

UNITED STATES BANKRUPTCY COURT Northern District of Texas

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):

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

Name and address where notices should be sent:
Comptroller of Maryland
301 W. Preston Street Room 409
Baltimore, MD 21201
Telephone number:

Court Claim Number: _____
(If known)

Filed on: _____

FILED

MAR 01 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

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

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$1,609,406.00

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: sales tax
(See instruction #2 on reverse side.)

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: 08344889

3a. Debtor may have scheduled account as: 08344889
(See instruction #3a on reverse side.)

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).

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: \$ 110,506.00

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:

\$ 1,498,900.00

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.

Date: 2/23/10

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



Mary T. Carr

IN THE MATTER OF: : UNITED STATES BANKRUPTCY COURT
 : NORTHERN DISTRICT OF TEXAS
 :
 :
 : CASE NUMBER: 09-37010-SGJ-11
 : CHAPTER: 11

Erickson Retirement
 Communities LLC

Debtor

FILED

MAR 01 2010

TAWANA C. MARSHALL, CLERK
 U.S. BANKRUPTCY COURT
 NORTHERN DISTRICT OF TEXAS

PROOF OF CLAIM
 (Individual Income Tax)


Mary T. Carr, the undersigned, is an agent for the State of Maryland, Comptroller of Maryland, Room 409, State Office Building, 301 West Preston Street, Baltimore, Maryland 21201 duly authorized to make this Proof of Claim on behalf of the Comptroller.

The above debtor is justly and truly indebted to the State of Maryland, Comptroller of Maryland, as follows:

	Tax	Interest	Penalty	Total
Unsecured	\$1,105,057.00	\$393,843.00		\$1,498,900.00
Penalty			\$110,506.00	\$ 110,506.00
Priority				
Secured by Tax Lien				
Total Claim	\$1,105,057.00	\$393,843.00	\$110,506.00	\$1,609,406.00

Tax and Interest entitled to priority under Section 507 of the Bankruptcy Code.

COMPTROLLER OF MARYLAND

By: 
 /s/ Mary T. Carr
 410-767-1653

Date: February 22, 2010

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. (18 U.S.C. Sections 152 and 3571)

*Claim is based on pending assessment