

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):

CORPORATE PRINTING SOLUTIONS, Inc.

Name and address where notices should be sent:

CORPORATE PRINTING SOLUTIONS, Inc.
109-C BEAVER COURT
HUNT VALLEY, MD 21030

Telephone number:

410-329-1941

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

Court Claim Number: _____
(If known)

Filed on: _____

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

RECEIVED

MAR 01 2010

BMC GROUP

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:

\$ 21,663.14

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.

2. Basis for Claim:

GOODS SOLD

(See instruction #2 on reverse side.)

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: ☐ 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:

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.

Date:

2/25/10

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.

Signature: Scott Hardest President

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



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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.psc.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.

Accounts Receivable - CPS
Aged A/R as of 12/31/2009
Period 2/2010

2/25/2010 5:06PM
Page: 1

Sorted by Client Alpha Code

Client ID/Name		Cnsl	Contact	Terms	Phone	Credit Limit		
Invoice Date/Number	Client PO		Current	Over 30	Over 60	Over 90	Age	Total
ERIMKT ERICKSON MARKETING		KCF / KATHY FAVA		NET 30		(410) 402-2072		0.00
11/26/2007	29582	O/E Direct				967.25	766	
11/30/2007	29878	O/E Direct				3,413.14	762	
6/18/2008	34778	O/E Direct				71.68	561	
9/15/2008	37332	O/E Direct				293.07	472	
10/31/2008	38853	NOOSH - 5384823-1				327.78	426	
1/30/2009	41588	NOOSH - 5417267-1				1,033.92	335	
3/18/2009	42660	NOOSH - 5415318-1				956.00	288	
4/23/2009	43789	NOOSH - 5445735-1				2,587.48	252	
4/23/2009	43790	NOOSH - 5445736-1				3,811.64	252	
5/19/2009	44494	NOOSH -				130.48	226	
8/18/2009	46931	NOOSH - 5480833-1				3,733.08	135	
9/30/2009	48111	TIM ELLER				162.91	92	
2/15/2010	51268	NOOSH - 5648422-1	163.34				-46	
Totals for	ERIMKT:		163.34	0.00	0.00	17,488.43		17,651.77
GRAND TOTALS:			163.34	0.00	0.00	17,488.43		17,651.77
			0.9%	0.00%	0.00%	99.07%		

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**29582**

Page: 1

INVOICE DATE: 11/26/2007**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** RG FRV (unless otherwise specified)
ATTN: KELLEY WALERSKI
RENAISSANCE GARDENS @ FOX RUN
41215 FOX RUN ROAD
NOVI MI 48377

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	1 LT/300	RGE-5291505-A	ARTHRITIS - CARE SHEETS	92.40	92.40
		Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007		Dist. PO# 22056	
	1 LT/300	RGE-5291505-ML	MEMORY LOSS - CARE SHEETS	92.40	92.40
		Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007		Dist. PO# 22056	
	1 LT/300	RGE-5291505-H	HEART DISEASE - CARE SHEETS	92.40	92.40
		Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007		Dist. PO# 22056	
	1 LT/300	RGE-5291505-DE	DEPRESSION - CARE SHEETS	92.40	92.40
		Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007		Dist. PO# 22056	
	1 LT/300	RGE-5291505-S	STROKE - CARE SHEETS	92.40	92.40
		Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007		Dist. PO# 22056	

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
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Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**29582**

Page: 2

INVOICE DATE: 11/26/2007**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** RG FRV (unless otherwise specified)
ATTN: KELLEY WALERSKI
RENAISSANCE GARDENS @ FOX RUN
41215 FOX RUN ROAD
NOVI MI 48377

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	LT/300	RGE-5291505-R	REHAB CARE - CARE SHEETS	92.40	92.40
Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007			Dist. PO# 22056		
1	LT/300	RGE-5291505-P	PARKINSON'S DISEASE - CARE SHEETS	92.40	92.40
Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007			Dist. PO# 22056		
1	LT/300	RGE-5291505-M	MULTIPLE ILLNESSES - CARE SHEETS	92.40	92.40
Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007			Dist. PO# 22056		
1	LT/300	RGE-5291505-L	LUNG DISEASE - CARE SHEETS	92.40	92.40
Customer PO: NOOSH - 5198975-2 Shipped: UPS Ground 7/26/2007			Dist. PO# 22056		
1	LT/300	RGE-5291505-DI	DIABETES - CARE SHEETS	92.40	92.40

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**29582**

Page: 3

INVOICE DATE: 11/26/2007**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**

