

U.S. Bankruptcy Court	PROOF OF CLAIM
N TX-Dallas	
In re (Name of Debtor) Dallas Campus LP	Case Number 09-37012 Chapter 11

FILED

AUG 16 2010

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

THIS SPACE IS FOR COURT USE ONLY

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 U.S.C. § 503.

Name of Creditor
(The Person or other entity to whom the debtor owes money or property)
Pitney Bowes Incorporated

Name and Address Where Notices Should be Sent
Pitney Bowes Incorporated
Attn: Bankruptcy Dept.
4901 Belfort Rd, Ste 120.
Jacksonville, FL 32256

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.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
8000-9090-0084-9633

Check here if this claim replaces a previously filed claim
 amends claim dated

1. BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (Describe briefly)

RECEIVED
AUG 17 2010
BMC GROUP

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed

From _____ to _____

(date) (date)

2. DATE DEBT WAS INCURRED
9/23/2009

3. IF COURT JUDGMENT, DATE OBTAINED

3. 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 describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

4. SECURED CLAIM \$

Attach evidence of perfection of security interest

Brief Description of Collateral:

Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any

UNSECURED NONPRIORITY CLAIM \$1,737.01

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.

UNSECURED PRIORITY CLAIM \$

Arrears:

*If legal or collection fees are uncured, they may be added to this total

Specify the priority of the claim.

Wages, salaries, or commissions (up to \$4000), *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)

Contributions to an employee benefit plan-11 U.S.C. §507 (a)(4)

Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507 (a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. §507 (a)(7)

Taxes or penalties of governmental units-11 U.S.C. §507 (a)(8)

Other-Specify applicable paragraph of 11 U.S.C 507 (a)

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	Secured Claim	Unsecured Non Priority	Unsecured Priority	
		\$1,737.01		\$1,737.01
				(Total)

Check this box if claim includes 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.

7. 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..

8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date
8/11/10

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)

Grisselle Betancourt

Grisselle Betancourt, Bankruptcy Specialist

Erickson Ret. Comm. LLC



01854



Purchase Power

Statement for September 23, 2009

Account Name: TRISHA MAKEN
Purchase Power Account Number: 8000-9090-0084-9633
Postage By Phone Number: 42972927
Customer Identification #: 20227115860
Credit Limit: \$3,000.00 Available Credit: \$1,262.99
Purchase Power Reward Points Available: 14,174

Questions about this statement:
Call: 1-800-243-7800
When prompted please enter your 16-digit account number located at the top.

Purchase Power Account Summary

Table with 2 columns: Description and Amount. Rows include Previous Balance (\$1,678.08), Postage (\$190.00), Payments (-\$104.81), Credits and Other Charges (\$0.00), Finance Charges (\$93.74), New Amount Due (\$1,737.01), and Minimum Amount Due By: 10/20/09 (\$87.00).

You have earned 130 reward points this month. To view or redeem your points please visit www.pb.com/rewards.

Pay for your permit mail the same way you pay for your meter mail today. Visit www.pbpermit.com to find out more.

PURCHASE POWER
PO BOX 5135
SHELTON, CT 06484-7135

PAYMENT COUPON

Purchase Power
Acc# Number
8000-9090-0084-9633

Total Amount
Due
\$1,737.01

Minimum
Amount Due
\$87.00

Payment
Due Date
10/20/09

Amount of Payment Enclosed
\$.

MAKE CHECKS PAYABLE TO:

Barcode
PURCHASE POWER
PO BOX 856042
LOUISVILLE KY 40285-6042

TRISHA MAKEN
HIGHLAND SPRINGS
PO BOX 310
LINTHICUM HTS MD 21090

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Check here and note changes to address and phone number on back

When making payments please reference your 16-digit account number.



Purchase Power Account Number: 8000-8080-0084-8833
 Customer Identification #: 20227115860

Purchase Power

Postage Detail

Meter Postage

Tran Date	Post Date	Description	G900/SN-3061609PBP #:	Amount
09/14	09/15	Postage Meter Refill -DALLAS , TX		\$130.00
Sub-Total Meter Postage:				\$130.00
Total Postage:				\$130.00

Payments

Tran Date	Post Date	Description	Amount
09/18	09/18	PAYMENT RECEIVED --THANK YOU	-\$104.81
Total Payments:			-\$104.81

Finance Charges

	Average Daily Balance \$	Daily Periodic Rate	ANNUAL PERCENTAGE RATE	Periodic FINANCE CHARGE
Postage/Supplies	\$1,695.53	0.060%	22.00%	\$33.74
Total Finance Charges:				\$33.74

Important Contact Information

Need Help with this bill?
 Call: 1-800-243-7808:00 a.m. to 8:00 p.m. EST
 Enter your 16-digit account number located at the top of this page.

Need Help with your Meter?
 Call: 1-800-522-0020
 8:00 a.m. to 8:00 p.m. EST

Need Help with your Permit Mail?
 Visit www.pbpermit.com

To order supplies visit www.pb.com/supplies or call 1-800-243-7824

Purchase Power

SEND OVERNIGHT CHECKS TO:
 PURCHASE POWER
 FIRST EXPRESS REMITTANCE PROCESSING
 5101 INTERCHANGE WAY
 LOUISVILLE KY 40229-2161

Please complete for change of contact information.

COMPANY NAME: _____
 CONTACT NAME: _____
 ADDRESS _____

 CITY: _____ STATE: _____ ZIP: _____
 BUSINESS PHONE: _____
 E-MAIL: _____