

UNITED STATES BANKRUPTCY COURT

Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Novi Campus, LLC

Case Number: 09-37025

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:

20835747900107  
WEBB-MASON  
PO BOX 62414  
BALTIMORE, MD 21264-2414

RECEIVED

FEB 23 2010

BMC GROUP

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s515  
AMOUNT/CLASSIFICATION  
\$190.52 UNSECURED

Court Claim Number: (If known)

Filed on:

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

Sherry Braswell  
Webb Mason Inc.  
10830 Hill Road  
Hunt Valley, MD 21031  
Telephone number: 410-785-1111 ext 1111

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: \$ 3,004.89

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: 5511

3a. Debtor may have scheduled account as:

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: \$ 3,004.89

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: 2/22/2010

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.

Sherry Braswell Sherry Braswell Customer Account Coordinator

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00978

Novri Aampus, LLC AR Aging Report  
as of 12/30/2009

Cust Code	Cust Name	Inv Date	Inv Num	Ord Num	Cust PO	Summ Bill#	Orig Inv Amt	Net Sale	Freight	Tax	Amount Paid	Inv Bal	Current	Over 30	Over 60	Over 90	Over 120
00-365511	Edickson Fox Run	8/26/09	2583398	00-150988	5323316		\$ 114.24	\$ 60.00	\$ 54.24	\$ -	\$ -	\$ 114.24	\$ -	\$ -	\$ -	\$ -	\$ 114.24
00-365511	Edickson Fox Run	10/7/09	2613448	00-151981	6181065		\$ 2,700.13	\$ 2,480.00	\$ 220.13	\$ -	\$ -	\$ 2,700.13	\$ -	\$ -	\$ 2,700.13	\$ -	\$ -
00-365511	Edickson Fox Run	10/15/09	2625268	00-M0779X	42880145-53120		\$ 180.52	\$ 180.00	\$ 10.52	\$ -	\$ -	\$ 180.52	\$ -	\$ -	\$ 180.52	\$ -	\$ -
00-365511	Total						\$ 3,004.89	\$ 2,720.00	\$ 284.89	\$ -	\$ -	\$ 3,004.89	\$ -	\$ -	\$ 2,890.65	\$ -	\$ 114.24
	Grand Total						\$ 3,004.89	\$ 2,720.00	\$ 284.89	\$ -	\$ -	\$ 3,004.89	\$ -	\$ -	\$ 2,890.65	\$ -	\$ 114.24

# WEBB MASON INVOICE

ON-DEMAND MARKETING SYSTEMS™

INVOICE DATE	INVOICE NUMBER
10/15/2009	2625268
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365511	42980145-53120
ORDERED BY:	TOTAL:

SOLD TO
Erickson Fox Run Community P.O. Box 22000 Mail Stop 629 Catonsville, MD 21228

SHIPPED TO
Fox Run Fox Run - Sales Office 41000 13 Mile Road Novi, MI 48377

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

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-M07T9X	10/14/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
1,500	1,500	LTH-LV-FRV Erickson Living Letterhead: FRV		120.00	M	180.00

COMMENTS:

**Remit To:**

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

FREIGHT	10.52
SALES TAX	.00
<b>TOTAL</b>	<b>190.52</b>

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	2613448
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365511	6181065
ORDERED BY:	TOTAL:

SOLD TO
Erickson Fox Run Community Fox Run 41000 13 Mile Road Novi, MI 48377

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		
00-151661	09/11/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
2,000	2,000	NPL-RG-FRV Renaissance Gardens Lined Note Pad FRV  At our warehouse in Hunt Valley, MD		1.24	EA	2,480.00

COMMENTS:

**Remit To:**

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

FREIGHT	220.13
SALES TAX	.00
<b>TOTAL</b>	<b>2,700.13</b>

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
08/26/2009	2583398
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365511	5323316
ORDERED BY:	TOTAL:

SOLD TO
Erickson Fox Run Community Fox Run 41000 13 Mile Road Novi, MI 48377

SHIPPED TO
Fox Run Fox Run 41000 13 Mile Road Novi, MI 48377

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

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-150988	07/28/2009	Next Day Air	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
500	500	LTH-LV-FRV Erickson Living Letterhead: FRV		120.00	M	60.00

COMMENTS:

**Remit To:**

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

FREIGHT	54.24
SALES TAX	.00
<b>TOTAL</b>	<b>114.24</b>

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.