

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

PROOF OF CLAIM

Name of Debtor: Columbus Campus, LLC

Case Number: 09-37019

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):

Smith & Hale LLC

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

Name and address where notices should be sent:

20835747001541
SMITH AND HALE LLC
37 W BROAD STREET SUITE 725
COLUMBUS, OH 43215

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s560
AMOUNT/CLASSIFICATION
\$6,513.11 UNSECURED

Court Claim Number: _____
(If known)

Filed on: _____

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

RECEIVED
FEB 16 2010
BMC GROUP

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.

Telephone number: (614) 221-4255

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 6,513.11

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: legal fees
(See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 5347-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).

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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: \$ _____

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:

\$ _____

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:

*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.

Date: 2/10/2010

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

Nicholas Cavalaris (Nicholas Cavalaris)

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00885

BEN W. HALE, JR.
JEFFREY L. BROWN
GLEN A. DUGGER
JACKSON B. REYNOLDS, III
NICHOLAS C. CAVALARIS
DAVID L. HODGE
AARON L. UNDERHILL

SMITH & HALE LLC
ATTORNEYS AND COUNSELORS AT LAW
37 WEST BROAD STREET
COLUMBUS, OHIO 43215-4199

HARRISON W. SMITH
1900-1978
HARRISON W. SMITH, JR.
RETIRED

614/221-4255

February 10, 2010

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

RE: United States Bankruptcy Court, Northern District of Texas
(Dallas Division), Case No. 09-37019

Dear BMC Group Inc.:

Enclosed please find an original and two (2) copies of a proof of claim for filing in the above-referenced case. Please file the proof of claim and return a file stamped copy of the proof of claim in the enclosed self-addressed, stamped envelope. Thank you very much for your assistance and please contact me if you have any questions.

Very truly yours,



Nicholas C. Cavalaris

NCC/nct

Enclosure

bmcgroupinc.ltr (nct)
2/10/10 F:Docs