

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Ashburn Campus, LLC

Case Number: 09-37018

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):

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

Name and address where notices should be sent:

20835747001177 CORPORATE PRINTING SOLUTIONS 109 BEAVER COURT HUNT VALLEY, MD 21030

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s596 AMOUNT/CLASSIFICATION \$92.94 UNSECURED

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

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.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 465.80

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Goods Sold

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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

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).

3a. Debtor may have scheduled account as:

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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

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:

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.

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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

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.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



01648

Signature of Scott Hargest, President

Accounts Receivable - CPS  
 Aged A/R as of 1/15/10  
 Period 1/2010

1/15/10 3:59PM  
 Page: 1

Sorted by Client ID

Client ID/Name		Cnsl	Contact	Terms	Phone	Credit Limit	
Invoice Date/Number	Client PO		Current	Over 30	Over 60	Over 90	Age
<b>ASHPON ASHBY PONDS</b>		<b>KCF / KATHY FAVA</b>		<b>NET 30</b>	<b>() -</b>		<b>0.00</b>
7/29/09	46398	457.80177				322.88	170
8/11/09	46791	457.80145.53110				49.98	157
8/18/09	46929	BRAGETTA BECKER				92.94	150
<b>Totals for</b>	<b>ASHPON:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>465.80</b>	<b>465.80</b>

# CORPORATE PRINTING SOLUTIONS

109 BEAVER COURT  
HUNT VALLEY MD 21030  
Phone: (410) 329-1941 Fax: (410) 329-1948

## INVOICE

46398

Page: 1

INVOICE DATE: 7/29/2009

CLIENT NO: ASHPON

CONSULTANT KCF JK JK  
KATHY FAVA

### Duplicate Invoice

TO:  
ASHBY PONDS  
MAIL STOP 457  
PO BOX 22000  
CATONSVILLE MD 21228-0002

SHIP TO: APL - MKTG. (unless otherwise specified)  
ATTN: BRAGETTA BECKER  
ASHBY PONDS  
21170 ASHBY PONDS BOULEVARD  
ASHBURN VA 20147

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
600	EA/1	APL-Y-128-PEN	SOLIS PLUNGER ACTION RETRACTABLE BALLPOINT	0.48	288.00
			SET-UP CHARGE		25.00
		Customer PO: 457.80177	Dist. PO#	35636	
		Shipped: UPS Ground 7/14/2009			

SUB TOTAL 313.00

\*\*\*\*\*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 9.88

TOTAL 322.88

**CORPORATE PRINTING SOLUTIONS**

109 BEAVER COURT

HUNT VALLEY MD 21030

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

**INVOICE**

**46791**

Page: 1

**INVOICE DATE:** 8/11/2009

**CLIENT NO:** ASHPON

**CONSULTANT** KCF JK JK  
KATHY FAVA

**Duplicate Invoice**

**TO:**  
ASHBY PONDS  
MAIL STOP 457  
PO BOX 22000  
CATONSVILLE MD 21228-0002

**SHIP TO:** APL - MKTG. (unless otherwise specified)  
ATTN: BRAGETTA BECKER  
ASHBY PONDS  
21170 ASHBY PONDS BOULEVARD  
ASHBURN VA 20147

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	LT/500	APL-BC-500	BUSINESS CARDS FOR: BRAGETTA BECKER	41.20	41.20

**Customer PO:** 457.80145.53110  
**Shipped:** UPS Ground 7/30/2009

**Dist. PO#** 35844

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
35844	UPS #1Z21E3810340171866

**SUB TOTAL** 41.20

\*\*\*\*\*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** 8.78

**TOTAL** 49.98

**CORPORATE PRINTING SOLUTIONS**

109 BEAVER COURT  
HUNT VALLEY MD 21030

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

**INVOICE**

**46929**

Page: 1

**INVOICE DATE:** 8/18/2009

**CLIENT NO:** ASHPON

**CONSULTANT** KCF JK JK  
KATHY FAVA

**Duplicate Invoice**

**TO:**  
ASHBY PONDS  
MAIL STOP 457  
PO BOX 22000  
CATONSVILLE MD 21228

**SHIP TO:** ASHPON (unless otherwise specified)  
ATTN: KATHY LIPSCOMB  
ASHBY PONDS  
21170 ASHBY PONDS BOULEVARD  
ASHBURN VA 20147

SHIPPED	UNIT	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	M/1000	ERMS-5691294	KATHY LIPSCOMB PHOTO BUSINESS CARDS	85.50	85.50

**Customer PO:** BRAGETTA BECKER      **Dist. PO#** 35480  
**Shipped:** UPS Ground 6/30/2009

The following tracking numbers are associated with this invoice:

Source Doc	Tracking Information:
35480	UPS #1Z2W33X80351576379

**SUB TOTAL** 85.50

\*\*\*\*\*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** 7.44

**TOTAL** 92.94

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.