


FORM 10. PROOF OF CLAIM

United States Bankruptcy Court Northern District of Texas		PROOF OF CLAIM	FILED MAR 23 2010 TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS						
In re (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" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			THIS SPACE IS FOR COURT USE ONLY						
Name of Creditor (The person or entity to whom the debtor owes money or property) NBC Universal Corp.		<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 statements 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 Mary McKenna, NBC Universal Corp. 30 Rockefeller Plaza, Room 5153E New York, NY 10112 Telephone No. 212-664-4713		ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <div style="text-align: center; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">MAY 06 2010</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">BMC GROUP</div>							
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 (Describe briefly)		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____ <input type="checkbox"/> Retire 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) _____ to _____ (date)							
DATE DEBT WAS INCURRED: 05/09 - 09/09		3. IF COURT JUDGMENT, DATE OBTAINED:							
CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following: (1) Unsecured Non Priority; (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 describe 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)		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned no 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 benefits 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)							
Amount of arrearage and other charges included in secured claim above, it any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien or 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.									
TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="display: inline-table; margin-left: 20px;"> <tr> <td style="text-align: right;">\$ 208,891.75</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td style="text-align: center;">(Secured)</td> <td style="text-align: center;">(Priority)</td> </tr> </table>			\$ 208,891.75	\$ _____	\$ _____	(Unsecured)	(Secured)	(Priority)	\$ 208,891.75 (Total)
\$ 208,891.75	\$ _____	\$ _____							
(Unsecured)	(Secured)	(Priority)							
<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.			THIS SPACE IS FOR COURT USE ONLY Erickson Ret. Comm. LLC  01836						
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, claimant has deducted all amounts that claimant owes to debtor. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 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 3/20/2010	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) 								

By: Mary McKenna
 Title: VP, Customer Financial Services

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.

Erickson Retirement

Station	Cust Name	Branch Account Name	Assignment	Month	Inv Amt	DC amount	Contract
WNBC-TV	PHD USA	ERICKSON RETIREMENT	NY09050384	05/31/2009	15,172.50	15,172.50	71264
WNBC-TV	PHD USA	ERICKSON RETIREMENT	NY09060316	06/28/2009	25,287.50	25,287.50	71264
WMAQ TV Chicago	PHD USA	ERICKSON RETIREMENT	CG09060367	06/28/2009	14,025.00	14,025.00	68124
WCAU-TV	PHD USA	ERICKSON RETIREMENT	PL09050400	05/31/2009	18,891.25	18,891.25	67760
WCAU-TV	PHD USA	ERICKSON RETIREMENT	PL09060334	06/28/2009	9,137.50	9,137.50	67760
WCAU-TV	PHD USA	ERICKSON RETIREMENT	PL09070339	07/26/2009	4,675.00	4,675.00	89154
WCAU-TV	PHD USA	ERICKSON RETIREMENT	PL09080360	08/30/2009	7,888.00	7,888.00	89154
WCAU-TV	PHD USA	ERICKSON RETIREMENT	PL09090392	09/27/2009	7,990.00	7,990.00	89154
WRC TV Washington	PHD USA	ERICKSON RETIREMENT	WN09050165B	08/24/2009	22,185.00	22,185.00	68150
WRC TV Washington	PHD USA	ERICKSON RETIREMENT	WN09060349	06/28/2009	6,375.00	6,375.00	66676
WRC TV Washington	PHD USA	ERICKSON RETIREMENT	WN09060351	06/28/2009	19,125.00	19,125.00	68150
WRC TV Washington	PHD USA	ERICKSON RETIREMENT	WN09070459	07/26/2009	19,550.00	19,550.00	89168
WRC TV Washington	PHD USA	ERICKSON RETIREMENT	WN09080317	08/30/2009	15,895.00	15,895.00	89168
WRC TV Washington	PHD USA	ERICKSON RETIREMENT	WN09090417	09/27/2009	18,615.00	18,615.00	89168
KXAS-TV	PHD USA	ERICKSON RETIREMENT	DA09060181	06/28/2009	4,080.00	4,080.00	67670

Total Claim Amt. \$ 208,891.75