
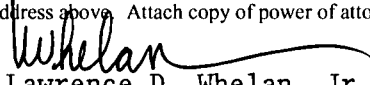



<b>UNITED STATES BANKRUPTCY COURT      Northern District of Texas (Dallas Division)</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Erickson Retirement Communities, LLC</b>		Case Number: <b>09-37010</b>
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Keane Care, Inc.</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ <i>(If known)</i>  Filed on: _____
Name and address where notices should be sent:  20835747001004 <b>KEANE CARE, INC</b> PROBOX 887004 DALLAS, TX 75284-2804 Attn: Legal Department 100 City Square, Boston, MA 02129		
Name and address where payment should be sent (if different from above): <b>Keane Care, Inc.</b> Attn: Legal Department 100 City Square, Boston, MA 02129 Telephone number: 617-241-9200		<b>RECEIVED</b>  <b>FEB 18 2010</b>  <b>BMC GROUP</b>
1. Amount of Claim as of Date Case Filed:      \$ <u>20,274.00</u>  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.  <input type="checkbox"/> 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.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> 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).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> 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).  <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)(____).  Amount entitled to priority: \$ <u>N/A</u>  *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: <u>Software license and support services</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>1740</u>  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. <u>N/A</u>  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: <u>16 Feb. 10</u>	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.   <b>Lawrence D. Whelan, Jr., Treasurer</b>	
		<b>FOR COURT USE ONLY</b>  <b>Erickson Ret. Comm. LLC</b>  00901

# KEANE CARE, INC.

PO BOX 842004  
 DALLAS, TX. 75284-2004  
 800-426-2675

# SALES INVOICE

NUMBER: 10090184

DATE: 10/08/2009

CUSTOMER: 11740

BILL TO: ERICKSON RETIREMENT COMMUNITIES  
 MAIL STOP 101  
 PO BOX 22000  
 CATONSVILLE, MD 21228-0002

SHIP TO: SAME

TELEPHONE: (410) 242-2880

TELEPHONE: (410) 242-2880

PAGE		SHIP VIA		FOB		TERMS	
1				VENDOR			
PURCHASE ORDER NUMBER			ORDER DATE	SALESPERSON		ORDERED BY	OUR ORDER NUMBER
			10/08/2006				F11740
ORDERED	SHIPPED	B/O	ITEM	DESCRIPTION		UNIT PRICE	LINE PRICE
0	0	0	MU99	MONTHLY SW UPDATE-SEABROOK		251.0000	251.00
0	0	0	MU99	MONTHLY SW UPDATE-CEDAR CREST		213.0000	213.00
0	0	0	MU99	MONTHLY SW UPDATE-RIDERWOOD		232.0000	232.00
0	0	0	MU99	MONTHLY SW UPDATE-SEDGEBROOK		201.0000	201.00
0	0	0	MU99	MONTHLY SW UPDATE-GREENSPRING		251.0000	251.00
0	0	0	MU99	MONTHLY SW UPDATE-OAKCREST		191.0000	191.00
0	0	0	MU99	MONTHLY SW UPDATE-ANN'S CHOICE		197.0000	197.00
0	0	0	MU99	MONTHLY SW UPDATE-LINDEN PONDS		191.0000	191.00
0	0	0	MU99	MONTHLY SW UPDATE-HENRY FORD		218.0000	218.00
0	0	0	MU99	MONTHLY SW UPDATE-BROOKSBY		181.0000	181.00
0	0	0	MU99	MONTHLY SW UPDATE-FOX RUN VILLAGE		197.0000	197.00
0	0	0	MU99	MONTHLY SW UPDATE-CHARLESTOWN SNF		211.0000	211.00
0	0	0	MU99	MONTHLY SW UPDATE-CAMPUS CARE		127.0000	127.00
0	0	0	MU99	MONTHLY SW UPDATE-EAGLE'S TRACE		174.0000	174.00
0	0	0	MU99	MONTHLY SW UPDATE-MONARCH LANDING		196.0000	196.00
0	0	0	MU99	MONTHLY SW UPDATE-HIGHLAND SPRINGS		196.0000	196.00
0	0	0	MU99	MONTHLY SW UPDATE-MARIS GROVE		196.0000	196.00
0	0	0	MU99	MONTHLY SW UPDATE-WIND CREST		293.0000	293.00
0	0	0	MU99	MONTHLY SW UPDATE-TRAINING DATABASE		62.0000	62.00
0	0	0	MU99	MONTHLY SW UPDATE-TALLGRASS CREEK		293.0000	293.00
0	0	0	MU99	MONTHLY SW UPDATE-ASHBY PONDS		180.0000	180.00
0	0	0	MS99	MONTHLY SUPPORT-SEABROOK		376.0000	376.00
0	0	0	MS99	MONTHLY SUPPORT-CEDAR CREST		317.0000	317.00
0	0	0	MS99	MONTHLY SUPPORT-RIDERWOOD		349.0000	349.00
0	0	0	MS99	MONTHLY SUPPORT-SEDGEBROOK		301.0000	301.00
0	0	0	MS99	MONTHLY SUPPORT-GREENSPRING		376.0000	376.00
0	0	0	MS99	MONTHLY SUPPORT-OAKCREST		286.0000	286.00
0	0	0	MS99	MONTHLY SUPPORT-ANN'S CHOICE		296.0000	296.00

Continued on page 2

Continued...