ERICKSON MARKETING

MUST BE BILLED THROUGH NOOSH

SHIP TO: RG FRV

(unless otherwise specified)

ATTN: KELLEY WALERSKI

RENAISSANCE GARDENS @ FOX RUN

41215 FOX RUN ROAD

NOVI MI 48377

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
---------	------	------	-------------	------------	--------

Customer PO: NOOSH - 5198975-2

Dist. PO#

22056

Shipped: UPS Ground 7/26/2007

ORIGINAL ORDER DATE 7/23/07

SUB TOTAL 924.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 43.25

TOTAL 967.25

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE

29878

Page: 1

INVOICE DATE: 11/30/2007

CLIENT NO: ERIMKT

CONSULTANT KCF

JK

KATHY FAVA

Duplicate Invoice

TO:

ERICKSON MARKETING

MUST BE BILLED THROUGH NOOSH

SHIP TO: ACH

(unless otherwise specified)

ATTN: PAT STERLING

ANN'S CHOICE

20000 ANN'S CHOICE WAY

WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
18	LT/500	EA-5652843-1	EA CONSENT FORM - PG. 1	86.1111	1,550.00

Customer PO: NOOSH - 5258521-1

Shipped: UPS Ground 11/9/2007

Dist. PO#

24006

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**29878**

Page: 2

INVOICE DATE: 11/30/2007**CLIENT NO:** ERIMKT**CONSULTANT** KCF

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KATHY FAVA

Duplicate Invoice**TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** ACH (unless otherwise specified)
ATTN: PAT STERLING
ANN'S CHOICE
20000 ANN'S CHOICE WAY
WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		Split Shipments Instructions:			Qty
		ATTN:			
		BROOKSBY VILLAGE			1.000
		100 BROOKSBY VILLAGE DRIVE PEABODY MA 01960			
		ATTN:			
		CHARLESTOWN COMMUNITY, INC.			1.000
		715 MAIDEN CHOICE LANE CATONSVILLE MD 21228			
		ATTN:			
		CEDAR CREST			1.000
		1 CEDAR CREST DRIVE POMPTON PLAINS NJ 07444			
		ATTN:			
		EAGLE'S TRACE			1.000
		14703 EAGLE VISTA DRIVE HOUSTON TX 77077			
		ATTN:			
		FOX RUN			1.000
		41000 FOX RUN ROAD NOVI MI 48377			
		ATTN:			
		GREENSPRING			1.000
		7410 SPRING VILLAGE DRIVE SPRINGFIELD VA 22150			
		ATTN:			
		HENRY FORD VILLAGE			1.000
		15101 FORD ROAD DEARBORN MI 48126			
		ATTN:			

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE

29878

Page: 3

INVOICE DATE: 11/30/2007

CLIENT NO: ERIMKT

CONSULTANT KCF JK
KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: ACH (unless otherwise specified)
ATTN: PAT STERLING
ANN'S CHOICE
20000 ANN'S CHOICE WAY
WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		HIGHLAND SPRINGS			1.000
		8000 FRANKFORD ROAD DALLAS TX 75252			
		ATTN:			
		LINDEN PONDS			1.000
		300 LINDEN PONDS WAY HINGHAM MA 02043			
		ATTN:			
		MARIS GROVE			1.000
		100 MARIS GROVE WAY GLEN MILLS PA 19342			
		ATTN:			
		MONARCH LANDING			1.000
		2255 ERICKSON DRIVE NAPERVILLE IL 60563			
		ATTN:			
		OAK CREST SALES			1.000
		8820 WALTHER BOULEVARD PARKVILLE MD 21234			
		ATTN:			
		RIDERWOOD			1.000
		3140 GRACEFIELD ROAD SILVER SPRING MD 20904			
		ATTN:			
		SEABROOK			1.000
		TOWN SQUARE CLUBHOUSE 3000 ESSEX ROAD TINTON FALLS NJ 07753			
		ATTN:			

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**29878**

Page: 4

INVOICE DATE: 11/30/2007**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** ACH (unless otherwise specified)
ATTN: PAT STERLING
ANN'S CHOICE
20000 ANN'S CHOICE WAY
WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		SEDGEBROOK 800 AUDUBON WAY LINCOLNSHIRE IL 60069			1.000
		ATTN: TALLGRASS CREEK 13800 METCALF AVENUE OVERLAND PARK KS 66223			1.000
		ATTN: WIND CREST 3235 MILL VISTA ROAD HIGHLANDS RANCH CO 80129			1.000
		Item Ship to Instructions: ANN'S CHOICE 20000 ANN'S CHOICE WAY WARMINSTER PA 18974			Qty 1.000
18	LT/500	EA-5652843-2	EA CONSENT FORM - PG. 2	86.11111	1,550.00

