payments: -\$3,111.63

Finance Charges

	Average Daily Balance \$	Daily Periodic Rate	ANNUAL PERCENTAGE RATE	Periodic FINANCE CHARGE
Postage/Supplies	\$4,851.30	0.060%	22.00%	\$62.44
Total Finance Charges:				\$62.44

Important Contact Information

Need Help with this bill?
Call: 1-800-243-7808:00 a.m. to 8:00 p.m. EST
Enter your 16-digit account number located at the top of this page.

Need Help with your Meter?
Call: 1-800-522-0020
8:00 a.m. to 8:00 p.m. EST

Need Help with your Permit Mail?
Visit www.pbpermit.com

To order supplies visit www.pb.com/supplies or call 1-800-243-7824

Purchase Power

SEND OVERNIGHT CHECKS TO:
PURCHASE POWER
FIRST EXPRESS REMITTANCE PROCESSING
5101 INTERCHANGE WAY
LOUISVILLE KY 40229-2161

Please complete for change of contact information.

COMPANY NAME: _____
CONTACT NAME: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____
BUSINESS PHONE: _____
E-MAIL: _____

Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

Judge: Stacey G. Jernigan **Chapter:** 11

Office: Dallas **Last Date to file claims:** 02/28/2010

Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (12935548) Pitney Bowes Inc 27 Waterview Dr Shelton CT 06484	Claim No: 21 <i>Original Filed</i> Date: 02/03/2010 <i>Original Entered</i> Date: 02/03/2010	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Betancourt, Grisselle <i>Modified:</i>
Unsecured claimed: \$6206.30		
Total claimed: \$6206.30		
<i>History:</i>		
<u>Details</u> 21-1 02/03/2010 Claim #21 filed by Pitney Bowes Inc, total amount claimed: \$6206.3 (Betancourt, Grisselle)		
<i>Description:</i>		
<i>Remarks:</i>		

Claims Register Summary

Case Name: Erickson Retirement Communities, LLC

Case Number: 09-37010-sgj11

Chapter: 11

Date Filed: 10/19/2009

Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$6206.30	
Secured		
Priority		
Unknown		
Administrative		
Total	\$6206.30	\$0.00