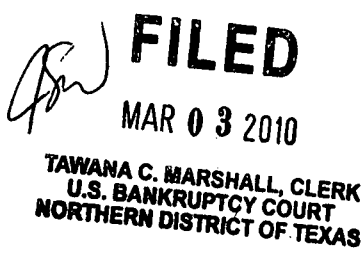



FORM 10. PROOF OF CLAIM

| | | | |
|--|--|--|---|
| UNITED STATES BANKRUPTCY COURT Northern District of Texas | | PROOF OF CLAIM |  |
| In re: (Name of Debtor) Erickson Retirement Communities LLC | | Case Number: 09-37010-sqj-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 @ of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | | |
| Name of Creditor: (The person or entity to whom the debtor owes money or property.) City of Houston, Texas | | <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. | |
| Name and Addresses Where Notices Should Be Sent: City of Houston P.W.E. Attn: Effie Green 4200 Leeland, Houston, Texas 77023 Telephone No.: 713-371-1044 | | THIS SPACE FOR COURT USE ONLY | |
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 4328 3083 3013 | | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: | |
| 1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes Other (Describe briefly) Water and Sewer Charges | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from (date) 9-9-09 to 10-19-09 (date) | |
| 2. DATE DEBT WAS INCURRED: 9-9-09 | | 3. IF COURT JUDGMENT, DATE OBTAINED: | |
| 4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF THE CLAIM. | | | |
| <input type="checkbox"/> SECURED CLAIM _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above, if any _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$205.86 a claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM _____ Specify the priority of claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 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 \$900 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"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. § 507(a)(2), (a)(5) - (Describe briefly) <input type="checkbox"/> Administrative, Priority Claim under Section 507 (a)(1) | |
| 5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: | | | |
| <u>\$205.86</u> (Unsecured) | | <u>\$205.86</u> (Total) | |
| <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. | | | |
| 6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. | | THIS SPACE IS FOR COURT USE ONLY | |
| 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running account, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | |
| 8. TIME-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: 02-25-10 | 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): Effie Green <i>Effie Green</i> Customer Service Representative III | | Erickson Ret. Comm. LLC  01799 |

Utility Customer Service Center
 4200 Leeland
 Billing & Service Inquiries
 (713) 371-1400



CITY OF HOUSTON
 Department of Public Works
 and Engineering

WATER / WASTEWATER BILL

| ACCOUNT NUMBER | SERVICE ADDRESS | | RATE/CLASS | |
|--------------------------|--------------------------|-------------------|-----------------------|------------------|
| 432830833-013 | 14703 1/2 EAGLE VISTA DR | | LAWN METER | |
| PREVIOUS READING | CURRENT READING | GALLONS | READ DATE | |
| 014605 | 014605 | 000 | 2009-10-19 | |
| PAYMENTS RECEIVED | ADJUSTMENTS | CURRENT CHARGES | | |
| | | | | |
| PREVIOUSLY BILLED AMOUNT | TOTAL PAYMENTS | TOTAL ADJUSTMENTS | TOTAL CURRENT CHARGES | TOTAL AMOUNT DUE |
| \$205.86 | | | \$308.79 | \$205.86 |
| BILLING DATE | 02/22/2010 | DUE DATE | | |
| PAST DUE AMOUNT | | | | |

The upper portion contains specific details on water/wastewater cost and usage. The bottom portion is the section you must return with your payment. If you have any questions, please call your Utility Customer Service representative at (713) 371-1400.

REQUESTED BILL

-----CORRECTED BILL FOR BILL DATE 02/22/2010-----

Please Detach And Return This Portion With Payment
 Write Account Number On All Checks

***TOTAL AMOUNT DUE** \$205.86

Payable to: CITY OF HOUSTON
 Department of Public Works and Engineering
 P.O. Box 1560
 Houston, TX 77251

AMOUNT PAID _____

BILLING DATE 02/22/2010

DUE DATE

ERICKSON RETIREMENT 09-37010-SGJ-11
 432801 ERICKSON MAIL STOP #8
 P O BOX 182633
 COLUMBUS OH 43218-2633

WD-11

432830833-013