Customer PO: NOOSH - 5258521-1
Shipped: UPS Ground 11/9/2007**Dist. PO#** 24006

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**29878**

Page: 5

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KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** ACH (unless otherwise specified)
ATTN: PAT STERLING
ANN'S CHOICE
20000 ANN'S CHOICE WAY
WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		Split Shipments Instructions:			Qty
		ATTN:			
		ANN'S CHOICE			1.000
		ERICKSON ADVANTAGE 10000 ANN'S CHOICE WAY WARMINSTER PA 18974			
		ATTN:			
		BROOKSBY VILLAGE			1.000
		100 BROOKSBY VILLAGE DRIVE PEABODY MA 01960			
		ATTN:			
		CHARLESTOWN COMMUNITY, INC.			1.000
		715 MAIDEN CHOICE LANE CATONSVILLE MD 21228			
		ATTN:			
		CEDAR CREST			1.000
		1 CEDAR CREST DRIVE POMPTON PLAINS NJ 07444			
		ATTN:			
		EAGLE'S TRACE			1.000
		14703 EAGLE VISTA DRIVE HOUSTON TX 77077			
		ATTN:			
		FOX RUN			1.000
		41000 FOX RUN ROAD NOVI MI 48377			
		ATTN:			
		GREENSPRING			1.000
		7410 SPRING VILLAGE DRIVE SPRINGFIELD VA 22150			
		ATTN:			

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Page: 6

INVOICE DATE: 11/30/2007

CLIENT NO: ERIMKT

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KATHY FAVA

Duplicate Invoice

TO:
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MUST BE BILLED THROUGH NOOSH

SHIP TO: ACH (unless otherwise specified)
ATTN: PAT STERLING
ANN'S CHOICE
20000 ANN'S CHOICE WAY
WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		HENRY FORD VILLAGE			1.000
		15101 FORD ROAD DEARBORN MI 48126			
		ATTN:			
		HIGHLAND SPRINGS			1.000
		8000 FRANKFORD ROAD DALLAS TX 75252			
		ATTN:			
		LINDEN PONDS			1.000
		300 LINDEN PONDS WAY HINGHAM MA 02043			
		ATTN:			
		MARIS GROVE			1.000
		100 MARIS GROVE WAY GLEN MILLS PA 19342			
		ATTN:			
		MONARCH LANDING			1.000
		2255 ERICKSON DRIVE NAPERVILLE IL 60563			
		ATTN:			
		OAK CREST SALES			1.000
		8820 WALTHER BOULEVARD PARKVILLE MD 21234			
		ATTN:			
		RIDERWOOD			1.000
		3140 GRACEFIELD ROAD SILVER SPRING MD 20904			
		ATTN:			

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

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INVOICE**29878**

Page: 7

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Duplicate Invoice

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MUST BE BILLED THROUGH NOOSH

SHIP TO: ACH (unless otherwise specified)
ATTN: PAT STERLING
ANN'S CHOICE
20000 ANN'S CHOICE WAY
WARMINSTER PA 18974

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		SEABROOK			1.000
		TOWN SQUARE CLUBHOUSE	3000 ESSEX ROAD TINTON FALLS NJ 07753		
		ATTN:			
		SEDGEBROOK			1.000
		800 AUDUBON WAY	LINCOLNSHIRE IL 60069		
		ATTN:			
		TALLGRASS CREEK			1.000
		13800 METCALF AVENUE	OVERLAND PARK KS 66223		
		ATTN:			
		WIND CREST			1.000
		3235 MILL VISTA ROAD	HIGHLANDS RANCH CO 80129		

SUB TOTAL 3,100.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 313.14**TOTAL 3,413.14**

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**34778**

Page: 1

INVOICE DATE: 6/18/2008**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: WRC (unless otherwise specified)
ATTN: LYDIA HILL
WINDSOR RUN
2010 MCKEE ROAD
MATTHEWS NC 28105

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	1 LT/500	WRC-5580056	LYDIA HILL PHOTO BUSINESS CARDS	64.80	64.80

Customer PO: NOOSH - 5315933-1
Shipped: UPS Ground 5/12/2008

Dist. PO# 27625

SUB TOTAL 64.80

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 6.88

TOTAL 71.68

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**37332**

Page: 1

INVOICE DATE: 9/15/2008**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** SED (unless otherwise specified)
ATTN: MICHELLE ANN MORAN
SEDEBROOK
800 AUDUBON WAY
LINCOLNSHIRE IL 60069