# KEANE CARE, INC.

PO BOX 842004  
 DALLAS, TX. 75284-2004  
 800-426-2675

# SALES INVOICE

NUMBER: 10090184

DATE: 10/08/2009

CUSTOMER: 11740

BILL TO: ERICKSON RETIREMENT COMMUNITIES  
 MAIL STOP 101  
 PO BOX 22000  
 CATONSVILLE, MD 21228-0002

SHIP TO: SAME

TELEPHONE: (410) 242-2880

TELEPHONE: (410) 242-2880

PAGE		SHIP VIA		FOB		TERMS	
2				VENDOR			
PURCHASE ORDER NUMBER			ORDER DATE	SALESPERSON		ORDERED BY	OUR ORDER NUMBER
			10/08/2006				F11740
ORDERED	SHIPPED	B/O	ITEM	DESCRIPTION		UNIT PRICE	LINE PRICE
Continued from page 1							
0	0	0	MS99	MONTHLY SUPPORT-LINDEN PONDS		286.0000	286.00
0	0	0	MS99	MONTHLY SUPPORT-HENRY FORD		327.0000	327.00
0	0	0	MS99	MONTHLY SUPPORT-BROOKSBY		273.0000	273.00
0	0	0	MS99	MONTHLY SUPPORT-FOX RUN VILLAGE		296.0000	296.00
0	0	0	MS99	MONTHLY SUPPORT-CHARLESTOWN SNF		314.0000	314.00
0	0	0	MS99	MONTHLY SUPPORT-CAMPUS CARE		191.0000	191.00
0	0	0	MS99	MONTHLY SUPPORT-EAGLE'S TRACE		262.0000	262.00
0	0	0	MS99	MONTHLY SUPPORT-MONARCH LANDING		293.0000	293.00
0	0	0	MS99	MONTHLY SUPPORT-HIGHLAND SPRINGS		293.0000	293.00
0	0	0	MS99	MONTHLY SUPPORT-MARIS GROVE		293.0000	293.00
0	0	0	MS99	MONTHLY SUPPORT-WIND CREST		196.0000	196.00
0	0	0	MS99	MONTHLY SUPPORT-TRAINING DATABASE		95.0000	95.00
0	0	0	MS99	MONTHLY SUPPORT-TALLGRASS CREEK		196.0000	196.00
0	0	0	MS99	MONTHLY SUPPORT-ASHBY PONDS		270.0000	270.00
SUBTOTAL:						10,137.00	
SHIPPING:							
0.000 * SALES TAX:						0.00	
TOTAL:						10,137.00	
PAYMENT:							
BALANCE DUE:						10,137.00	

