B 10 (Official Form 10) (12/11)

B 10 (Official Form 10) (12/11)				
United States Bankruptcy	COURT Northern District of Te	exas		PROOF OF CLAIM
Name of Debtor:		Case Number:		
Erickson Retirement Commun	nities, LLC	09-37010		
	·			
	claim for an administrative expense that ment of an administrative expense accor			
Name of Creditor (the person or other en	•		···	
AT&T Corp	and accept ones money of	property).		
Name and address where notices should	L			COURT USE ONLY
Name and address where notices should	•			Check this box if this claim amends a previously filed claim.
	% AT&T Services, Inc James Grudus, Esq.			
	One AT&T Way, Room 3A218 Bedminster, NJ 07921			Court Claim Number: 11 (If known)
Telephone number: (908) 234-3318	cmail: jg5786@us.att.com			
				Filed on: 12/08/2009
Name and address where payment should	d be sent (if different from above):	RECEIVE	$\mathbf{E}\mathbf{D}$	Check this box if you are aware that
				anyone else has filed a proof of claim relating to this claim. Attach copy of
		MAR 20 20	312	statement giving particulars.
Telephone number:	email:	MAIN ~ 0 -		
receptione number.	cman.	BMC GRO	I IP	
1. Amount of Claim as of Date Case F	iled: \$ 56,835.30			
If all or part of the claim is secured, com	plete item 4.			
If all or part of the claim is entitled to pri	iority, complete item 5.			
Check this box if the claim includes in	nterest or other charges in addition to the	principal amount of the	e claim. Attach a s	statement that itemizes interest or charges.
2. Basis for Claim: Services Perform (See instruction #2)	ned			
(,			
3. Last four digits of any number	3a. Debtor may have scheduled acco	ount as: 3h Unifor	m Claim Identifie	or (antional)
by which creditor identifies debtor:	Sa. Beolo may have selectated acco	30. 011101	in Claim Identific	i (optional).
See Attached	See Attached (See instruction #3a)	(Soc instr	uction #3b)	
CCC / Madrica	(See instruction #3a)			ther charges, as of the time case was filed,
4. Secured Claim (See instruction #4)		included i	n secured claim, it	
Check the appropriate box if the claim is setoff, attach required redacted documen				\$
•	•			¥ <u></u>
Nature of property or right of setoff:	☐ Real Estate ☐ Motor Vehicle ☐ Ot	ther Basis for p	perfection:	
Describe:				
Value of Property: \$	_	Amount o	f Secured Claim:	\$
Annual Interest Rate % 🗇 Fixe	ed or Variable	Amount U	Insecured:	s
(when case was filed)	or continuous			
5. Amount of Claim Entitled to Priori	ty under 11 U.S.C. § 507 (a). If any pa	art of the claim falls in	ito one of the follo	owing categories, check the box specifying
the priority and state the amount.				mg energe is a second and second in g
☐ Domestic support obligations under 1	1	ng (up to \$11.725*)	☐ Contribution	to
U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	earned within 180 days before the		employee benef	
	debtor's business ceased, whichev		11 U.S.C. § 507	7 (a)(5).
	11 U.S.C. § 507 (a)(4).			Amount entitled to priority:
☐ Up to \$2,600* of deposits toward	☐ Taxes or penalties owed to gov	ernmental units -	☐ Other – Spec	cify \$
purchase, lease, or rental of property or	11 U.S.C. § 507 (a)(8).		applicable parag	graph of Frielman Bot Comm LL
services for personal, family, or househo use – 11 U.S.C. § 507 (a)(7).	Dia		11 U.S.C. § 507	
(-)(/)				
*Amounts are subject to adjustment on 4	/1/13 and every 3 years thereafter with r	espect to cases comme	nced on or after the	e date of adjustment.
6. Credits. The amount of all payments	on this claim has been credited for the p	ourpose of making this	proof of claim. (Se	e instruction #6)