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	1 M/1000	SED-5714233	MICHELLE ANN MORAN PHOTO BUSINESS CARDS	285.00	285.00

Customer PO: NOOSH -
Shipped: UPS Ground 1/4/2008**Dist. PO#** 24867**SUB TOTAL** 285.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 8.07**TOTAL** 293.07

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**38853**

Page: 1

INVOICE DATE: 10/31/2008**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** HCMC (unless otherwise specified)
ATTN: PAT CERNIK
HOWARD COUNTY MEDICAL CENTER
6334 CEDAR LANE
COLUMBIA MD 21044

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	6 LT/500	EH-5860613	CARDS FOR: REBECCA ELON, M.D.	51.60	309.60

Customer PO: NOOSH - 5384823-1
Shipped: UPS Ground 10/20/2008**Dist. PO#** 30902**Split Shipments Instructions:**

ATTN: PAT CERNIK

HOWARD COUNTY MEDICAL CENTER
6334 CEDAR LANE COLUMBIA MD 21044

Qty

1.000

ATTN:

MJO ENTERPRISES, INC.

1101 BUSINESS PARKWAY SOUTH WESTMINSTER MD 21157

5.000

SUB TOTAL 309.60

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 18.18**TOTAL** 327.78

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**41588**

Page: 1

INVOICE DATE: 1/30/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO (unless otherwise specified)
ATTN: BARBARA OLEKSIK
MJO ENTERPRISES, INC.
2002 BETHEL ROAD
FINKSBURG MD 21048

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	5 C/100	RGS-5998652	2009 RESIDENT HANDBOOK	191.20	956.00

Customer PO: NOOSH - 5417267-1**Dist. PO#** 32274**Shipped:** UPS Ground 1/9/2009**Split Shipments Instructions:**

Qty

ATTN:RENAISSANCE GARDENS @ SEABROOK
3002 ESSEX ROAD TINTON FALLS NJ 07753

1.000

Item Ship to Instructions:

Qty

MJO ENTERPRISES, INC.
2002 BETHEL ROAD FINKSBURG MD 21048

4.000

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
32274	UPS #1Z21E8360342576082
32274	UPS #1Z21E8360342837693
32274	UPS #1Z21E8360343924926

SUB TOTAL 956.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 77.92**TOTAL** 1,033.92

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**42660**

Page: 1

INVOICE DATE: 3/18/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**

ERICKSON MARKETING

MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO

(unless otherwise specified)

ATTN: BARBARA OLESIK

MJO ENTERPRISES, INC.

2002 BETHEL ROAD

FINKSBURG MD 21048

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	1	LT/500	RGL-5936219	2008 RESIDENT HANDBOOK	956.00

Customer PO: NOOSH - 5415318-1**Dist. PO#** 32217**Shipped:** UPS Ground 1/5/2009**SUB TOTAL** 956.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

TOTAL 956.00

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43789**

Page: 1

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	5 C/100	RGH-6035854-1	MEDICAL SHEET	6.00	30.00
Customer PO: NOOSH - 5445735-1			Dist. PO#	33186	
Shipped: UPS Ground 3/13/2009					
Split Shipments Instructions:					Qty
ATTN:					
RENAISSANCE GARDENS @ HENRY FORD					1.000
15051 FORD ROAD DEARBORN MI 48126					
Item Ship to Instructions:					Qty
MJO SERVICES					4.000
1101 BUSINESS PARKWAY SOUTH WESTMINSTER MD 21157					
	5 C/100	RGH-6035854-2	BEAUTY & BARBER FORM	52.00	260.00
Customer PO: NOOSH - 5445735-1			Dist. PO#	33186	
Shipped: UPS Ground 3/13/2009					
	5 C/100	RGH-6035854-3	AUTHORIZATION FOR TREATMENT	32.00	160.00
Customer PO: NOOSH - 5445735-1			Dist. PO#	33186	
Shipped: UPS Ground 3/13/2009					
	5 C/100	RGH-6025854-4	BIOGRAPHICAL & PHOTO INFORMATION	32.00	160.00