# KEANE CARE, INC.

PO BOX 842004  
 DALLAS, TX. 75284-2004  
 800-426-2675

# SALES INVOICE

NUMBER: 09090170

DATE: 09/08/2009

CUSTOMER: 11740

BILL TO: ERICKSON RETIREMENT COMMUNITIES  
 MAIL STOP 101  
 PO BOX 22000  
 CATONSVILLE, MD 21228-0002

SHIP TO: SAME

TELEPHONE: (410)242-2880

TELEPHONE: (410)242-2880

PAGE	SHIP VIA		FOB		TERMS	
1			VENDOR			
PURCHASE ORDER NUMBER		ORDER DATE	SALESPERSON		ORDERED BY	OUR ORDER NUMBER
		10/08/2006				F11740
ORDERED	SHIPPED	B/O	ITEM	DESCRIPTION	UNIT PRICE	LINE PRICE
0	0	0	MU99	MONTHLY SW UPDATE-SEABROOK	251.0000	251.00
0	0	0	MU99	MONTHLY SW UPDATE-CEDAR CREST	213.0000	213.00
0	0	0	MU99	MONTHLY SW UPDATE-RIDERWOOD	232.0000	232.00
0	0	0	MU99	MONTHLY SW UPDATE-SEDGEBROOK	201.0000	201.00
0	0	0	MU99	MONTHLY SW UPDATE-GREENSPRING	251.0000	251.00
0	0	0	MU99	MONTHLY SW UPDATE-OAKCREST	191.0000	191.00
0	0	0	MU99	MONTHLY SW UPDATE-ANN'S CHOICE	197.0000	197.00
0	0	0	MU99	MONTHLY SW UPDATE-LINDEN PONDS	191.0000	191.00
0	0	0	MU99	MONTHLY SW UPDATE-HENRY FORD	218.0000	218.00
0	0	0	MU99	MONTHLY SW UPDATE-BROOKSBY	181.0000	181.00
0	0	0	MU99	MONTHLY SW UPDATE-FOX RUN VILLAGE	197.0000	197.00
0	0	0	MU99	MONTHLY SW UPDATE-CHARLESTOWN SNF	211.0000	211.00
0	0	0	MU99	MONTHLY SW UPDATE-CAMPUS CARE	127.0000	127.00
0	0	0	MU99	MONTHLY SW UPDATE-EAGLE'S TRACE	174.0000	174.00
0	0	0	MU99	MONTHLY SW UPDATE-MONARCH LANDING	196.0000	196.00
0	0	0	MU99	MONTHLY SW UPDATE-HIGHLAND SPRINGS	196.0000	196.00
0	0	0	MU99	MONTHLY SW UPDATE-MARIS GROVE	196.0000	196.00
0	0	0	MU99	MONTHLY SW UPDATE-WIND CREST	293.0000	293.00
0	0	0	MU99	MONTHLY SW UPDATE-TRAINING DATABASE	62.0000	62.00
0	0	0	MU99	MONTHLY SW UPDATE-TALLGRASS CREEK	293.0000	293.00
0	0	0	MU99	MONTHLY SW UPDATE-ASHBY PONDS	180.0000	180.00
0	0	0	MS99	MONTHLY SUPPORT-SEABROOK	376.0000	376.00
0	0	0	MS99	MONTHLY SUPPORT-CEDAR CREST	317.0000	317.00
0	0	0	MS99	MONTHLY SUPPORT-RIDERWOOD	349.0000	349.00
0	0	0	MS99	MONTHLY SUPPORT-SEDGEBROOK	301.0000	301.00
0	0	0	MS99	MONTHLY SUPPORT-GREENSPRING	376.0000	376.00
0	0	0	MS99	MONTHLY SUPPORT-OAKCREST	286.0000	286.00
0	0	0	MS99	MONTHLY SUPPORT-ANN'S CHOICE	296.0000	296.00

Continued on page 2

Continued...

# KEANE CARE, INC.

PO BOX 842004  
 DALLAS, TX. 75284-2004  
 800-426-2675

# SALES INVOICE

NUMBER: 09090170

DATE: 09/08/2009

CUSTOMER: 11740

BILL TO: ERICKSON RETIREMENT COMMUNITIES  
 MAIL STOP 101  
 PO BOX 22000  
 CATONSVILLE, MD 21228-0002

SHIP TO: SAME

TELEPHONE: (410)242-2880

TELEPHONE: (410)242-2880

PAGE		SHIP VIA		FOB		TERMS	
2				VENDOR			
PURCHASE ORDER NUMBER		ORDER DATE		SALESPERSON		ORDERED BY	
		10/08/2006				OUR ORDER NUMBER	
						F11740	
ORDERED	SHIPPED	B/O	ITEM	DESCRIPTION	UNIT PRICE	LINE PRICE	
Continued from			page 1				
0	0	0	MS99	MONTHLY SUPPORT-LINDEN PONDS	286.0000	286.00	
0	0	0	MS99	MONTHLY SUPPORT-HENRY FORD	327.0000	327.00	
0	0	0	MS99	MONTHLY SUPPORT-BROOKSBY	273.0000	273.00	
0	0	0	MS99	MONTHLY SUPPORT-FOX RUN VILLAGE	296.0000	296.00	
0	0	0	MS99	MONTHLY SUPPORT-CHARLESTOWN SNF	314.0000	314.00	
0	0	0	MS99	MONTHLY SUPPORT-CAMPUS CARE	191.0000	191.00	
0	0	0	MS99	MONTHLY SUPPORT-EAGLE'S TRACE	262.0000	262.00	
0	0	0	MS99	MONTHLY SUPPORT-MONARCH LANDING	293.0000	293.00	
0	0	0	MS99	MONTHLY SUPPORT-HIGHLAND SPRINGS	293.0000	293.00	
0	0	0	MS99	MONTHLY SUPPORT-MARIS GROVE	293.0000	293.00	
0	0	0	MS99	MONTHLY SUPPORT-WIND CREST	196.0000	196.00	
0	0	0	MS99	MONTHLY SUPPORT-TRAINING DATABASE	95.0000	95.00	
0	0	0	MS99	MONTHLY SUPPORT-TALLGRASS CREEK	196.0000	196.00	
0	0	0	MS99	MONTHLY SUPPORT-ASHBY PONDS	270.0000	270.00	
					SUBTOTAL:	10,137.00	
					SHIPPING:		
					0.000 * SALES TAX:	0.00	
					TOTAL:	10,137.00	
					PAYMENT:		
					BALANCE DUE:	10,137.00	