B 10 (Official Form 10	0) (12/11)					2
running accounts, cont		ements. If th	e claim	is secured, box 4	notes, purchase orders, invoices, itemized statements of has been completed, and redacted copies of documents ("redacted".)	
DO NOT SEND ORIO	GINAL DOCUMENTS. ATTACHED DOCUMENTS.	MENTS MAY	BE DE	STROYED AFT	ER SCANNING.	
If the documents are n	ot available, please explain:					
8. Signature: (See in	struction #8)					
Check the appropriate	box.					
I am the creditor.	☐ 1 am the creditor's authorized agent. (Attach copy of power of attorney, if any.)	☐ I am the to or their auth (See Bankru	orized a	_	☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)	
I declare under penalty	of perjury that the information provided in the	is claim is true	and co	rrect to the best of	f my knowledge, information, and reasonable belief.	
Tillit Name.	ndra Clark					
Title: Company: AT&T Cor	Benkruptcy Representative		/S/	Cassandra Cla	ark,Bankruptcy Representative 03/13/2012	
Address and telephone	number (if different from notice address above	'e):	(Signa	iture)	(Date)	_
Telephone number:	email:					
Penalt	y for presenting fraudulent claim: Fine of up t	to \$500,000 or	impriso	onment for up to 5	years, or both. 18 U.S.C. §§ 152 and 3571.	

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B 10 (Official Form 10) (12/11)

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system

(www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

Pre-petition Claim Documentation

Creditor: AT&T Corp

Debtor: Erickson Retirement Communities, LLC

District Court: Northern District of Texas

File Date: 01/19/2009

Chapter: 11

Total Filed Amount: \$56,835.30

Account Number Billed Amount Due Account Number Billed Amount Due

8310000923416 \$56,835.30

Case 09-37010-sgj11 Claim 11-2 Part 2 Filed 03/13/12 Desc bill copy Page 1



Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE, MD, 212285968

Account Number: Invoice Number: Bill Period:

831-000-0923 416 0684215009 Jul 13 - Aug 12, 2008 Aug 25, 2008

13-4924710

Page 1

Invoice Date: AT&T Tax ID:

AT&T Business Services		For Billing Inquiries: 1 720 283-7366						
SUMMARY OF CHARG	3ES		ACCOUNT STATUS					
New Charges	\$	3,076.50	PREVIOUS BALANCE	\$	39,994.50			
CURRENT CHARGES SUBTOTAL OTHER CHARGES & ADJUSTMENTS TOTAL CURRENT CHARGES	\$	3,076.50 306.09 3,382.59	TOTAL CURRENT CHARGES		3,382.59			
			TOTAL AMOUNT DUE	\$	43,377.09			
			PAYMENT DUE DATE	;	Sep 19, 2008			
(These totals include all applicable charges, di	scoun	ts, and taxes.)						

*** IMPORTANT NEWS ABOUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

PLEASE WIRE TRANSFER FUNDS IN US DOLLARS TO: AT&T CFM, ABA Routing # 021001033, AT&T Acct # 00455777, SWIFT CODE: BKTRUS33

AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH **BOTTOM PORTION AND RETURN WITH REMITTANCE**



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side.

Account Number: Invoice Number:

831-000-0923 416 0684215009

Invoice Date: Payment Due Date: Aug 25, 2008 Sep 19, 2008

Total Amount Due:

43,377.09

Amount Enclosed:

#BWNGHNK ****** MIXED AADC 852 #83100009234160# 000000005 2 SP .630 N80

Erickson Retirement Communities, LLC Attn: Erica Hohing 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE, MD, 212285968

Please Send Payments to:

Illandardard Illania Haladadhadadhadadhadhadhadhadh

AT&T P.O. Box 13148 Newark, NJ 07101-5648



Erickson Retirement Communities, LLC

Р	age	2			

Please note only the items that have changed: Company Name Attention Street Address City - State Area Code and Zip Code Phone Number

Has your business moved? Y ____ N ___ Has ownership changed? Y ____ N ___



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period: **831-000-0923 416** 0684215009

Bill Period: Jul 13 - Aug 12, 2008 Invoice Date: Aug 25, 2008
For Customer Care: 1 720 283-7366

Page 3

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Attention customers: AT&T will charge a \$25 fee for any check returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

Thank You For Choosing AT&T Where Every Customer Counts!



Page 4

Billing detail continues on next page.

