

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): KETCHUM INC

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

20835747000953 KETCHUM INC PO BOX 641654 PITTSBURGH, PA 15264-1654

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s864 AMOUNT/CLASSIFICATION \$43,693.50 UNSECURED

Court Claim Number: (If known)

Filed on:

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

RECEIVED

FEB 24 2010

BMC GROUP

Telephone number: (412) 456-3560

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: \$ 43,693.50

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: SERVICES PERFORMED (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1402

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: Real Estate Motor Vehicle 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: 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.

Tracy Ayres, CREDIT MANAGER TRACY AYRES

FOR COURT USE ONLY



|   |  |  |
|---|--|--|
| <b>UNITED STATES BANKRUPTCY COURT      Northern District of Texas (Dallas Division)</b>   |  | <b>PROOF OF CLAIM</b>  |
| Name of Debtor:   |  | Case Number:   |
| <small>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.</small>  |  |  |
| Name of Creditor (the person or other entity to whom the debtor owes money or property):  |  | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.   |
| Name and address where notices should be sent:<br> 20835749006061<br>KETCHUM DC<br>2000 L STREET<br>WASHINGTON, DC 20036   |  | <b>PROOF OF CLAIM FILED UNDER :</b><br><b>KETCHUM INC</b><br><b>CLAIM # 5864</b><br><br>Court Claim Number: _____<br>(If known)<br><br>Filed on: _____   |
| Name and address where payment should be sent (if different from above):  |  | <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.  |
| Telephone number:   |  | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.   |
| <b>1. Amount of Claim as of Date Case Filed:</b> \$ _____<br><br>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.<br><br>If all or part of your claim is entitled to priority, complete item 5.<br><br><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.   |  | <b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.<br><br>Specify the priority of the claim.<br><br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).<br><br><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).<br><br><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).<br><br><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).<br><br><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).<br><br><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).<br><br><b>Amount entitled to priority:</b><br>\$ _____ |
| <b>2. Basis for Claim:</b> _____<br>(See instruction #2 on reverse side.)   |  |  |
| <b>3. Last four digits of any number by which creditor identifies debtor:</b> _____<br><br><b>3a. Debtor may have scheduled account as:</b> _____<br>(See instruction #3a on reverse side.)   |  |  |
| <b>4. Secured Claim</b> (See instruction #4 on reverse side.)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.<br><br>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br>Describe:<br><br>Value of Property: \$ _____ Annual Interest Rate _____ %<br><br>Amount of arrearage and other charges as of time case filed included in secured claim,<br>if any: \$ _____ Basis for perfection: _____<br><br>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____   |  |  |
| <b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.<br><br><b>7. Documents:</b> 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.)<br><br>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.<br><br>If the documents are not available, please explain: |  |  |
| Date: _____   | <b>Signature:</b> 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. |  |
|   |  | <b>FOR COURT USE ONLY</b>  |



(Duplicate)

**Ketchum Inc.**  
 WASHINGTON D.C.  
 2000 L STREET, NW  
 SUITE 300  
 WASHINGTON, DC 20036



**ERICKSON**  
**ISSUES MANAGEMENT AND STRATEGI**  
**MAIL STOP 101**  
**P.O. BOX 22000**  
**CATONSVILLE, MD 21228**  
**ATTN: DIANE LONSDALE**  
**SR DIRECTOR OF MARKETING RESEA**

**Invoice Number:** INV0141543

**Invoice Date:** September 3, 2009  
**Amount Due:** \$18,910.21  
**Due Date:** Due Upon Receipt

**Div/Prod:**  
**Client Ref 1:** 10190140  
**Client Ref 2:**  
**Client No:** 541402

**Mail Remittance To:**  
 KETCHUM INC.  
 P.O. BOX 641654  
 PITTSBURGH, PA  
 15264-1654

|                    |                 |
|--------------------|-----------------|
| <b>JOB:</b> 009256 | <b>PHASE II</b> |
|--------------------|-----------------|

**Professional Services Section**

|                                     | <b>Date</b> | <b>Total</b>       |
|-------------------------------------|-------------|--------------------|
| PROFESSIONAL SERVICES               | 08/01/2009  | \$18,880.37        |
| <b>Professional Services Total:</b> |             | <b>\$18,880.37</b> |

