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| UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>TEXAS</u> | | PROOF OF CLAIM |
| Name of Debtor Erickson Retirement Communities, LLC | | Case Number 09-37010-sgj 11 |
| 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): Service Sanitation, Inc. | | <div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">FEB 16 2010</div> <div style="font-size: 0.8em; font-weight: bold;">TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</div> |
| Name and address where notices should be sent: Service Sanitation, Inc. 135 Blaine Street Gary, IN 46406 Telephone number: 219-949-7000 | | |
| <input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | | |
| Account or other number by which creditor identifies debtor: 50-14901 | | THIS SPACE IS FOR COURT USE ONLY |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) |
| 2. Date debt was incurred: <u>7/28/2009</u> | | 3. If court judgment, date obtained: |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>136.17</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | |
| 5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____ | | 6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |
| 7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 0.8em;">Erickson Ret. Comm. LLC</div>  <div style="font-size: 0.7em;">01744</div> |
| 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | |
| 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | |
| Date 2/10/10 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Linda M. Ponzano / Acctg. Supervisor / PONZIANO | |
| 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. | | |



INVOICE/STATEMENT

Statement Date: 1/06/10

Sanitation, Inc. 135 Blaine Street
Gary, Indiana 46406
Specialists in portable sanitation (219) 949-7000 • Fax (219) 949-1008
(800) 909-JOHN

Bill To Service Address
ERICKSON CONSTRUCTION LLC ERICKSON CONTRUCTIONS LLC
PO BOX 22000 50 RIVERSIDE RD
MAILSTOP 517 LINCOLNSHIRE IL 60069
BALTIMORE MD 21228

Cust #: 50- 14901 8

Please detach here and return with your payment. Thank You. BALANCE DUE: 136.17
Check # _____ Amount Enclosed _____

| Date | Description | Qty | Rate | Total |
|---------|-------------------|-----|------|--------|
| 7/28/09 | INVOICE # 6438214 | | | 136.17 |



800-909-JOHN

FINAL BILL BALANCE DUE UPON RECEIPT
YOUR PAYMENT IS PAST DUE

Amounts past due subject to 18% APR

| Current | 30-60 Days | 61-90 Days | 91+Days |
|---------|------------|------------|---------|
| .00 | .00 | .00 | 136.17 |

Please pay **BALANCE DUE**
and list invoice number(s) on remittance.

136.17

Cust #: 50- 14901 8
Service Address: 50 RIVERSIDE RD

For Period:

Credit Card Payment Method

Customer # _____

Select Payment Method Visa MasterCard American Express

Name on Card _____
(Please Print)

Card Number _____ Date _____

CVC Code _____ Payment Amount _____

Signature _____ Date _____

Cardholder Address: _____
City _____ State _____ Zip _____

Check here if you would like payment deducted automatically each month



Sanitation, Inc. 135 Blaine Street
Gary, Indiana 46406
Specialists in portable sanitation (800) 909-JOHN • Fax (219) 949-1008

Invoice #

Invoice Date

6438214

7/28/09

Service Address

ERICKSON CONTRUCTIONS LLC
50 RIVERSIDE RD
LINCOLNSHIRE IL 60069

Bill To

ERICKSON CONSTRUCTION LLC
PO BOX 22000
MAILSTOP 517
BALTIMORE MD 21228

Cust #: 50- 14901 8

Please detach here and return with your payment. Thank You.

Check #

Amount Enclosed

SERVICE SANITATION INC PO#: 517RB13

| Date | Description | Qty | Rate | Total |
|---------|---------------------------------|------|------|--------|
| 7/28/09 | PUMPED 1400 GAL @.30 IN JULY 09 | 1.00 | | 420.00 |
| 7/28/09 | FUEL ADJUSTMENT | | | 12.60 |
| 1/06/10 | MOVED ON ACCT \$ FROM 50-11656 | | | .01- |

PAID <296.42>



800-909-JOHN

Please pay INVOICE TOTAL

Cust #: 50- 14901 8
50 RIVERSIDE RD

Invoice#: 6438214

Balance Due: \$136.17 ~~432.59~~

Credit Card Payment Method

Customer # _____

Select Payment Method Visa MasterCard American Express

Name on Card _____
(Please Print)

Card Number _____ Date _____

CVC Code _____ Payment Amount _____

Signature _____ Date _____

Cardholder Address:

_____ City _____ State _____ Zip _____

Check here if you would like payment deducted automatically each month