Case 09-37010-sgj11 Claim 11-2 Part 2 Filed 03/13/12 Desc bill copy Page 5 of 12

Erickson Retirement Communities, LLC

Account Number: Invoice Number: 0684215009
Bill Period: Jul 13 - Aug 12, 2008
Invoice Date: Aug 25, 2008
For Customer Care: 1 720 283-7366

831-000-0923 416

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of 12 **Erickson Retirement Communities, LLC**



Account Number:

831-000-0923 416 Invoice Number: 0684215009
Bill Period: Jul 13 - Aug 12, 2008
Invoice Date: Aug 25, 2008
For Customer Care: 1 720 283-7366

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PAYMENTS AND ADJUSTMENTS

PAYMENTS

No Payments Received

OTHER CHARGES & ADJUSTMENTS

Date	Description		to Charges		Adjustment to Taxes	A	djustments
ACCOUNT CH	ARGES						
1 08-25-2008	Adj. #	¢	306.09	¢		¢	306.09
	100001793317 LATE PAYMENT INTEREST	•		Ψ		Ψ	555.55
TOTAL OTHER CHARGES & ADJUSTMENTS \$ 306.09 \$ \$ 306.09							
TOTAL OIL	TEN ONANGEO & ADOUGHNENTS						300.03

Case 09-37010-sgj11 Claim 11-2 Part 2 Filed 03/13/12 Desc bill copy Page 7 of 12



Erickson Retirement Communities, LLC

Account Number: Invoice Number:

831-000-0923 416 0684215009

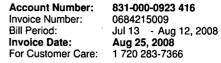
Page 6

SERVICE SUMMARY

Description	Quantity		Charges		Total
Service Category Service Type Service Element	1				
Multi-Carrier Solutions (MCS) Contracted Minimum Primary Devices Total Contracted Minimum Primary Devices	350	\$	3,076.50	\$	3,076.50
Total Taxes and Surcharges Total Multi-Carrier Solutions (MCS)				\$ \$	3,076.50
TOTAL CHARGES State Tax Local Tax		\$ \$		\$	3,076.50
County Tax Other Taxes & Surcharges TOTAL TAXES AND SURCHARGES		\$ \$		\$	
TOTALS THIS SUMMARY				\$	3,076.50

Case 09-37010-sgj11 Claim 11-2 Part 2 Filed 03/13/12 Desc bill copy Page 8

Erickson Retirement Communities, LLC



831-000-0923 416

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SUMMARY OF CURRENT CHARGES

Description	Usa	ge Charge [A]	98 (Charges & Credits [8]	D	ecounts [C]	 s, Fees, a roharges (D)	Total A+B+C+D)
MULTI-CARRIER SOLUTIONS (MCS) Contracted Minimum Primary Devices	\$		\$	3,076.50	\$		\$ 	\$ 3,076.50
TOTAL	\$		\$	3,076.50	\$		\$ 	\$ 3,076.50

Usage Charges and Charges & Credits columns contain pre-discounted charges.



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period:

Invoice Date:

831-000-0923 416 0684215009

Jul 13 - Aug 12, 2008 Aug 25, 2008 1 720 283-7366 For Customer Care:

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QUICK GLANCE Summary of Group Charges

QUICK SUMMARY

Group 000001

Total

3,076.50

3,076.50

Description Usage Charges & Discounts Taxes Fees & Total
Description Usage Charges & Discounts Taxes, Fees. & Total

GROUP#: 000001

831-000-0948 410

Site ID: ERUSMDLI0001

Site Name: Erickson Retirement Communties

TOTAL	\$ \$ 3,076.50	\$	\$ 3,076.50
Contracted Minimum Primary Devices	\$ \$ 3,076.50	\$	\$ 3,076.50

Usage Charges column contains pre-discounted charges.
 Charges & Credits column contains pre-discounted charges and includes recurring, one-time and prorated charges generated on a monthly basis.

Case 09-37010-sgj11 Claim 11-2 Part 2 Filed 03/13/12 Desc bill copy Page 10 of 12



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period:

831-000-0923 416 0684215009 Jul 13 - Aug 12, 2008 Aug 25, 2008

Invoice Date: For Customer Care: 1 720 283-7366

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CHARGES & CREDITS Recurring, One-Time and Prorated

# Description Pre-Discounted Post- Taxes, Fees & Total	
Charges Discounted Surcharges	

GROUP#: 000001

SUBACCOUNT #: 831-000-0948 410

Site ID: ERUSMDLI0001 Site Name: Erickson Retirement Communities

991 CORPORATE BLVD. LINTHICUM, MD 21090

> Multi-Carrier Solutions (MCS) with Procurement **Contracted Minimum Primary Devices**

Recurring Charges

3,076.50

3,076.50

3,076.50

Service Date: 07-13-2008

Quantity: 350.00 x Price: \$

TOTAL

3,076.50 3,076.50 \$

3,076.50

Tracking No: FF1: Additional Info FF2: Cost Center Code FF3: Client Reference No FF4: Serial No

¹ Total Post-Discounted charges does not include taxes.