**Out Of Pocket Expense Section**

| <b>Vendor or Description</b>           | <b>Date</b> | <b>Cost</b> | <b>Commission</b> | <b>Total</b>   |
|--|-------------|-------------|-------------------|----------------|
| FEDEX                                  | 08/04/2009  | \$7.39      | \$0.00            | \$7.39         |
| FEDEX                                  | 08/18/2009  | \$10.92     | \$0.00            | \$10.92        |
| FEDEX                                  | 08/18/2009  | \$10.23     | \$0.00            | \$10.23        |
| XEROX CHGS                             | 08/28/2009  | \$1.30      | \$0.00            | \$1.30         |
| <b>Out of Pocket Expense Subtotal:</b> |             |             |                   | <b>\$29.84</b> |

**Summary Section**

|                               |                    |
|-------------------------------|--------------------|
| <b>Professional Services</b>  | \$18,880.37        |
| <b>Out of Pocket Expenses</b> | \$29.84            |
| <b>Invoice Total</b>          | <b>\$18,910.21</b> |

(Duplicate)

**Ketchum Inc.**  
 WASHINGTON D.C.  
 2000 L STREET, NW  
 SUITE 300  
 WASHINGTON, DC 20036



**ERICKSON**  
**ISSUES MANAGEMENT AND STRATEGI**  
**MAIL STOP 101**  
**P.O. BOX 22000**  
**CATONSVILLE, MD 21228**  
**ATTN: DIANE LONSDALE**  
**SR DIRECTOR OF MARKETING RESEA**

**Invoice Number:** INV0141544  
**Invoice Date:** September 3, 2009  
**Amount Due:** ~~\$8,503.17~~  
**Due Date:** Due Upon Receipt

**Div/Prod:**  
**Client Ref 1:** 10190140  
**Client Ref 2:**  
**Client No:** 541402

**Mail Remittance To:**  
 KETCHUM INC.  
 P.O. BOX 641654  
 PITTSBURGH, PA  
 15264-1654

|                    |   |
|--------------------|---|
| <b>JOB:</b> 009258 | <b>STRATEGIC COUNSEL, ACCOUNT &amp; ISSUES MGMT</b> |
|--------------------|---|

**Professional Services Section**

|                                     | Date       | Total             |
|-------------------------------------|------------|-------------------|
| PROFESSIONAL SERVICES               | 08/01/2009 | \$8,497.92        |
| <b>Professional Services Total:</b> |            | <b>\$8,497.92</b> |

**Out Of Pocket Expense Section**

| Vendor or Description                  | Date       | Cost   | Commission | Total         |
|--|------------|--------|------------|---------------|
| BT CONFERENCING INC.                   | 08/10/2009 | \$5.25 | \$0.00     | \$5.25        |
| <b>Out of Pocket Expense Subtotal:</b> |            |        |            | <b>\$5.25</b> |

**Summary Section**

|                               |                   |
|-------------------------------|-------------------|
| <b>Professional Services</b>  | \$8,497.92        |
| <b>Out of Pocket Expenses</b> | \$5.25            |
| <b>Invoice Total</b>          | <b>\$8,503.17</b> |

(Duplicate)

**Ketchum Inc.**  
WASHINGTON D.C.  
2000 L STREET, NW  
SUITE 300  
WASHINGTON, DC 20036



**ERICKSON  
ISSUES MANAGEMENT AND STRATEGIC  
MAIL STOP 101  
P.O. BOX 22000  
CATONSVILLE, MD 21228  
ATTN: DIANE LONSDALE  
SR DIRECTOR OF MARKETING RESEA**

**Invoice Number:** INV0142866

**Invoice Date:** October 9, 2009

**Amount Due:** ~~\*\*\*\*\*\$207.80~~

**Due Date:** Due Upon Receipt

**Div/Prod:**  
**Client Ref 1:** 10190140  
**Client Ref 2:**  
**Client No:** 541402

**Mail Remittance To:**  
KETCHUM INC.  
P.O. BOX 641654  
PITTSBURGH, PA  
15264-1654

**JOB: 009255 PHASE I**

**Professional Services Section**

|                                     | <b>Date</b> | <b>Total</b>    |
|-------------------------------------|-------------|-----------------|
| PROFESSIONAL SERVICES               | 09/01/2009  | \$207.80        |
| <b>Professional Services Total:</b> |             | <b>\$207.80</b> |

