

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):

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

Name and address where notices should be sent:

20835747000984
PROFILES PLACEMENT SERVICES
217 NORTH CHARLES ST, 4TH FLOOR
BALTIMORE, MD 21201

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s648
AMOUNT/CLASSIFICATION
\$32,127.44 UNSECURED

Court Claim Number: (If known)

Filed on:

410 244 6400 CASE # 09-37010

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

RECEIVED
FEB 17 2010

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:

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

1. Amount of Claim as of Date Case Filed: \$ 39,132.48 BMG GROUP

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: STAFFING SERVICES PERFORMED

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:

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:

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

4. Secured Claim (See instruction #4 on reverse side.)

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.

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: \$

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: 1/26/10

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.

SAPITA COWYMORE - ACCOUNTING MANAGER

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



PROFILES PLACEMENT SERVICES 12/30/2009

RE: ERICKSON RETIREMENT COMMUNITIES

Unpaid Invoices for Fees for Temporary Employees on assignment with client above:

Date:	Invoice No:	Amount	Totals
8/12/2009	28456	3,941.40	3,941.40
8/19/2009	28506	3,880.76	3,880.76
8/26/2009	28559	3,850.84	3,850.84
9/2/2009	28618	1,792.65	1,792.65
9/23/2009	28778	3,188.30	3,188.30
9/23/2009	28779	2,091.89	2,091.89
9/30/2009	28837	3,112.20	3,112.20
9/30/2009	28838	2,132.91	2,132.91
10/7/2009	28894	2,986.90	2,986.90
10/7/2009	28895	1,722.74	1,722.74
10/14/2009	28950	3,153.40	3,153.40
10/14/2009	28951	1,996.19	1,996.19
10/21/2009	29146	3,094.70	3,094.70
10/21/2010	29147	2,187.60	2,187.60
TOTAL		39,132.48	39,132.48



217 N. Charles Street, 4th Floor
 Baltimore, MD 21201

Invoice

BILL TO
Erickson Retirement Communities Bob Hynson 5525 Research Park Drive Baltimore, MD 21228

INVOICE DATE	INVOICE #
8/12/2009	28456

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
8/9/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	39.5	44.40	1,753.80
8/9/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	40	54.69	2,187.60

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$3,941.40
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VISA / MASTERCARD/AMEX ACCEPTED



217 N. Charles Street, 4th Floor
 Baltimore, MD 21201

Invoice

BILL TO
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INVOICE DATE	INVOICE #
8/19/2009	28506

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
8/16/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	38.75	44.40	1,720.50
8/16/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	39.5	54.69	2,160.26

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$3,880.76
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VISA / MASTERCARD/AMEX ACCEPTED



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Invoice

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INVOICE DATE	INVOICE #
8/26/2009	28559

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
8/23/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	39	44.40	1,731.60
8/23/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	38.75	54.69	2,119.24

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

VISA / MASTERCARD/AMEX ACCEPTED

Total	\$3,850.84
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Invoice

BILL TO
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INVOICE DATE	INVOICE #
9/2/2009	28618

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
8/30/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	40	44.40	1,776.00
8/30/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	0.25	66.60	16.65

Total	\$1,792.65
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Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

VISA / MASTERCARD/AMEX ACCEPTED



217 N. Charles Street, 4th Floor
 Baltimore, MD 21201

Invoice

BILL TO
Erickson Retirement Communities Bob Hynson 5525 Research Park Drive Catonsville, MD 21228

INVOICE DATE	INVOICE #
9/23/2009	28778

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
9/20/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	39.5	44.40	1,753.80
9/20/2009	Vadim Smolen...	Illustrator - Reporting To: Bob Hynson	37.75	38.00	1,434.50

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$3,188.30
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VISA / MASTERCARD/AMEX ACCEPTED



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Invoice

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INVOICE DATE	INVOICE #
9/23/2009	28779

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
9/20/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	38.25	54.69	2,091.89

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$2,091.89
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VISA / MASTERCARD/AMEX ACCEPTED



217 N. Charles Street, 4th Floor
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Invoice

BILL TO
Erickson Retirement Communities Bob Hynson 5525 Research Park Drive Catonsville, MD 21228

INVOICE DATE	INVOICE #
9/30/2009	28837

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
9/27/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	38	44.40	1,687.20
9/27/2009	Vadim Smolen...	Illustrator - Reporting To: Bob Hynson	37.5	38.00	1,425.00

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$3,112.20
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VISA / MASTERCARD/AMEX ACCEPTED



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 Baltimore, MD 21201

Invoice

BILL TO
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INVOICE DATE	INVOICE #
9/30/2009	28838

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
9/27/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	39	54.69	2,132.91

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$2,132.91
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VISA / MASTERCARD/AMEX ACCEPTED



217 N. Charles Street, 4th Floor
Baltimore, MD 21201

Invoice

BILL TO
Erickson Retirement Communities Bob Hynson 5525 Research Park Drive Catonsville, MD 21228

INVOICE DATE	INVOICE #
10/7/2009	28894

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
10/4/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	34.75	44.40	1,542.90
10/4/2009	Vadim Smolen...	Illustrator - Reporting To: Bob Hynson	38	38.00	1,444.00

Federal Tax Identification Number: 52-2094475
There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$2,986.90
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Invoice

BILL TO
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INVOICE DATE	INVOICE #
10/7/2009	28895

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
10/4/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	31.5	54.69	1,722.74

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$1,722.74
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BILL TO
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INVOICE DATE	INVOICE #
10/14/2009	28950

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
10/11/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	38.5	44.40	1,709.40
10/11/2009	Vadim Smolen...	Illustrator - Reporting To: Bob Hynson	38	38.00	1,444.00

Federal Tax Identification Number: 52-2094475
There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$3,153.40
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VISA / MASTERCARD/AMEX ACCEPTED



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Invoice

BILL TO
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INVOICE DATE	INVOICE #
10/14/2009	28951

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
10/11/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	36.5	54.69	1,996.19

Federal Tax Identification Number: 52-2094475
There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$1,996.19
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VISA / MASTERCARD/AMEX ACCEPTED



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 Baltimore, MD 21201

Invoice

BILL TO
Erickson Retirement Communities Bob Hynson 5525 Research Park Drive Catonsville, MD 21228

INVOICE DATE	INVOICE #
10/21/2009	29146

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
10/18/2009	Heather Border	Graphic Designer - Reporting To: Bob Hynson	36.75	44.40	1,631.70
10/18/2009	Vadim Smolen...	Illustrator - Reporting To: Bob Hynson	38.5	38.00	1,463.00

Total	\$3,094.70
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Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

VISA / MASTERCARD/AMEX ACCEPTED



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 Baltimore, MD 21201

Invoice

BILL TO
Erickson Retirement Communities Bob Hynson 5525 Research Park Drive Catonsville, MD 21228

INVOICE DATE	INVOICE #
10/21/2009	29147

TERMS	PURCHASE ORDER
Due Upon Receipt	

WEEK ENDI...	TALENT NAME	JOB TITLE/DESCRIPTION	HOURS	RATE	AMOUNT
10/18/2009	Scott Shulim	Copy Writer - Reporting To: Karen Walls	40	54.69	2,187.60

Federal Tax Identification Number: 52-2094475
 There is a 1 1/2% per month finance charge assessed to all outstanding balances after 30 days.

Total	\$2,187.60
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VISA / MASTERCARD/AMEX ACCEPTED