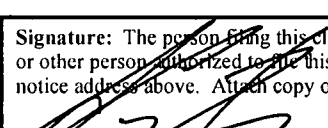


<b>UNITED STATES BANKRUPTCY COURT      NORTHERN DISTRICT TEXAS (DALLAS DIVISION)</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Erickson Retirement Communities, LLC</b>		Case Number <b>09-37010-sgj11</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the 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): <b>Ober, Kaler, Grimes &amp; Shriver</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Name and address where notices should be sent: <b>Howard L. Sollins, Esq. Ober, Kaler, Grimes &amp; Shriver 120 E. Baltimore Street Baltimore, MD 21202-1643 Telephone number: 410-685-1120</b>		
Name and address where payment should be sent (if different from above):  Telephone number: _____		<div style="text-align: center;"> <b>RECEIVED</b>   <b>FEB 19 2010</b>   <b>BMC GROUP</b> </div> <input type="checkbox"/> 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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:      \$ <u>9,592.50</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.		
2. Basis for Claim: <u>Legal Services</u> (see instruction #2 on reverse side.)		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:  \$ _____  *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.
3. Last four digits of any number by which creditor identifies debtor: _____ 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: <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: <b>2/2/10</b>	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.   S. Craig Holden, President and Chief Operating Officer	

FOR COURT USE ONLY  
**Erickson Ret. Comm. LLC**  
  
 00913

**Ober, Kaler, Grimes & Shriver**  
Attorneys at Law

120 East Baltimore Street  
Baltimore, Maryland 21202-1643  
410-685-1120 FAX 410-547-0699  
Federal ID No. 52-1908497

**Wire Transfer to:**  
Bank of America  
10 Light Street  
Baltimore, Maryland 21202  
ABA Number: 026009593  
Account Number: 00-200-901-749-2  
Account Name: Ober, Kaler, Grimes & Shriver Attorney Escrow

January 19, 2010

Erickson Retirement Centers  
Attn: Gerald F. Doherty, Esq., Executive Vice President  
and General Counsel  
BUI 101 90160  
Mail Stop 101 P.O. Box 22000  
Catonsville, MD 21228

---

**REMINDER STATEMENT OF ACCOUNT**

---

Client Matter Name: 020713.082694

Billing Attorney: H.L. SOLLINS

Matter Name: Chesapeake Regional Information System

Our records indicate that the following invoices are unpaid as of January 19, 2010:

INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	PAYMENT / CREDIT	AMOUNT DUE
06/19/09	420523	9,592.50	0.00	9,592.50
<b>TOTAL</b>		<b>\$9,592.50</b>	<b>\$0.00</b>	<b>\$9,592.50</b>

Please contact H.L. SOLLINS, at 410-685-1120, if you have any questions concerning this statement.

**Ober, Kaler, Grimes & Shriver**  
Attorneys at Law

120 East Baltimore Street  
Baltimore, MD 21202-1643  
410-685-1120 / Fax 410-547-0699  
www.ober.com

**Wendi W. Peters**  
wwpeters@ober.com  
410-347-7694

**Offices In**  
Maryland  
Washington, D.C.  
Virginia

February 18, 2010

**VIA FEDERAL EXPRESS**

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

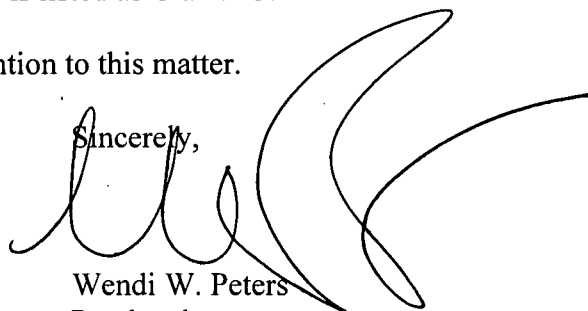
RE: Erickson Retirement Communities, LLC  
Case No. 09-37010

Dear Sir/Madam:

Enclosed is an ORIGINAL and one copy of proof of claim. The original is for filing in the above matter and the copy is to be date stamped and returned in the enclosed self addressed, stamped envelope. This claim was previously electronically filed with the Court on February 17, 2010 and is listed as Claim 23.

Thank you for your attention to this matter.

Sincerely,



Wendi W. Peters  
Paralegal

Enclosures