Case 09-37010-sgj11 Claim 11-2 Part 2 Filed 03/13/12 Desc bill copy Page 11 of 12



Erickson Retirement Communities, LLC

Account Number: Invoice Number:

831-000-0923 416 0684215009

Bill Period: Jul 13 - Aug 12, 2008
Invoice Date: Aug 25, 2008
For Customer Care: 1 720 283-7366

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INVENTORY REPORT

Group Number 1 Address Description

GROUP #: 000001

SUBACCOUNT #: 831-000-0948 410

Site ID: ERUSMDLI0001

991 CORPORATE BLVD. LINTHICUM, MD 21090

Site Name: Erickson Retirement Communities

Case 09-37010-sgj11 Claim 11-2 Part 3 Filed 03/13/12 Desc bill copy Page 1 of 8



Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE, MD, 212285968

Account Number: Invoice Number: Bill Period:

Invoice Date:

AT&T Tax ID:

831-000-0923 416 0218335009 Aug 13 - Sep 12, 2008

Sep 25, 2008 13-4924710

Page 1

AT&T Business Services			For Billing Inquirie	s: 1 <i>7</i> 20	283-7366
SUMMARY OF CHARG	3ES	•	ACCOUNT STA	TUS	
New Charges	\$	3,076.50	PREVIOUS BALANCE	\$	43,377.09
CURRENT CHARGES SUBTOTAL OTHER CHARGES & ADJUSTMENTS TOTAL CURRENT CHARGES	\$	3,076.50 599.95 3,676.45	TOTAL CURRENT CHARGES		3,676.45
			TOTAL AMOUNT DUE	\$	47,053.54
			PAYMENT DUE DATE		Oct 20, 2008
(These totals include all applicable charges, di	scoun	ts, and taxes.)			

*** IMPORTANT NEWS ABOUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

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AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH BOTTOM PORTION AND RETURN WITH REMITTANCE.



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side. Account Number: Invoice Number:

Invoice Date:

831-000-0923 416

0218335009 Sep 25, 2008

Oct 20, 2008

Payment Due Date: **Total Amount Due:**

Amount Enclosed:

47.053.54

#BWNGHNK ****** MIXED AADC 852 #83100009234160# 000000018 2 SP .630 N80 labballabballabblabbbhallabballabballabballabb **Erickson Retirement Communities, LLC**

Attn: Erica Hohing 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE, MD, 212285968

Please Send Payments to:

ManhadaalMaaaallikilallaakallakilaallaalla

AT&T P.O. Box 13148 Newark, NJ 07101-5648

Page 2

Please note only the items that have changed:	,
Company Name	
Attention	
Street Address	
City - State	
Zip Code	Area Code and Phone Number
Has your business moved? Y N	Has ownership changed? Y N

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Erickson Retirement Communities, LLC Account Number:

831-000-0923 416 Invoice Number: 0218335009 Bill Period: Aug 13 - Sep 12, 2008 Sep 25, 2008

Invoice Date: For Customer Care: 1 720 283-7366

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Attention customers: AT&T will charge a \$25 fee for any check returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

Thank You For Choosing AT&T Where Every Customer Counts!



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Billing detail continues on next page.

Erickson Retirement Communities, LLC



831-000-0923 416 0218335009

Bill Period: Aug 13 - Sep 12, 2008
Invoice Date: Sep 25, 2008
For Customer Care: 1 720 283-7366

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PAYMENTS AND ADJUSTMENTS

PAYMENTS

No Payments Received

OTHER CHARGES & ADJUSTMENTS

TOTAL OT	HER CHARGES & ADJUSTMENTS	\$ 599.95	\$ 00	\$	599.95
1 09-25-2008	ARGES Adj. # 200000897657 LATE PAYMENT INTEREST	\$ 599.95	\$ 	\$	599.95
# Adjustmeni Date	Description	Adjustment to Charges	djustment to Taxes	A	Total djustments

