

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Erickson Construction, LLC

Case Number: 09-37016

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): Integrated Building Contractors

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

Name and address where notices should be sent: Integrated Building Contractors, 3617 Hummer Road, Annandale, VA 22003, Telephone number: 703-560-6546

Court Claim Number: s1037 (If known)

Filed on: 1-07-10

FILED dcb

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

Integrated Building Contractors, 3617 Hummer Road, Annandale, VA 22003, Telephone number: 703-560-6546

MAY 03 2010

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

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.

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

1. Amount of Claim as of Date Case Filed: \$ 26,218.65

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.

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.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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).

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:

\$

\*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.

2. Basis for Claim: Services Performed (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

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 Mechanic's Lien

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: \$ 26,218.65 Amount Unsecured: \$

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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 4-20-2010

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.

J. Willis, Jeff Willis, President

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



01843

**MEMORANDUM FOR MECHANICS LIEN CLAIMED BY SUBCONTRACTOR**

Name and Address of Owner: **Ashburn Campus, LLC  
c/o Erickson Retirement Communities  
701 Maiden Choice Lane  
Baltimore, MD 21228**

Name and Address of General Contractor: **Erickson Construction, LLC  
701 Maiden Choice Lane  
Baltimore, MD 21228**

Name and Address of Claimant: **Integrated Building Contractors, Inc.  
3617 Hummer Road  
Annandale, VA 22003**

1. Type of materials or services furnished: **Roofing labor and materials for roofing work.**
2. Amount Claimed: **\$26,218.65**
3. Type of structure on which work was done or materials furnished: **Roofing work for Residential Building 1.4 for retirement community known as Ashby Ponds.**
4. Brief description and location of real property: **All of the parcel known as Loudoun County PIN No. 060-49-8809-000, being a portion of the property acquired by deed from Edward St. John, LLC and Beaumeade Investors, LLC recorded as Instrument No. 20061215-0104677 and described in a deed of boundary line adjustment, easement, deed of trust modification and subordination recorded as Instrument No. 200807160043728, and corrected as Instrument No. 20081030-0064827, and as shown on plat recorded as Instrument No. 20080716-0043740, containing 123.84 acres, more or less, formerly 127.4469 acres, or so much of the foregoing parcel as is reasonably necessary for the use and enjoyment of the Building 1.4 improvements thereon. AND BEING more commonly known as Parcel B1, located at 21125 Cardinal Pond Terrace, Ashburn, VA 20147.**
5. Date from which interest on the above amount is claimed: **March 25, 2010.**

It is the intent of the claimant to claim the benefit of a lien.

Date: **February 22, 2010.**

**Integrated Building Contractors, Inc.**

By:   
Jeff Willis, President



**20100223-0009997**

**AFFIDAVIT**

STATE OF VIRGINIA

COUNTY OF LOUDOUN, to-wit:

I, Phyllis Donaldson, an Notary Public for the County and State aforesaid, do certify that Jeff Willis, President of Integrated Building Contractors, Inc., claimant, this day made oath before me in my county aforesaid that Erickson Construction , LLC is justly indebted to claimant in the sum of \$26,218.65, for the consideration stated in the foregoing Memorandum, and that the same is payable as therein stated.

GIVEN under my hand this 22<sup>nd</sup> day of February, 2010.

  
\_\_\_\_\_  
Notary Public (SEAL)

My Commission Expires: **July 31, 2011**

Registration Number: **153218**

**EXHIBIT "D"**  
**APPLICATION AND CERTIFICATE FOR PAYMENT**

TO: **ERICKSON CONSTRUCTION, LLC.**  
 703 Maiden Choice Lane  
 Baltimore, MD 21228

DATE: 5/20/09

FROM: Intergrated Building Contractors, Inc.

PROJECT: 557RB14  
 JOB: Wood framed residential building  
 APPLICANT NO.: #5  
 PERIOD TO: 5/31/09

1. Original Contract Amount	\$ 364,000.00
2. Change Orders Issued to Date (Thru C.O. #18)	\$ 19,133.00
3. Contract Sum to Date (Line 1+2)	\$ 383,133.00
4. Total Completed & Stored to Date	\$ 383,133.00
5. Less Retainage ( -0- %)	\$ -0-
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 383,133.00
7. Less Previous Requisitions	\$ 363,976.35
8. Payment Due This Period (Line 6-7)	\$ 19,156.65

**SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:**

The undersigned Subcontractor certifies: (i) that the work for which this payment request is being submitted has been complete in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: *J. Williams* Date: 5/20/09  
 (Officer, General Partner, or Owner)

Note: Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

**NOTES:**

**TO BE COMPLETED BY PROJECT MANAGER**

RETAINAGE RELEASE \$ \_\_\_\_\_  
 PROGRESS BILLING \$ \_\_\_\_\_  
 RETAINAGE HELD \$ \_\_\_\_\_  
 TOTAL AMOUNT DUE \$ \_\_\_\_\_  
 PROJECT NUMBER 557RB14  
 COST CODE # 48400-074600  
 APPROVED BY \_\_\_\_\_  
 APPROVED DATE \_\_\_\_\_

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK -DEL.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

# CONTINUATION SHEET

AIA DOCUMENT G703

(Instructions on reverse side)

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certificate is attached.

