

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)		PROOF OF CLAIM
Name of Debtor: Erickson Retirement Communities, LLC		Case Number: 09-37010-SGJ
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): PBI Disaster Restoration LLC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: PBI Disaster Restoration LLC 1924 Greenspring Drive Timonium, Maryland 21093 Telephone number: (410) 453-9000		Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): (same) Telephone number: (same)		<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: \$ 22,064.96 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)().
2. Basis for Claim: services performed (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 1CK1 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:		Amount entitled to priority: \$ _____ <i>*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.</i>
Date: 2-23-10	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. <i>Daniel Popowski</i> DANIEL POPOWSKY PRES	FOR COURT USE ONLY Erickson Ret. Comm. LLC  01190

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.nsc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PBI Disaster Restoration, LLC

INVOICE

1924 Greenspring Drive
Timonium, Maryland 21093
Phone 410-453-9000 Fax 410-453-9002

DATE 10/22/2009
INVOICE NUMBER 12522
VENDOR ID ERICK1
JOB NUMBER 29-1020-0094
29-1010-0035
CUSTOMER NUMBER ERICK1

Bill To:
Erickson Retirement Comm., LLC
817 Maiden Choice Lane, Suite 100
Baltimore, MD 21228

Prepared by: DS

Business Unit # 10190179

Comments or Special Instructions: UMBC 5525 Research Park Drive Catonsville, MD 21228

Description	AMOUNT
Mitigation of water damage caused by sprinkler head discharge at above address	6,973.50
Rebuild estimate to repair water damage	15,091.46
Remit payment to: 1924 Greenspring Drive Timonium, MD 21093	
TOTAL	\$ 22,064.96

If you have any questions concerning this invoice contact Dawn Selfert, 410-453-9000,
Dawn@pbirestores.com

Payable Upon Receipt
Finance charges accrue at 1.5% per month
Federal ID # 05-0563930

THANK YOU FOR YOUR BUSINESS!



PBI Disaster Restoration

BALTIMORE OFFICE
1924 GREENSPRING DRIVE
TIMONIUM, MARYLAND 21093
OFFICE (888) PBI-7363
FAX (410) 453-9002

Insured: UMBC

Property: 5525 Research Park Drive
Catonsville, MD

Estimator: Mark Franks

Business: (410) 453-9000

Business: 1924 Greenspring Avenue
Timonium, MD 21030

Claim Number:

Policy Number:

Type of Loss:

Date of Loss:

Date Received:

Date Inspected:

Date Entered: 9/4/2009 9:17 AM

Price List: MDR5B_AUG09
Restoration/Service/Remodel
Proposal: RES090309MSTR

THE FOLLOWING REBUILD ESTIMATE IS FOR REPAIRING WATER DAMAGE AFTER DRYING HAS BEEN COMPLETED.

PLEASE NOTE THAT THIS IS A REVISED PRICE DUE TO NECESSARY REPAIRS LOCATED IN THE FIRST FLOOR BATHROOM.



PBI Disaster Restoration

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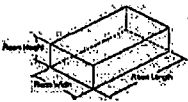
RES090309MSTR

KITCHEN



DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
8. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	4:00 HR	0.00	28.43	113.72
9. Drywall repair holes in walls	62:00 LF	0.00	8.81	546.22
10. Drywall Installer/Finisher - per hour (additional labor for having to work underneath cabinets	3:00 HR	0.00	51.11	153.33
11. Painter - per hour (for spot sealing)	2:00 HR	0.00	40.61	81.22
12. Paint the surface area - two coats	620:00 SF	0.00	0.61	378.20
For ceiling tile replacement please see general conditions.				
13. Cove base molding - rubber or vinyl, 4" high	87:00 LF	0.00	2.36	205.92
Totals: KITCHEN				1,478.01

Cafeteria



DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
2. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	5:00 HR	0.00	28.43	142.15
3. Drywall repair holes in walls	68:00 LF	0.00	8.81	599.08

RES090309MSTR

10/6/2009

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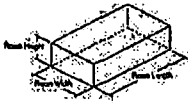
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CONTINUED - Cafeteria