Case 09-37010-sgj11 Claim 11-2 Part 3 Filed 03/13/12 Desc bill copy Page 6 of 8 Erickson Retirement Communities, LLC Account Number: 831-000-0923 416



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SERVICE SUMMARY

Description	Quantity		Charges		Total
Service Category Service Type Service Element					
Multi-Carrier Solutions (MCS) Contracted Minimum Primary Devices Monthly Charge Total Contracted Minimum Primary Devices	350	\$	3,076.50	\$	3,076.50
Total Taxes and Surcharges Total Multi-Carrier Solutions (MCS)				\$ \$	3,076.50
TOTAL CHARGES State Tax Local Tax County Tax Other Taxes & Surcharges TOTAL TAXES AND SURCHARGES		\$ \$ \$	2224 2224 2224	\$ \$	3,076.50
TOTALS THIS SUMMARY				\$	3,076.50

Case 09-37010-sgj11 Claim 11-2 Part 3 Filed 03/13/12 Desc bill copy Page 7



Erickson Retirement Communities, LLC

Account Number: Invoice Number:

831-000-0923 416 0218335009

Bill Period:

Aug 13 - Sep 12, 2008 Sep 25, 2008

Invoice Date: For Customer Care:

1 720 283-7366

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CHARGES & CREDITS Recurring, One-Time and Prorated

# Description Pre-Discounted Post Taxes, Fees & Total	
Charges Discounted Surcharges	

GROUP #: 000001

SUBACCOUNT #: 831-000-0948 410

Site ID: ERUSMDLI0001 Site Name: Erickson Retirement Communities

991 CORPORATE BLVD. LINTHICUM, MD 21090

> Multi-Carrier Solutions (MCS) with Procurement **Contracted Minimum Primary Devices**

Recurring Charges

3,076.50

3,076.50

3,076.50

Service Date: 08-13-2008 Quantity: 350.00 x Price: \$

8.7900

TOTAL

3,076.50 3,076.50 \$ 3,076.50

Tracking No: FF1: Additional Info FF2: Cost Center Code FF3: Client Reference No FF4: Serial No

¹ Total Post-Discounted charges does not include taxes.

Case 09-37010-sgj11 Claim 11-2 Part 4 Filed 03/13/12 Desc bill copy Page 1

of 8



Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE,MD,212285968

Account Number: Invoice Number: Bill Period:

Invoice Date:

AT&T Tax ID:

831-000-0923 416 4402445004 Sep 13 - Oct 12, 2008

Oct 22, 2008 13-4924710

Page 1

AT&T Business Services			For Billing Inquirie	es: 1 720 283-7366
SUMMARY OF CHARG	GES		ACCOUNT STA	ATUS
New Charges	\$	3,076.50	PREVIOUS BALANCE	\$ 47,053.54
CURRENT CHARGES SUBTOTAL OTHER CHARGES & ADJUSTMENTS TOTAL CURRENT CHARGES	\$ \$	3,076.50 626.08 3,702.58	TOTAL CURRENT CHARGES	3,702.58
			TOTAL AMOUNT DUE	\$ 50,756.12
			PAYMENT DUE DATE	Nov 21, 2008
(These totals include all applicable charges, di	iscoun	ts, and taxes.)		
*** IMD	OPT	ANT NEWS AR	OUT YOUR ACCOUNT ***	

*** IMPORTANT NEWS ABOUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

PLEASE WIRE TRANSFER FUNDS IN US DOLLARS TO: AT&T CFM, ABA Routing # 021001033, AT&T Acct # 00455777, SWIFT CODE: BKTRUS33

AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH BOTTOM PORTION AND RETURN WITH REMITTANCE.



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side.

Account Number: Invoice Number:

Invoice Date:

831-000-0923 416 4402445004

) V

Oct 22, 2008

Payment Due Date: Nov 21, 2008

Total Amount Due:

50,756.12

Amount Enclosed:

\$

#BWNGHNK ****** MIXED AADC 852 #83100009234160# 000000032 2 SP .630 N80

Erickson Retirement Communities, LLC Attn: Erica Hohing

701 MAIDEN CHOÏCE LN CORPORATE PROCUREMENT MANAGER BALTIMORE,MD,212285968 Please Send Payments to:

Markalan Mharadh kallan kallan khallan kallan k

AT&T P.O. Box 13148 Newark, NJ 07101-5648 Case 09-37010-sgj11 Claim 11-2 Part 4 Filed 03/13/12 Desc bill copy Page 2 of 8