In calculations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: #5  
 APPLICATION DATE: 5/20/09  
 PERIOD TO: 5/31/09  
 ARCHITECT'S PROJECT NO: RB14

A LINE NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)		H BALANCE TO FINISH (C - G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		% (G - C)			
#1	Shingle Roof	88,500.00	88,500.00	-0-	-0-	88,500.00	100	-0-	-0-
#2	Gutters/Downspouts	20,500.00	20,500.00	-0-	-0-	20,500.00	100	-0-	-0-
#3	Metal Roof	20,000.00	20,000.00	-0-	-0-	20,000.00	100	-0-	-0-
#4	Flat Roof	10,000.00	10,000.00	-0-	-0-	10,000.00	100	-0-	-0-
#5	Siding	225,000.00	225,000.00	-0-	-0-	225,000.00	100	-0-	-0-
#6	Change Order #18 Repair @ Dormer	3,815.00	3,815.00	-0-	-0-	3,815.00	100	-0-	-0-
#7	Change Order #15 Link	15,318.00	15,318.00	-0-	-0-	15,318.00	100	-0-	-0-
		383,133.00	383,133.00	-0-	-0-	383,133.00	100	-0-	-0-

**EXHIBIT "D"**  
**APPLICATION AND CERTIFICATE FOR PAYMENT**

**TO:** ERICKSON CONSTRUCTION, LLC.  
 703 Maiden Choice Lane  
 Baltimore, MD 21228

**DATE:** 6/22/09

**FROM:** Intergrated Building Contractors, Inc.

**PROJECT:** 557RB14  
**JOB:** Wood framed residential building  
**APPLICANT NO.:** #6  
**PERIOD TO:** 6/22/09

1. Original Contract Amount	\$ 364,000.00
2. Change Orders Issued to Date (Thru C.O. # _____)	\$ 26,195.00
3. Contract Sum to Date (Line 1+2)	\$ 390,195.00
4. Total Completed & Stored to Date	\$ 390,195.00
5. Less Retainage (_____ %)	\$ 0.00
6. Total Earned to Date Less Retainage (Line 4-5)	\$ 390,195.00
7. Less Previous Requisitions	\$ 383,233.00
8. Payment Due This Period (Line 6-7)	\$ 7,062.00

**SUBCONTRACTORS AFFIDAVIT & RELEASE OF LIEN:**

The undersigned Subcontractor certifies: (i) that the work for which this payment request is being submitted has been completed in accordance with the Contract Documents; (ii) that it has paid its employees, sub-subcontractors, and material suppliers for all work and material for which Erickson Construction has paid previous requests for payment; (iii) that the amount of this invoice is due.

CONTRACTOR: By: *J. Miller* Date: 6/22/09  
 (Officer, General Partner, or Owner)

**Note:** Payment will be made for only those costs which are included as part of the Original Contract amount or for which a Change Order has been issued by Erickson Construction L.L.C. Please provide a list of any outstanding claims for additional costs or pending extras.

**NOTES:**

**TO BE COMPLETED BY PROJECT MANAGER**

RETAINAGE RELEASE	\$ _____
PROGRESS BILLING	\$ _____
RETAINAGE HELD	\$ _____
TOTAL AMOUNT DUE	\$ _____
PROJECT NUMBER	557RB14
COST CODE #	48400-074600
APPROVED BY	_____
APPROVED DATE	_____

FINAL PAYMENT	
PUNCH LIST COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WARRANTY COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTIC STOCK DELIVERED	<input type="checkbox"/> YES <input type="checkbox"/> NO
O&M (CLOSEOUT BOOK -DEL)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE ORDERS COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ACCOUNTING USE ONLY	
DATE RECEIVED	_____
REVIEWED BY	_____

# CONTINUATION SHEET

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing contractor's signed Certificate is attached  
 In tabulations below, amounts are stated to the nearest dollar.  
 Use Column 1 on Contracts where variable retainage for line items may apply.

AIA DOCUMENT G703 (Instructions on reverse side) PAGE 2 OF 2 PAGES

APPLICATION NUMBER: #6  
 APPLICATION DATE: 6/22/09  
 PERIOD TO: 6/22/09  
 ARCHITECT'S PROJECT NO: RB14

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN WORK)	G TOTAL COMPLETED AND STORED (D+E+F)	H % C-G	I BALANCE TO FINISH (C-G)	J RETAINAGE
			E THIS PERIOD	F HIS PERIOD					
#1	Shingle Roof	88,500.00	88,500.00	-0-	-0-	88,500.00	100	-0-	-0-
#2	Gutters/Downspouts	20,500.00	20,500.00	-0-	-0-	20,500.00	100	-0-	-0-
#3	Metal Roof	20,000.00	20,000.00	-0-	-0-	20,000.00	100	-0-	-0-
#4	Flat Roof	10,000.00	10,000.00	-0-	-0-	10,000.00	100	-0-	-0-
#5	Siding	225,000.00	225,000.00	-0-	-0-	225,000.00	100	-0-	-0-
#6	Change Order #18 Repair @ Dormer	3,815.00	3,815.00	-0-	-0-	3,815.00	100	-0-	-0-
#7	Change Order #15 Link	15,318.00	15,318.00	-0-	-0-	15,318.00	100	-0-	-0-
#8	Change Order #07-003 Pad Out Balconies for Siding	7,062.00	-0-	7,062.00	-0-	7,062.00	100	-0-	-0-
		390,195.00	383,133.00	7,062.00	-0-	390,195.00	100	-0-	-0-