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
5. Drywall Installer/Finisher - per hour (additional labor for having to work underneath cabinets)	1.25 HR	0.00	51.11	63.89
20. Drywall Installer/Finisher - per hour (drywall repairing ceiling beam)	8.00 HR	0.00	51.11	408.88
4. Painter - per hour (for spot sealing walls and ceiling beam)	5.00 HR	0.00	40.61	203.05
6. Paint the surface area - two coats	494.00 SF	0.00	0.61	301.34
For ceiling tile replacement please see general conditions.				
7. Cove base molding - rubber or vinyl, 4" high	49.40 LF	0.00	2.36	116.58
Totals: Cafeteria				1,834.97

Offset



DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
14. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	4.00 HR	0.00	28.43	113.72
15. Drywall repair holes in walls	64.00 LF	0.00	8.81	563.84
16. Drywall Installer/Finisher - per hour (additional labor for having to work underneath cabinets)	3.00 HR	0.00	51.11	153.33
17. Painter - per hour (for spot sealing)	2.00 HR	0.00	40.61	81.22
18. Paint the surface area - two coats	640.00 SF	0.00	0.61	390.40
For ceiling tile replacement please see general conditions.				



PBI Disaster Restoration

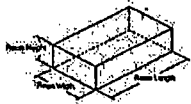
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CONTINUED - Offset:

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
19. Cove base molding - rubber or vinyl, 4" high	64.00 LF	0.00	2.36	151.04
Totals: Offset				1,453.55

Office #1

LxWxH 16' x 10' 8" x 10'



533.33 SF Walls	170.67 SF Ceiling
704.00 SF Walls & Ceiling	170.67 SF Floor
18.96 SY Flooring	53.33 LF Floor Perimeter
160.00 SF Long Wall	106.67 SF Short Wall
53.33 LF Ceil. Perimeter	

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
21. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	1.00 HR	0.00	28.43	28.43
22. Drywall repair holes in walls	26.67 LF	0.00	8.81	234.96
23. Drywall Installer/Finisher - per hour (additional labor for having to work underneath cabinets)	1.00 HR	0.00	51.11	51.11
24. Painter - per hour (for spot sealing)	0.50 HR	0.00	40.61	20.31
25. Paint part of the walls - two coats	266.67 SF	0.00	0.61	162.67
For ceiling tile replacement please see general conditions.				
26. Cove base molding - rubber or vinyl, 4" high	43.00 LF	0.00	2.36	101.48
Totals: Office #1				598.96



PBI Disaster Restoration

BALTIMORE OFFICE
 1924 GREENSPRING DRIVE
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Office #2

LxWxH 16' 1" x 11' x 10'

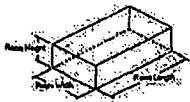


541.67 SF Walls	176.92 SF Ceiling
718.58 SF Walls & Ceiling	176.92 SF Floor
19.66 SY Flooring	54.17 LF Floor Perimeter
160.83 SF Long Wall	110.00 SF Short Wall
54.17 LF Cell. Perimeter	

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
27. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	1.00 HR	0.00	28.43	28.43
28. Drywall repair holes in walls	27.08 LF	0.00	8.81	238.57
29. Drywall Installer/Finisher - per hour (additional labor for having to work underneath cabinets	1.00 HR	0.00	51.11	51.11
30. Painter - per hour (for spot sealing)	0.50 HR	0.00	40.61	20.31
31. Paint part of the walls - two coats	270.83 SF	0.00	0.61	165.21
For ceiling tile replacement please see general conditions.				
32. Cove base molding - rubber or vinyl, 4" high	27.08 LF	0.00	2.36	63.91
Totals: Office #2				567.54

OFFICE #3

LxWxH 16' 7" x 16' 1" x 10'



653.33 SF Walls	266.72 SF Ceiling
920.05 SF Walls & Ceiling	266.72 SF Floor
29.64 SY Flooring	65.33 LF Floor Perimeter
165.83 SF Long Wall	160.83 SF Short Wall
65.33 LF Cell. Perimeter	

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
33. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	1.00 HR	0.00	28.43	28.43
34. Drywall repair holes in walls	43.00 LF	0.00	8.81	378.83
35. Drywall Installer/Finisher - per hour (additional labor for having to work underneath cabinets	1.00 HR	0.00	51.11	51.11



PBI Disaster Restoration

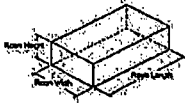
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CONTINUED - OFFICE #3

