

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Concord Campus, LP

Case Number: 09-37020

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:

RECEIVED

YOUR CLAIM IS SCHEDULED AS:

20835747900080

Schedule/Claim ID: s455

WEBB-MASON

FEB 23 2010

AMOUNT/CLASSIFICATION

PO BOX 62414

\$51.02 UNSECURED

BALTIMORE, MD 21264-2414

BMC GROUP

Court Claim Number: (If known)

Filed on:

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

Attn: Sherry Braswell
10630 Hilltop Rd
Hunt Valley, MD 21031
410-785-7111 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: \$ 51.02

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: 6800

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: \$ 51.02

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.

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.

Sherry Braswell / Sherry Braswell - Dist. Ct. Clerk

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00979

Concord Campus, LP 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
00-365500	Edison Retirement Communities	10/12/09	2821693	00-075CQ	41280145	PENDING	\$ 51.02	\$ 43.00	\$ 5.13	\$ 5.13	\$ 2.89	\$ -	\$ 51.02	\$ -	\$ -	\$ 51.02	\$ -
	Grand Total						\$ 51.02	\$ 43.00	\$ 5.13	\$ 5.13	\$ 2.89	\$ -	\$ 51.02	\$ -	\$ -	\$ 51.02	\$ -

WEBB MASON INVOICE

ON-DEMAND MARKETING SYSTEMS™

INVOICE DATE	INVOICE NUMBER
10/12/2009	2621693
CUSTOMER NUMBER	CUSTOMER ORDER NO.
00-365500	41280145
ORDERED BY:	TOTAL:

SOLD TO
Erickson Retirement Communities Accounts Payable P.O. Box 22000 Catonsville, MD 21228

SHIPPED TO
Ann's Choice - Sales Office 200 Maris Grove Way Glen Mills, PA 19342

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

OUR ORDER NO	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS		
00-J07SCQ	10/09/2009	UPS Ground	Dan Cahill	Net 20 Days		
QTY ORDERED	QTY SHIPPED	ITEM CODE / DESCRIPTION		UNIT PRICE	UNIT	AMOUNT
500	500	BCP-RMSMGC Photo BC: Realty & Mo Suzanne McAllister		86.00	M	43.00

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

FREIGHT	5.13
SALES TAX	2.89
TOTAL	51.02

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.