Erickson Retirement Communities, LLC

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Please note only the items that have changed:	
Company Name	
Attention	
Street Address	
City - State	
Zip Code	Phone Number
Has your business moved? Y N	Has ownership changed? Y N

Case 09-37010-sgj11 Claim 11-2 Part 4 Filed 03/13/12 Desc bill copy Page 3

Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period: Invoice Date:

For Customer Care:

831-000-0923 416 4402445004 Sep 13 - Oct 12, 2008

Oct 22, 2008 1 720 283-7366

Page 3

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Attention customers: AT&T will charge a \$25 fee for any check returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

Thank You For Choosing AT&T Where Every Customer Counts!



Page 4

Billing detail continues on next page.

of 8



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period: **831-000-0923 416** 4402445004

Invoice Date: Oct 22, 2008
For Customer Care: 1 720 283-7366

Sep 13 - Oct 12, 2008 Oct 22, 2008

Page 5

PAYMENTS AND ADJUSTMENTS

PAYMENTS

|--|

No Payments Received

OTHER CHARGES & ADJUSTMENTS

TOTAL OT	HER CHARGES & ADJUSTMENTS	\$ 626.08	\$		\$ 626.08
1 10-24-2008	IARGES Adj. # 200000935941 LATE PAYMENT INTEREST	\$ 626.08	\$		\$ 626.08
# Adjustment Date	t Description	Adjustment to Charges	'	Adjustment to Taxes	Total Idjustments

Case 09-37010-sgj11 Claim 11-2 Part 4 Filed 03/13/12 Desc bill copy Page 6



Erickson Retirement Communities, LLC

831-000-0923 416

Account Number:

Page 6

SERVICE SUMMARY

Description	Quantity		Charges		Total
Service Category Service Type Service Element					
Multi-Carrier Solutions (MCS) Contracted Minimum Primary Devices Monthly Charge Total Contracted Minimum Primary Devices	350	\$	3,076.50	\$	3,076.50
Fotal Taxes and Surcharges Fotal Multi-Carrier Solutions (MCS)				\$ \$	3,076.50
FOTAL CHARGES State Tax Local Tax County Tax Other Taxes & Surcharges FOTAL TAXES AND SURCHARGES		\$ \$ \$		\$	3,076.50
TOTALS THIS SUMMARY				\$	3,076.50

Case 09-37010-sgj11 Claim 11-2 Part 4 Filed 03/13/12 Desc bill copy Page 7



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period:

831-000-0923 416 4402445004 Sep 13 - Oct 12, 2008

Oct 22, 2008 Invoice Date: For Customer Care: 1 720 283-7366

Page 7

CHARGES & CREDITS Recurring, One-Time and Prorated

FA1 (DI (ALD)

GROUP#: 000001

SUBACCOUNT #: 831-000-0948 410

Site ID: ERUSMDLI0001

Site Name: Erickson Retirement Communties

991 CORPORATE BLVD. LINTHICUM, MD 21090

Multi-Carrier Solutions (MCS) with Procurement Contracted Minimum Primary Devices

Recurring Charges

3,076.50

3,076.50

3,076.50

Service Date: 09-13-2008

Quantity: 350.00 x Price: \$

8.7900

TOTAL

3,076.50 3,076.50 \$ 3,076.50

Tracking No: FF1: Additional Info FF2: Cost Center Code FF3: Client Reference No FF4: Serial No

¹ Total Post-Discounted charges does not include taxes.

Case 09-37010-sgj11 Claim 11-2 Part 5 Filed 03/13/12 Desc bill copy Page 1

Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE, MD, 212285968

Account Number: Invoice Number: Bill Period:

Invoice Date:

AT&T Tax ID:

831-000-0923 416 8445145001

Oct 13 - Nov 12, 2008 Nov 22, 2008 13-4924710

Page 1

AT&T Business Services			For Billing Inquirie	es: 1720:	283-7366
SUMMARY OF CHARGES			ACCOUNT STATUS		
New Charges CURRENT CHARGES SUBTOTAL OTHER CHARGES & ADJUSTMENTS	<u>\$</u> \$	3,076.50 3,076.50 687.63	PREVIOUS BALANCE TOTAL CURRENT CHARGES	\$	50,756.12 3,764.13
TOTAL CURRENT CHARGES	\$	3,764.13			
			TOTAL AMOUNT DUE	\$	54,520.25
			PAYMENT DUE DATE	D	ec 22, 2008
(These totals include all applicable charges, di		ts, and taxes.)			

