

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT      Northern District of Texas	<b>PROOF OF CLAIM</b>
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Name of Debtor: <b>ERICKSON RETIREMENT COMMUNITIES LLC</b>	Case Number: <b>09-37010</b>
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the bankruptcy case. Administrative expenses 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>HOLLERAN CONSULTING LLC</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>HOLLERAN CONSULTING                  C/O CGA LAW FIRM                  135 NORTH GEORGE ST, YORK PA 17401</b>	Court Claim Number: _____ (if known)
Telephone number: <b>(717) 848-4900</b>	Filed on: _____

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BMC GROUP

Name and address where payment should be sent (if different from above):  Telephone number: _____	<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.
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1. Amount of Claim as of Date Case Filed:      \$ <u>29,165.97</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.  <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.
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2. Basis for Claim: <u>Services Rendered</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).
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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.)	<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).
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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: \$ _____	<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: _____
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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: _____	*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.
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Date: <b>02/25/2010</b>	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 sign on behalf of the creditor. Attach address above. Attach claim and state address and telephone number if different from the notice of attorney, if any.  	FOR COURT USE ONLY  Erickson Ret. Comm. LLC  01485
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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.

**PROOF OF CLAIM OF HOLLERAN CONSULTING LLC**

<b>Description</b>	<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>	<b>Total Amount Due</b>
2009 Resident Study (Contract)	M776	9/2/2009	10/2/2009	\$8,300
2009 Resident Study (Expenses)	M850	10/15/2009	11/14/2009	\$1,588.59
2009 Resident Study (Expenses)	M1035	1/29/2010	2/28/2010	\$237.38
2009 Employee Satisfaction Study (Contract)	M844	10/12/2009	11/11/2009	\$19,040
			<b>TOTAL</b>	<b>\$29,165.97</b>

## Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

**Judge:** Stacey G. Jernigan      **Chapter:** 11

**Office:** Dallas

**Last Date to file claims:** 02/28/2010

**Trustee:**

**Last Date to file (Govt):**

<b>Creditor:</b> (12858265) Holleran Consulting, LLC 3710 Hempland Road Suite 3 Mountville, PA 17554	<b>Claim No:</b> 34 <i>Original Filed</i> Date: 02/26/2010 <i>Original Entered</i> Date: 02/26/2010	<b>Status:</b> Filed by: AT Entered by: Diefenderfer, Brent Modified:
Unsecured claimed: \$29165.97 <b>Total      claimed: \$29165.97</b>		
<b>History:</b> Details <u>34-1</u> 02/26/2010 Claim #34 filed by Holleran Consulting, LLC, total amount claimed: \$29165.97 (Diefenderfer, Brent )		
<b>Description:</b>		
<b>Remarks:</b>		

### Claims Register Summary

**Case Name:** Erickson Retirement Communities, LLC

**Case Number:** 09-37010-sgj11

**Chapter:** 11

**Date Filed:** 10/19/2009

**Total Number Of Claims:** 1

	Total Amount Claimed	Total Amount Allowed
<b>Unsecured</b>	\$29165.97	
<b>Secured</b>		
<b>Priority</b>		
<b>Unknown</b>		
<b>Administrative</b>		
<b>Total</b>	<b>\$29165.97</b>	<b>\$0.00</b>