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43789**

Page: 2

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009			Dist. PO# 33186		
5	C/100	RGH-6035854-5	LEAVE OF ABSENCE FORM	32.00	160.00
Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009			Dist. PO# 33186		
5	C/100	RGH-6035854-6	LOST ITEMS	32.00	160.00
Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009			Dist. PO# 33186		
5	C/100	RGH-6035854-7	INCONTINENCE CARE FORM	32.00	160.00
Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009			Dist. PO# 33186		
5	C/100	RGH-6035854-8	CARE CONFERENCE SHEET	6.00	30.00
Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009			Dist. PO# 33186		
5	C/100	RGH-6035854-9	RESIDENT RIGHTS	27.00	135.00

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43789**

Page: 3

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33186	
	5 C/100	RGH-6035854-10	ADVANCED DIRECTIVES	6.00	30.00
		Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33186	
	5 C/100	RGH-6035854-11	MAILING ADDRESS	6.00	30.00
		Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33186	
	5 C/100	RGH-6035854-12	RECOMMENDED ITEMS FOR ASSISTED LIVING	6.00	30.00
		Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33186	
	5 C/100	RGH-6035854-13	RECOMMENDED ITEMS FOR NURSING	6.00	30.00
		Customer PO: NOOSH - 5445735-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33186	
	5 C/100	RGH-6035854-14	IMPORTANT NUMBERS	6.00	30.00

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43789**

Page: 4

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
Customer PO: NOOSH - 5445735-1			Dist. PO#	33186	
Shipped: UPS Ground 3/13/2009					
5	C/100	RGH-6035854-15	NEW RESIDENT POCKET FOLDERS	157.00	785.00
Customer PO: NOOSH - 5445735-1			Dist. PO#	33186	
Shipped: UPS Ground 3/13/2009					
5	C/100	RGH-6035854-16	COLLATE ALL ITEMS	52.00	260.00
Customer PO: NOOSH - 5445735-1			Dist. PO#	33186	
Shipped: UPS Ground 3/13/2009					

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
33186	UPS #1Z21E8360341050329
33186	UPS #1Z21E8360342519358
33186	UPS #1Z21E8360343925514
33186	UPS #1ZZ21E8360341350826

SUB TOTAL 2,450.00

*****PLEASE PAY FROM THIS INVOICE*****

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FREIGHT 137.48

TOTAL 2,587.48

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43790**

Page: 1

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
10	C/100	RGF-6035876-1	MEDICAL SHEET	5.50	55.00
Customer PO: NOOSH - 5445736-1 Dist. PO# 33190					
Shipped: UPS Ground 3/13/2009					
Split Shipments Instructions:					
ATTN:					Qty
FOX RUN					2.000
41000 THIRTEEN MILE ROAD NOVI MI 48377					
Item Ship to Instructions:					
MJO SERVICES					Qty
1101 BUSINESS PARKWAY SOUTH WESTMINSTER MD 21157					8.000
10	C/100	RGF-6035876-2	BEAUTY & BARBER FORM	44.00	440.00
Customer PO: NOOSH - 5445736-1 Dist. PO# 33190					
Shipped: UPS Ground 3/13/2009					
10	C/100	RGF-6035876-3	AUTHORIZATION FOR TREATMENT	30.00	300.00
Customer PO: NOOSH - 5445736-1 Dist. PO# 33190					
Shipped: UPS Ground 3/13/2009					
10	C/100	RGF-6035876-4	INSERT OMNICARE FORM IN THIS POSITION	0.00	0.00

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43790**

Page: 2

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009 Dist. PO# 33190					
10	C/100	RGF-60358769-5	BIOGRAPHICAL & PHOTO INFORMATION	30.00	300.00
Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009 Dist. PO# 33190					
10	C/100	RGF-6035876-6	LEAVE OF ABSENCE FORM	30.00	300.00
Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009 Dist. PO# 33190					
10	C/100	RGF-6035876-7	LOST ITEMS FORM	30.00	300.00
Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009 Dist. PO# 33190					
10	C/100	RGF-6035876-8	RESIDENT RIGHTS	18.00	180.00
Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009 Dist. PO# 33190					
10	C/100	RGF-6035876-9	ADVANCED DIRECTIVES	5.50	55.00

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43790**

Page: 3

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33190	
10	C/100	RGF-6035876-10	MAILING ADDRESS	5.50	55.00
		Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33190	
10	C/100	RGF-6035876-11	RECOMMENDED ITEMS FOR ASSISTED LIVING	5.50	55.00
		Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33190	
10	C/100	RGF-6035876-12	RECOMMENDED ITEMS FOR NURSING	5.50	55.00
		Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33190	
10	C/100	RGF-6035876-13	IMPORTANT NUMBERS	5.58	55.80
		Customer PO: NOOSH - 5445736-1 Shipped: UPS Ground 3/13/2009		Dist. PO# 33190	
10	C/100	RGF-6035876-14	NEW RESIDENT POCKET FOLDERS	99.50	995.00

