


UNITED STATES BANKRUPTCY COURT Northern District of Texas		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): Central Maine Power Co.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: 83 Edison Drive Augusta Me 04330 Telephone number: (800) 565-0121		Court Claim Number: _____ (If known) Filed on: _____
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.
1. Amount of Claim as of Date Case Filed: \$ <u>81.95</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. <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). <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: \$ _____ *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: <u>Unpaid Electric Service</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4015</u> 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 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: \$ _____		
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:		RECEIVED MAR 02 2010 BMC GROUP
Date: 02/09/2010	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. Janelle L. Walker/ Bankruptcy Representative <i>Janelle Walker</i>	
		FOR COURT USE ONLY Erickson Ret. Comm. LLC  01740

ACCT NO 4015 PT LAST-BILL 07 RD CYC 11 BL CYC 11 SERV ENDED 04/29/09
NAME ERICKSON RETIREMENT STATUS CHARGE OFF LAST-TRAN 02/09/10
SERVICE 125 N ATLANTIC HWY PREMISE TYPE SINGLE FAM.
ADDRESS NORTHPORT ME 04849 *NM* RSC LOC 31 RENTAL PROP. N
***** 01-12 CHARGE OFF ACCOUNT ***** 02/09/10 *** 1557 **

TOTAL CMP/SOP AMT CHARGED OFF 38.11

CHARGE OFF TYPE UTILITY
CHARGE OFF AMOUNT..... 9.55
STATE TAX AMOUNT

CHARGE OFF DATE 08/31/09
CHARGE OFF REASON BANKRUPT
CHARGE OFF DESCRIPTION 0937010 11 10/09

* * * ARE THERE MORE RECORDS YES * * *
DSPLY 13 KEY NEW SS DSPLY KEY

ACCT NO 5002 PT LAST-BILL 02 RD CYC 11 BL CYC 11 SERV ENDED 10/19/09
NAME ERICKSON RETIREMENT STATUS CHARGE OFF LAST-TRAN 02/09/10
SERVICE ATLANTIC HWY PREMISE TYPE SMALL COMM.
ADDRESS LINCOLNVILLE ME 04849 *NM* RSC LOC 31 RENTAL PROP. N
***** 01-12 CHARGE OFF ACCOUNT ***** 02/09/10 *** 1310 **

TOTAL CMP/SOP AMT CHARGED OFF 43.84

CHARGE OFF TYPE	UTILITY
CHARGE OFF AMOUNT.....	43.46
STATE TAX AMOUNT	2.07

CHARGE OFF DATE	02/09/10
CHARGE OFF REASON	BANKRUPT
CHARGE OFF DESCRIPTION	0937010 11 10/09

* * * ARE THERE MORE RECORDS YES * * *
DSPLY 13 KEY NEW SS DSPLY KEY