

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:

6009 1011 20835747001956 RECEIVED FEB 23 2010 WEBB-MASON PO BOX 62414 BALTIMORE, MD 21264-2414

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s890 AMOUNT/CLASSIFICATION \$3,289.10 UNSECURED

Court Claim Number: (If known)

Filed on:

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

Handwritten: Anni Stern Braswell 10830 Gilroy Rd Hunt Valley MD 21031 410-785-9111 ext. 1141

Telephone number:

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.

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

1. Amount of Claim as of Date Case Filed: \$ 51026.48

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.

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

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

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.

2. Basis for Claim: GOODS SOLD

3. Last four digits of any number by which creditor identifies debtor: 5508

3a. Debtor may have scheduled account as: N/A

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

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: \$ N/A Amount Unsecured: \$ 51026.48

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: 2-22-10

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.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00976

Handwritten signature: Anni Stern Braswell - Sherry Braswell - Customer Account Coordinator

WEBB MASON INVOICE

ON-DEMAND MARKETING SYSTEMS™

INVOICE DATE	INVOICE NUMBER
06/17/2009	2534216
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365508	6075861
ORDERED BY:	TOTAL:

SOLD TO
Erickson Wind Crest Community Wind Crest 3235 Mill Vista Road LITTLETON, CO 80129

SHIPPED TO
Wind Crest Wind Crest 3235 Mill Vista Road LITTLETON, CO 80129

PLEASE PAY FROM THIS INVOICE. WE SINCELY APPRECIATE YOUR BUSINESS.

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-149670	06/16/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
1,000	1,000	6075861 Wind Crest Guide to Erickson Living		3.05	EA	3,050.00

COMMENTS:

Remit To:

Webb Mason, Incorporated
P.O. Box 62414
Baltimore, MD 21264-2414
800-609-0065

FREIGHT	239.10
SALES TAX	.00
TOTAL	3,289.10

IF NOT PAID WITHIN THIRTY (30) DAYS THIS INVOICE SHALL BE SUBJECT TO A 1.8% PER MONTH SERVICE CHARGE EFFECTIVE AS OF THE DATE OF DELIVERY. IN THE EVENT IT IS NECESSARY TO COMMENCE COLLECTION PROCEEDINGS BUYER SHALL PAY ALL COLLECTION COSTS INCURRED INCLUDING REASONABLE ATTORNEY'S FEES.

WEBB MASON INVOICE

ON-DEMAND MARKETING SYSTEMS™

INVOICE DATE	INVOICE NUMBER
08/11/2009	2572436
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365500	6186766
ORDERED BY:	TOTAL:

SOLD TO
Erickson Retirement Communities 5525 Research Park Drive Third Floor Catonsville, MD 21228

SHIPPED TO
Whse. #001 - (WEBB) Webb/Mason, Inc. 10830 Gilroy Road Hunt Valley, MD 21031

PLEASE PAY FROM THIS INVOICE. WE SINCERELY APPRECIATE YOUR BUSINESS.

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-151193	08/05/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
3,500	3,500	INS-NRP-LA New Res RG Insert: Leave of Absence At our warehouse in Hunt Valley, MD		168.00	M	588.00
3,500	3,500	INS-NRP-AD New Res RG Insert: Advanced Directive At our warehouse in Hunt Valley, MD		45.00	M	157.50
2,800	2,800	INS-NRP-MC New Res RG Insert: Medical Checklist At our warehouse in Hunt Valley, MD		47.45	M	132.86
PAID 10-14-2009 CK #100651						815.19

COMMENTS:

Remit To:

**Webb Mason, Incorporated
P.O. Box 62414
Baltimore, MD 21264-2414
800-609-0065**

FREIGHT	76.60
SALES TAX	52.70
TOTAL	192.47

IF NOT PAID WITHIN THIRTY (30) DAYS THIS INVOICE SHALL BE SUBJECT TO A 1.8% PER MONTH SERVICE CHARGE EFFECTIVE AS OF THE DATE OF DELIVERY. IN THE EVENT IT IS NECESSARY TO COMMENCE COLLECTION PROCEEDINGS BUYER SHALL PAY ALL COLLECTION COSTS INCURRED INCLUDING REASONABLE ATTORNEY'S FEES.

WEBB MASON INVOICE

ON-DEMAND MARKETING SYSTEMS™

INVOICE DATE	INVOICE NUMBER
09/18/2009	2602081
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365500	6263429
ORDERED BY:	TOTAL:

SOLD TO
Erickson Retirement Communities 5525 Research Park Drive Third Floor Catonsville, MD 21228

SHIPPED TO
MJO 1101 Business Parkway South Westminster, MD 21157

PLEASE PAY FROM THIS INVOICE. WE SINCELY APPRECIATE YOUR BUSINESS.

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-152147	09/14/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
6,500	6,500	ENV-CORP10 Erickson Corporate #10 Envelope		99.30	M	645.45

COMMENTS:

Remit To:

Webb Mason, Incorporated
P.O. Box 62414
Baltimore, MD 21264-2414
800-609-0065

FREIGHT	33.05
SALES TAX	38.73
TOTAL	717.23

IF NOT PAID WITHIN THIRTY (30) DAYS THIS INVOICE SHALL BE SUBJECT TO A 1.8% PER MONTH SERVICE CHARGE EFFECTIVE AS OF THE DATE OF DELIVERY. IN THE EVENT IT IS NECESSARY TO COMMENCE COLLECTION PROCEEDINGS BUYER SHALL PAY ALL COLLECTION COSTS INCURRED INCLUDING REASONABLE ATTORNEY'S FEES.

WEBB MASON INVOICE

ON-DEMAND MARKETING SYSTEMS™

INVOICE DATE	INVOICE NUMBER
10/01/2009	2613442
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365500	6181065
ORDERED BY:	TOTAL:

SOLD TO
Erickson Retirement Communities 5525 Research Park Drive Third Floor Catonsville, MD 21228

SHIPPED TO
Whse. #001 - (WEBB) Webb/Mason, Inc. 10830 Gilroy Road Hunt Valley, MD 21031

PLEASE PAY FROM THIS INVOICE. WE SINCERELY APPRECIATE YOUR BUSINESS.

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-151664	09/10/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
1,000	1,000	NPL-RG-MGC Renaissance Gardens Lined Note Pad MGC At our warehouse in Hunt Valley, MD		1.24	EA	1,240.00

COMMENTS:

Remit To:

Webb Mason, Incorporated
P.O. Box 62414
Baltimore, MD 21264-2414
800-609-0065

FREIGHT	113.28
SALES TAX	74.40
TOTAL	1,427.68

IF NOT PAID WITHIN THIRTY (30) DAYS THIS INVOICE SHALL BE SUBJECT TO A 1.8% PER MONTH SERVICE CHARGE EFFECTIVE AS OF THE DATE OF DELIVERY. IN THE EVENT IT IS NECESSARY TO COMMENCE COLLECTION PROCEEDINGS BUYER SHALL PAY ALL COLLECTION COSTS INCURRED INCLUDING REASONABLE ATTORNEY'S FEES.