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**43790**

Page: 4

INVOICE DATE: 4/23/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO - WEST (unless otherwise specified)
ATTN: BARBARA OLESIK
MJO SERVICES
1101 BUSINESS PARKWAY SOUTH
WESTMINSTER MD 21157

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
		Customer PO: NOOSH - 5445736-1		Dist. PO#	33190
		Shipped: UPS Ground 3/13/2009			
	10 C/100	RGF-6035876-15	COLLATE ALL ITEMS	52.00	520.00
		Customer PO: NOOSH - 5445736-1		Dist. PO#	33190
		Shipped: UPS Ground 3/13/2009			

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
33190	UPS #1Z21E8360342101361
33190	UPS #1Z21E8360343034905
33190	UPS #1Z21E8360343286992

SUB TOTAL 3,665.80

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 145.84

TOTAL 3,811.64

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**44494**

Page: 1

INVOICE DATE: 5/19/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**

ERICKSON MARKETING

MUST BE BILLED THROUGH NOOSH

SHIP TO: RG LPH

(unless otherwise specified)

ATTN: LARA SHOOK

RENAISSANCE GARDENS @ LINDEN PON

400 LINDEN PONDS WAY

HINGHAM MA 02043

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	1 LT/250	RGL-5961310-2	CONFIDENTIAL FINANCIAL INFO	115.00	115.00

Customer PO: NOOSH -**Dist. PO#** 34297**Shipped:** UPS Ground 4/24/2009

The following tracking numbers are associated with this invoice:

Source Doc**Tracking Information:**

34297

UPS #1Z21E8360342904557

SUB TOTAL 115.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 15.48**TOTAL** 130.48

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**46931**

Page: 1

INVOICE DATE: 8/18/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO (unless otherwise specified)
SEE SPECIAL SHIPPING
INSTRUCTIONS ON LAST PAGE OF PO

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	LT/750	RG-S-6099698-1	MEDICAL SHEET	55.00	55.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-2	BEAUTY & BARBER FORM	410.00	410.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-3	AUTHORIZATION FOR TREATMENT FORM	260.00	260.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-4	OMNI CARE PHARMACY INSERT	0.00	0.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-5	OMNI CARE HIPPA INSERT	0.00	0.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**46931**

Page: 2

INVOICE DATE: 8/18/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF JK
KATHY FAVA**Duplicate Invoice****TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO (unless otherwise specified)
SEE SPECIAL SHIPPING
INSTRUCTIONS ON LAST PAGE OF PO

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	LT/750	RG-S-6099698-6	BIOGRAPHICAL & PHOTO RELEASE FORM	260.00	260.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-7	LEAVE OF ABSENCE FORM	260.00	260.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-8	LOST ITEMS FORM	260.00	260.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-9	RESIDENT RIGHTS	140.00	140.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		
1	LT/750	RG-S-6099698-10	RESIDENT PACKET CRIMINAL HISTORY INFO SHEET	70.00	70.00
Customer PO: NOOSH - 5480833-1 Shipped: UPS Ground 5/27/2009			Dist. PO# 34731		

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**46931**

Page: 3

INVOICE DATE: 8/18/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH**SHIP TO:** MJO (unless otherwise specified)
SEE SPECIAL SHIPPING
INSTRUCTIONS ON LAST PAGE OF PO

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	LT/750	RG-S-6099698-11	ADVANCED DIRECTIVES POLICY	55.00	55.00
Customer PO: NOOSH - 5480833-1			Dist. PO#	34731	
Shipped: UPS Ground 5/27/2009					
1	LT/750	RG-S-6099698-12	MAILING ADDRESS	55.00	55.00
Customer PO: NOOSH - 5480833-1			Dist. PO#	34731	
Shipped: UPS Ground 5/27/2009					
1	LT/750	RG-S-6099698-13	RECOMMENDED ITEMS FOR RESIDENT-ASSISTED LIVING	55.00	55.00
Customer PO: NOOSH - 5480833-1			Dist. PO#	34731	
Shipped: UPS Ground 5/27/2009					
1	LT/750	RG-S-6099698-14	RECOMMENDED ITEMS FOR RESIDENT - NURSING	55.00	55.00
Customer PO: NOOSH - 5480833-1			Dist. PO#	34731	
Shipped: UPS Ground 5/27/2009					
1	LT/750	RG-S-6099698-15	IMPORTANT NUMBERS	55.00	55.00
Customer PO: NOOSH - 5480833-1			Dist. PO#	34731	
Shipped: UPS Ground 5/27/2009					