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
36. Painter - per hour (for spot sealing)	0.50 HR	0.00	40.61	20.31
37. Paint the surface area - two coats	430.00 SF	0.00	0.61	262.30
For ceiling tile replacement please see general conditions.				
38. Cove base molding - rubber or vinyl, 4" high	43.00 LF	0.00	2.36	101.48
Totals: OFFICE #3				842.46

Cubical Area

LxWxH 57' 6" x 16' 1" x 10'



1,471.67 SF Walls	924.79 SF Ceiling
2,396.46 SF Walls & Ceiling	924.79 SF Floor
102.75 SY Flooring	147.17 LF Floor Perimeter
575.00 SF Long Wall	160.83 SF Short Wall
147.17 LF Cell. Perimeter	

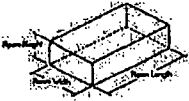
DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
40. Temporary Repairs - per hour TEMPORARY FLOOR PROTECTION	1.00 HR	0.00	28.43	28.43
41. Drywall repair holes in walls	73.58 LF	0.00	8.81	648.24
43. Painter - per hour (for spot sealing)	1.00 HR	0.00	40.61	40.61
44. Paint part of the walls - two coats	735.83 SF	0.00	0.61	448.86
For ceiling tile replacement please see general conditions.				
45. Cove base molding - rubber or vinyl, 4" high	73.58 LF	0.00	2.36	173.65
Totals: Cubical Area				1,339.79



PBI Disaster Restoration

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1st Floor Bath



DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Please note the repairs to the vinyl floor are due to failure of adhesive on the back of the vinyl flooring which has caused a bubbling affect.				
49. Upgrade Vinyl floor-repair	1:00:EA	0.00	375.00	375.00
Totals: 1st Floor Bath				375.00

General Conditions



DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
39. Cleaning Technician - per hour (3 men for 7 hours)	21:00:HR	0.00	29.66	622.86
46. Suspended ceiling tile - Premium grade - 2' x 2'	752:00:SF	0.00	2.39	1,797.28
48. Clean and deodorize carpet	2,428:00:SF	0.00	0.35	849.80
Totals: General Conditions				3,269.94
Line Item Totals: RES090309MSTR				11,760.22



PBI Disaster Restoration

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Grand Total Areas:

3,200.00 SF Walls	1,539.09 SF Ceiling	4,739.09 SF Walls and Ceiling
1,539.09 SF Floor	171.01 SY Flooring	320.00 LF Floor Perimeter
1,061.67 SF Long Wall	538.33 SF Short Wall	320.00 LF Ceil. Perimeter
0.00 Floor Area	0.00 Total Area	0.00 Interior Wall Area
0.00 Exterior Wall Area	0.00 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



PBI Disaster Restoration

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Recap by Category

O&P Items	Total Dollars	%
ACOUSTICAL TREATMENTS	1,797.28	11.91%
CLEANING	1,472.66	9.76%
DRYWALL	4,142.50	27.45%
FLOOR COVERING - VINYL	1,288.46	8.54%
PAINTING	2,576.01	17.07%
TEMPORARY REPAIRS	483.31	3.20%
Subtotal	11,760.22	77.93%
Material Sales Tax @ 6.000%	169.79	1.13%
Overhead @ 15.00%	1,789.50	11.86%
Profit @ 10.00%	1,371.95	9.09%
O&P Items Subtotal	15,091.46	100.00%



PBI Disaster Restoration

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Insured: Erickson Retirement Communities Atm Skip
Joyner
Property: 5525 Research Drive
Catonsville, MD 21228
Billing: 705 Maiden Choice Lane
Catonsville, MD 21228

Estimator: Michael Wixted
Company: PBI Restoration Resources
Business: 1924 Greenspring Drive
Timonium, MD 21093

Business: (410) 453-9000

Claim Number:	Policy Number:	Type of Loss: Water Damage	
Coverage:		Deductible	Policy Limit
Dwelling:		\$0.00	\$0.00
Other Structures		\$0.00	\$0.00
Contents		\$0.00	\$0.00

Date Contacted: 8/28/2009
Date of Loss: 8/28/2009
Date Inspected: 8/28/2009
Date Received: 8/28/2009
Date Entered: 9/14/2009 12:12 PM

Price List: WATER2003B 2008B
Restoration/Service/Remodel
Estimate: RES082809MTWWTR

Mitigation of water damage caused by sprinkler head discharge at above address.