**Summary Section**

|                              |                 |
|------------------------------|-----------------|
| <b>Professional Services</b> | \$207.80        |
| <b>Invoice Total</b>         | <b>\$207.80</b> |

**Ketchum Inc.**

WASHINGTON D.C.  
2000 L STREET, NW  
SUITE 300  
WASHINGTON, DC 20036



(Duplicate)

**ERICKSON  
ISSUES MANAGEMENT AND STRATEGIC  
MAIL STOP 101  
P.O. BOX 22000  
CATONSVILLE, MD 21228  
ATTN: DIANE LONSDALE  
SR DIRECTOR OF MARKETING RESEA**

**Invoice Number: INV0142867**

**Invoice Date: October 9, 2009**

**Amount Due: \$3,309.51**

**Due Date: Due Upon Receipt**

**Mail Remittance To:**

KETCHUM INC.  
P.O. BOX 641654  
PITTSBURGH, PA  
15264-1654

**Div/Prod:**  
**Client Ref 1: 10190140**  
**Client Ref 2:**  
**Client No: 541402**

|             |        |          |
|-------------|--------|----------|
| <b>JOB:</b> | 009256 | PHASE II |
|-------------|--------|----------|

**Professional Services Section**

|                                     | Date       | Total             |
|-------------------------------------|------------|-------------------|
| PROFESSIONAL SERVICES               | 09/01/2009 | \$3,213.47        |
| <b>Professional Services Total:</b> |            | <b>\$3,213.47</b> |

**Out Of Pocket Expense Section**

| Vendor or Description                  | Date       | Cost    | Commission | Total          |
|--|------------|---------|------------|----------------|
| FEDEX                                  | 09/01/2009 | \$21.84 | \$0.00     | \$21.84        |
| FEDEX                                  | 09/01/2009 | \$15.36 | \$0.00     | \$15.36        |
| FEDEX                                  | 09/01/2009 | \$51.28 | \$0.00     | \$51.28        |
| FEDEX                                  | 09/01/2009 | \$7.16  | \$0.00     | \$7.16         |
| XEROX CHGS                             | 09/24/2009 | \$0.40  | \$0.00     | \$0.40         |
| <b>Out of Pocket Expense Subtotal:</b> |            |         |            | <b>\$96.04</b> |

**Summary Section**

|                               |                   |
|-------------------------------|-------------------|
| <b>Professional Services</b>  | \$3,213.47        |
| <b>Out of Pocket Expenses</b> | \$96.04           |
| <b>Invoice Total</b>          | <b>\$3,309.51</b> |

(Duplicate)

**Ketchum Inc.**  
WASHINGTON D.C.  
2000 L STREET, NW  
SUITE 300  
WASHINGTON, DC 20036



**ERICKSON  
ISSUES MANAGEMENT AND STRATEGI  
MAIL STOP 101  
P.O. BOX 22000  
CATONSVILLE, MD 21228  
ATTN: DIANE LONSDALE  
SR DIRECTOR OF MARKETING RESEA**

**Invoice Number:** INV0142868  
**Invoice Date:** October 9, 2009  
**Amount Due:** \$12,056.29  
**Due Date:** Due Upon Receipt

**Div/Prod:**  
**Client Ref 1:** 10190140  
**Client Ref 2:**  
**Client No:** 541402

**Mail Remittance To:**  
KETCHUM INC.  
P.O. BOX 641654  
PITTSBURGH, PA  
15264-1654

**JOB: 009258 STRATEGIC COUNSEL, ACCOUNT & ISSUES MGMT**

**Professional Services Section**

|                                     | Date       | Total              |
|-------------------------------------|------------|--------------------|
| PROFESSIONAL SERVICES               | 09/01/2009 | \$12,056.29        |
| <b>Professional Services Total:</b> |            | <b>\$12,056.29</b> |

**Summary Section**

|                       |                           |
|-----------------------|---------------------------|
| Professional Services | \$12,056.29               |
| <b>Invoice Total</b>  | <b><u>\$12,056.29</u></b> |