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**46931**

Page: 4

INVOICE DATE: 8/18/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: MJO (unless otherwise specified)
SEE SPECIAL SHIPPING
INSTRUCTIONS ON LAST PAGE OF PO

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	LT/750	RG-S-6099698-16	NEW RESIDENT POCKET FOLDERS	1,280.00	1,280.00

Customer PO: NOOSH - 5480833-1**Dist. PO#** 34731**Shipped:** UPS Ground 5/27/2009

1	LT/750	RG-S-6099698-17	COLLATE ALL ITEMS	285.00	285.00
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Customer PO: NOOSH - 5480833-1**Dist. PO#** 34731**Shipped:** UPS Ground 5/27/2009**SUB TOTAL** 3,555.00

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 178.08**TOTAL** 3,733.08

CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT

HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**48111**

Page: 1

INVOICE DATE: 9/30/2009**CLIENT NO:** ERIMKT**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice

TO:
ERICKSON MARKETING
MUST BE BILLED THROUGH NOOSH

SHIP TO: APL (unless otherwise specified)
ATTN: LYN LUBIC
ASHBY PONDS
21051 LOUDON COUNTY PARKWAY
ASHBURN VA 20147

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
	1 LT/250	APL-5566525	PRIORITY LIST APPLICATION	148.00	148.00

Customer PO: TIM ELLER
Shipped: UPS Ground 9/17/2009

Dist. PO# 36760

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
36760	UPS #1Z21E8360341959778

SUB TOTAL 148.00

*****PLEASE PAY FROM THIS INVOICE*****
Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 14.91

TOTAL 162.91

CORPORATE PRINTING SOLUTIONS109 BEAVER COURT
HUNT VALLEY MD 21030

Phone: (410) 329-1941 Fax: (410) 329-1948

INVOICE**46953**

Page: 1

INVOICE DATE: 8/18/2009**CLIENT NO:** ERIRET**CONSULTANT** KCF

JK

KATHY FAVA

Duplicate Invoice**TO:**
ATTN: ACCOUNTS PAYABLE
ERICKSON RETIREMENT COMMUNITIES
MAIL STOP 603
PO BOX 22000
CATONSVILLE MD 21228-0002**SHIP TO:** OCV - HH (unless otherwise specified)
ATTN: PEG WEININGER
OAK CREST HOME HEALTH
8820 WALTHER BOULEVARD
PARKVILLE MD 21234

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
4	PK/50	ERC-HH-801	VERBAL ORDERS WORK SHEET	10.80	43.20
			Customer PO: 60340110.53120 Shipped: UPS Ground 8/4/2009	Dist. Rls# 15885	
16	PK/25	ERC-HH-805	H/H ACTIVITY RECORD	4.72	75.52
			Customer PO: 60340110.53120 Shipped: UPS Ground 8/4/2009	Dist. Rls# 15885	
4	PK/50	ERC-HH-819	MEDICATION PROFILE FORM	13.50	54.00
			Customer PO: 60340110.53120 Shipped: UPS Ground 8/4/2009	Dist. Rls# 15885	
8	PK/50	ERC-HH-811	SKILLED NURSING VISIT NOTE	7.30	58.40
			Customer PO: 60340110.53120 Shipped: UPS Ground 8/4/2009	Dist. Rls# 15885	
DISCOUNT COUPON					-15.20

DISCOUNT GIVEN FOR RETURNED FORMS (4 PACKS OF ERC-HH-513)

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
15885	UPS #1Z2W33X80350255182

SUB TOTAL 215.92

*****PLEASE PAY FROM THIS INVOICE*****

Any invoicing issues must be brought to our attention no later than 15 days from date of invoice. Any balance due not paid within the 30 day terms will bear a finance charge of 1-1/2% per month (18% annual percentage rate) until paid in full. In the event it is necessary to commence collection proceedings, buyer shall pay all collection costs incurred, including reasonable attorneys fees.