PBI Disaster Restoration

BAUTIMORE OFFICE
 1924 GREENSPRING DRIVE
 TIMONIUM, MARYLAND 21093
 OFFICE (888) PBI-7363
 FAX (410) 453-9002

RES082809MTWWTR

Emergency Service

DESCRIPTION	QNTY	UNIT COST	TOTAL
Emergency Response, Extract water, mop floors, remove damaged ceiling tile, clean ceiling grid, content manipulation, remove base, ventilate walls, wipe down contents, set equipment, monitor and remove equipment.			
8/28/09			
Cafeteria - Temperature 74F - Humidity 60%Rh			
Basement Cubicle area - Temperature 72F - Humidity 54%Rh			
8/31/09			
Cafeteria - Temperature 78F - Humidity 35%Rh			
9/1/09			
Basement Cubicle area - Temperature 77F - Humidity 34%Rh			
Cleaning & Remediation Lead Technician - per hr	19.00 HR @	42.00 =	798.00
Cleaning & Remediation Technician - per hour	51.00 HR @	28.00 =	1,428.00
Dehumidifier - 150 pint unit (per day)	30.00 EA @	75.00 =	2,250.00
Drying fan (per day)	111.00 EA @	22.50 =	2,497.50

Grand Total Areas:

0.00 SF Walls	0.00 SF Ceiling	0.00 SF Walls and Ceiling
0.00 SF Floor	0.00 SY Flooring	0.00 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	0.00 LF Cell. Perimeter
0.00 Floor Area	0.00 Total Area	0.00 Interior Wall Area
0.00 Exterior Wall Area	0.00 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



PBI Disaster Restoration

BALTIMORE OFFICE
1924 GREENSPRING DRIVE
TIMONIUM, MARYLAND 21093
OFFICE (888) PBI-7363
FAX (410) 453-9002

Summary for Dwelling

Line/Item Total

6,973.50

Replacement Cost Value

\$6,973.50

Net Claim

\$6,973.50

Michael Wixted

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

IN RE:

ERICKSON RETIREMENT

COMMUNITIES, LLC, ET AL.

DEBTORS.

CASE NO.: 09-37010 (SGJ)

CHAPTER 11

(Jointly Administered)

* * * * *

AFFIDAVIT OF DANIEL POPOWSKI

I, Daniel Popowski, being duly sworn, depose and say:

1. I am over 18 years of age and am competent to testify to the matters set forth herein.
2. I am the President of PBI Disaster Restoration, LLC ("PBI").
3. In my capacity as such, I am familiar with the day-to-day operations of PBI, and have full access to PBI's books and records.
4. I have reviewed the invoice and supporting documentation submitted with PBI's Proof of Claim in this action.
5. All work set forth on the invoice and on the rebuild estimate was actually requested by Erickson Retirement Communities, LLC ("Erickson"), and was performed by PBI as requested.
6. PBI billed Erickson for the work performed, but has never been paid.
7. PBI has learned that Erickson submitted an insurance claim and received payment thereon for the work performed by PBI.
8. As a result, as of October 19, 2009, the date on which Erickson filed its bankruptcy petition, Erickson justly owed PBI \$22,064.96, for services performed pre-petition.


I solemnly swear and affirm, under the penalties for perjury, that the foregoing facts are true, to the best of my knowledge, information, and belief.


Daniel Popowski

STATE OF MARYLAND *
*
BALTIMORE COUNTY *

I HEREBY CERTIFY that on the 23rd day of February, 2010, Daniel Popowski, known to me personally to be, or satisfactorily proven to me to be, the person whose name is subscribed to the foregoing Affidavit, personally appeared before me and personally signed the foregoing Affidavit as his act and deed.

IN WITNESS WHEREOF, I have set my hand and Notarial Seal on the date first above written.


Dawn Seifert
Notary Public

My commission expires on: August 1, 2010



Restoration Resources
20 Years of Excellence!

February 23, 2010

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

Dear BMC Group:

Enclosed please find our Proof of Claim. Please stamp the extra copy I sent received and send it back to us in the enclosed pre-paid envelope.

If you have any questions please call me at 410-453-9000.

Thank You,

A handwritten signature in cursive script that reads 'Dawn Seifert'.

Dawn Seifert
Accounts Receivable Coordinator
PBI Restoration Resources

Offices Serving Maryland, DC, and N. Virginia



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