

<b>UNITED STATES BANKRUPTCY COURT</b> Northern District of Texas		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Kansas Campus, LLC</b>		Case Number: <b>09-37024-sgj-11</b>
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): <b>Board of County Commissioners of Johnson County, Kansas</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent:  <b>111 South Cherry Street, Suite 3200                  Olathe, Kansas 66061</b>		
Telephone number: <b>(913) 715-1900</b>		<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.
Name and address where payment should be sent (if different from above):  <b>BMC GROUP</b>		
Telephone number: _____		<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.
1. Amount of Claim as of Date Case Filed:      \$ <u>1,729,323.11</u>		
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.		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"/> 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.		
2. Basis for Claim: <u>2009 real estate property taxes</u> (See instruction #2 on reverse side.)		<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).
3. Last four digits of any number by which creditor identifies debtor: _____  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 checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ <u>35,096,120.00</u> Annual Interest Rate <u>8</u> %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ <u>N/A</u> Basis for perfection: <u>Kansas 79-1804</u>  Amount of Secured Claim: \$ <u>1,729,323.11</u> Amount Unsecured: \$ <u>N/A</u>		<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)( ).  Amount entitled to priority: \$ _____
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 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: <u>02/17/2010</u>		FOR COURT USE ONLY
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.  /s/ <b>Lisa R. Wetzler</b> Asst. County Counselor		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Erickson Ret. Comm. LLC



01318

**2009 REAL ESTATE PROPERTY TAX STATEMENT**

Owner Name	Property No.	Bill No.	Tax District	Site Address
KANSAS CAMPUS, LLC	NP18660000 0001	11092360054	0666UW	13750 METCALF AVE

Class	Land Assessed Value	Improvement Value	Legal Description
R	394,992	2,456,088	ERC CAMPUS SECOND PLAT LT 1
V	1,236,494		OPC 538 1

Tax Year	Appraised Value	Assessed Value	Mills	Mills by City	Specials
2009	35,096,120	4,087,574	109.0700	\$ 445,785.67	\$ 1,283,537.44

Tax Paid	Half Tax Due	Full Tax Due	Interest Due	Fees Due	Total Due
\$ 0.00	\$ 864,661.56	\$ #####	\$ 0.00	\$ 0.00	\$ 1,729,323.11

JOHNSON COUNTY TREASURER  
913-715-2600

PAY AT [HTTP://TREASURER.JOCOGOV.ORG](http://TREASURER.JOCOGOV.ORG) OR 1-877-678-4785

RETURN THIS PORTION WITH PAYMENT NP18660000 0001

Half Payment \$ 864,661.56      Full Payment \$ 1,729,323.11      Amount Enclosed \$

AMOUNT DUE ON OR BEFORE Monday, October 19, 2009

KANSAS CAMPUS, LLC  
701 MAIDEN CHOICE LN  
BALTIMORE MD 21228

Johnson County Treasurer  
PO Box 2902  
Shawnee Mission, KS 66201-1302

09306 0 11092360054 0086466156 0172932311 0000000000 0000000000 \*

/450099260/



## JOHNSON COUNTY LEGAL DEPARTMENT

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LISA R. WETZLER  
ASSISTANT COUNTY COUNSELOR  
(913) 715-1855  
LISA.WETZLER@JOCOGOV.ORG

February 24, 2010

### VIA FEDEX

BMC Group Inc.  
Attn: Kansas Campus, LLC  
Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317

Re: Bankruptcy Case of:

Kansas Campus, LLC, United States Bankruptcy Court, Northern District of  
Texas, Case No. 09-37024

Dear Sir or Madam:

I have enclosed an original proof of claim of the Board of County Commissioners of Johnson County, Kansas for filing in the Chapter 11 case of Kansas Campus, LLC, United States Bankruptcy Court, Northern District of Texas, Case No. 09-37024. The enclosed original proof of claim bears the case number assigned by the Bankruptcy Court for the debtor's case. I respectfully request that you file the original proof of claim in the debtor's case. I have enclosed a copy of the proof of claim. Please return to me a file-stamped copy of the claim. For your convenience, I have enclosed a self-addressed, postage-prepaid envelope.

Please contact me with any questions or concerns that you may have. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Lisa R. Wetzler".

Lisa R. Wetzler  
Asst. County Counselor  
Johnson County, Kansas