FREIGHT 11.13**TOTAL 227.05**

Erickson Inventory Management Report - Expired Items

<u>Corporate</u>	<u>Item ID</u>	<u>Description</u>	<u>On Hand</u>	<u>Value</u>	<u>Order No.</u>	<u>Order Date</u>	<u>Ordered By</u>
ERC - AP	CHC-EN-10W	#10 Std. Window Envelopes	1,000	\$ 99.60	28919	7/8/2008	Susan Ellis
ERC - AP	CHC-ST-001	Monthly Billing Statements	1,000	\$ 133.60	28907	7/7/2008	Susan Ellis
ERC - AP	ETH-HC-EN-10W	#10 Std. Window Envelopes	1,500	\$ 143.70	28919	7/8/2008	Susan Ellis
ERC - AP	ETH-HC-ST-001	Monthly Billing Statements	700	\$ 93.52	28907	7/7/2008	Susan Ellis
ERI-OP Hickory C	ERC-NOPP-HCH	Notice of Privacy Practices Brochure	200	\$ 144.00	33130	2/19/2009	Wendy Greasamar
ERI-RET	ERC-187	Hold Forms (UOM by pads)	106	\$ 302.10	29363	7/29/2008	April Heying
ERI-RET	ERC-CET-051962	C&E Card w/Key Tag	133,050	\$ 1,729.55	26729	3/24/2009	Sharon McNamara
ERI-RET	ERC-EN-912-PCR	Purchase Card Receipt Envelopes	4,000	\$ 634.00	28728	6/26/2008	Erica Hohing
ERI-RET	ERC-EVL-051963	Values Line Magnet	1,075	\$ 467.84	26728	3/24/2009	Sharon McNamara
ERI-RET	ERC-PP-051964	Prevent Poster 18" x 24"	5	\$ 199.75	30978	10/16/2008	Deb Kauffman
			142,636	\$ 3,947.66			

<u>Community</u>	<u>Item ID</u>	<u>Description</u>	<u>On Hand</u>	<u>Value</u>	<u>Order No.</u>	<u>Order Date</u>	<u>Ordered By</u>
Ann's Choice	ACH-5652843-1	EA Consent Form - Pg. 1	500	\$ 98.25	27162	4/17/2008	Mary Weltz
Ann's Choice	ACH-5652843-2	EA Consent Form - Pg. 2	500	\$ 98.25	27162	4/17/2008	Mary Weltz
Ann's Choice	ACH-BB-1204	Blank Brochure Bags	19,000	\$ 4,168.00	13219	1/20/2006	Mary Weltz
Ann's Choice	ACH-RS-Pens	BIC Round Stic Pens	2,010	\$ 763.80	28369	6/11/2008	Maria Seva
Ann's Choice	ACH-TR-BC	Transportation Reminder Cards	1,500	\$ 95.25	32923	2/9/2009	Mary Weltz
Ashby Ponds	APL-TKT-006	Cart Valet Tickets	2,000	\$ 270.00	32621	1/21/2009	Steve Aigner
Greenspring	GSV-HH-VO-03405	Home Health Verbal Orders	1,250			4/18/2006	B+P Inventory
Greenspring	GSV-HSS-10224	Plan of Care Flow Sheets	7,400			4/18/2006	B+P Inventory
Oak Crest	OCV-HH-8518	Home Health Aide Service Report	1,400	\$ 340.20	35632	7/8/2009	Peg Weininger
Ridewood	RWV-1340	Medication Profile	300	\$ 126.00	20440	4/16/2007	Nadine Hinds
Ridewood	RWV-1341	Medication Profile Continuation Form	300	\$ 72.00	20440	4/16/2007	Nadine Hinds
Ridewood	RWV-18193	Vehicle Violation Notices	1,500			4/18/2006	B+P Inventory
Tallgrass Creek	TCK-18802	D/S Comment Cards	500	\$ 92.50	21321	7/24/2007	Bill Schwingen
			38,160	\$ 6,124.25			

TOTAL: 180,796 \$ 10,071.91

Mail original proof of claim form and copies of supporting documentation to:

If by regular mail:

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

If by messenger or overnight delivery:

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

Debtors

Erickson Retirement Communities, LLC
Ashburn Campus, LLC
Columbus Campus, LLC
Concord Campus GP, LLC
Concord Campus, LP
Dallas Campus GP, LLC
Dallas Campus, LP
Erickson Construction, LLC
Erickson Group, LLC
Houston Campus, LP
Kansas Campus, LLC
Littleton Campus, LLC
Novi Campus, LLC
Senior Campus Services, LLC
Warminster Campus GP, LLC
Warminster Campus, LP

Case Number

09-37010
09-37018
09-37019
09-27021
09-37020
09-37013
09-37012
09-37016
09-37015
09-37022
09-37024
09-37023
09-37025
09-37017
09-37027
09-37026

Once filed, a "**Filed**" stamped copy of the proof of claim will be returned to the claimant within three (3) business days of docketing **If** the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.