


UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Texas</u>		PROOF OF CLAIM
Name of Debtor: <u>ERICKSON RETIREMENT COMMUNITIES</u>		Case Number: <u>09-37010CSGJS</u>
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): FILED		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>WHDH-TV</u> <u>7 Bulfinch Pl.</u> <u>Boston MA 02114</u> Telephone number: <u>617 725-0777</u>		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): <u>SAME</u>		<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.
Telephone number: _____		<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>47,536.25</u> <u>BMC GROUP</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.
2. Basis for Claim: <u>Advertising</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> 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: <u>2554</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<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).
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: \$ <u>47,536.25</u>		<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)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ _____
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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 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: <u>3/19/10</u>	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. <u>Ann E Harrington Credit Mgr.</u>	
FOR COURT USE ONLY Erickson Ret. Comm. LLC  01834		



WHDH-TV
 7 Bulfinch Place
 Boston, MA 02114-2977
 ph: (617) 725-0777
 fx: (617) 742-6627

Billing Statement of Account

Printed: Wed, March 10, 2010 11:46:59AM
 Report Data Thru: 02/28/2010
 Page: 1

PHD USA (2412)
840 W Long Lake Rd 6th fl
Media Accounting
Troy, MI 48098

Invoice	Transaction Type	Date	Check #	Debits	Credits	Invoice Balance	Station/Market
Erickson Retirement Comm (2554)							
134388	Invoice Charges	7/26/09		\$ 6,120.00		\$ 6,120.00	WHDH Boston (WHDH)
134990	Invoice Charges	8/30/09		\$ 15,495.25		\$ 15,495.25	WHDH Boston (WHDH)
135892	Invoice Charges	9/27/09		\$ 17,127.50		\$ 17,127.50	WHDH Boston (WHDH)
Totals for: Erickson Retirement Comm (2554)		Current	31 - 60 Days	61 - 90 Days	91 - 120	Over 120 Days	Adv Amount Due
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 38,653.75	\$ 38,653.75

NOTE: Payments display check deposit date, Transactions display posting date, and Invoices display invoice date



WHDH-TV
 7 Bulfinch Place
 Boston, MA 02114-2977
 ph: (617) 725-0777
 fx: (617) 742-6627

Billing Statement of Account

Printed: Wed, March 10, 2010 11:46:59AM
 Report Data Thru: 02/28/2010
 Page: 1

PHD USA (1384)
840 W Long Lake Rd. 6th Fl
Media Accounting
Accounting Dept.
Troy, MI 48098

Invoice	Transaction Type	Date	Check #	Debits	Credits	Invoice Balance	Station/Market
Erickson Retirement Comm (2554)							
131120	Invoice Charges	4/26/09		\$ 4,845.00		\$ 0.00	WHDH Boston (WHDH)
	Payment	7/31/09	264699		\$(4,845.00)		WHDH Boston (WHDH)
131900	Invoice Charges	5/31/09		\$ 10,497.50		\$ 0.00	WHDH Boston (WHDH)
	Payment	10/2/09	266116		\$(10,497.50)		WHDH Boston (WHDH)
132837	Invoice Charges	6/28/09		\$ 8,882.50		\$ 8,882.50	WHDH Boston (WHDH)
Totals for: Erickson Retirement Comm (2554)		Current	31 - 60 Days	61 - 90 Days	91 - 120	Over 120 Days	Adv Amount Due
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,882.50	\$ 8,882.50

NOTE: Payments display check deposit date, Transactions display posting date, and Invoices display invoice date