*** IMPORTANT NEWS ABOUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

PLEASE WIRE TRANSFER FUNDS IN US DOLLARS TO: AT&T CFM, ABA Routing # 021001033, AT&T Acct # 00455777, SWIFT CODE: BKTRUS33

AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH **BOTTOM PORTION AND RETURN WITH REMITTANCE.**



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side.

Account Number: Invoice Number:

831-000-0923 416

Invoice Date:

8445145001 Nov 22, 2008

Payment Due Date: **Total Amount Due:** Dec 22, 2008

Amount Enclosed:

54,520.25

#BWNGHNK ****** MIXED AADC 852 #83100009234160# 000000047 2 SP .630 N80 taldadladalaldalaldalaladalalaldalladla

Erickson Retirement Communities, LLC Attn: Erica Hohing 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER

BALTIMORE, MD, 212285968

Please Send Payments to:

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AT&T P.O. Box 13148 Newark, NJ 07101-5648 Case 09-37010-sgj11 Claim 11-2 Part 5 Filed 03/13/12 Desc bill copy Page 2 of 8

Erickson Retirement Communities, LLC

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Please note only the items that have changed:					
Company Name					
Attention					
Street Address					
City - State					
Zip Code	Area Code and Phone Number				
Has your business moved? Y N	Has ownership changed? Y N				

Case 09-37010-sgj11 Claim 11-2 Part 5 Filed 03/13/12 Desc bill copy Page 3

Erickson Retirement Communities, LLC



For Customer Care:

831-000-0923 416 8445145001 Oct 13 - Nov 12, 2008 Nov 22, 2008

1 720 283-7366

Page 3

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Attention customers: AT&T will charge a \$25 fee for any check returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

Thank You For Choosing AT&T Where Every Customer Counts!



Page 4

Billing detail continues on next page.

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Erickson Retirement Communities, LLC

Account Number: Invoice Number: **831-000-0923 416** 8445145001

Bill Period: Invoice Date: Oct 13 - Nov 12, 2008 Nov 22, 2008

For Customer Care: Nov 22, 2008
1 720 283-7366

Page 5

PAYMENTS AND ADJUSTMENTS

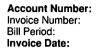
PAYMENTS

|--|

No Payments Received

TOTAL OT	100002053884 LATE PAYMENT INTEREST HER CHARGES & ADJUSTMENTS	<u> </u>	687.63	<u> </u>		\$	687.63
ACCOUNT CH 1 11-24-2008	ARGES Adj. #	\$	687.63	\$		\$	687.63
# Adjustment Date	Description		Adjustment to Charges	1	djustment to Taxes	A	Total djustments

Erickson Retirement Communities, LLC



831-000-0923 416 8445145001

Oct 13 - Nov 12, 2008 Nov 22, 2008

For Customer Care: 1 720 283-7366

Page 6

SERVICE SUMMARY

Description	Quantity		Charges		Total
Service Category Service Type Service Element		\$0000000		::::::::::::::::::::::::::::::::::::::	
Multi-Carrier Solutions (MCS) Contracted Minimum Primary Devices Monthly Charge Total Contracted Minimum Primary Devices	350	\$	3,076.50	\$	3,076.50
Total Taxes and Surcharges Total Multi-Carrier Solutions (MCS)				\$ \$	 3,076.50
TOTAL CHARGES State Tax Local Tax County Tax Other Taxes & Surcharges TOTAL TAXES AND SURCHARGES		\$ \$ \$		\$ \$	3,076.50
TOTALS THIS SUMMARY				\$	3,076.50

Case 09-37010-sgj11 Claim 11-2 Part 5 Filed 03/13/12 Desc bill copy Page 7



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period:

831-000-0923 416 8445145001

Oct 13 - Nov 12, 2008 Nov 22, 2008 1 720 283-7366

Invoice Date: For Customer Care:

Page 7

CHARGES & CREDITS Recurring, One-Time and Prorated

Description Pre-Discounted Post- Taxes, Fees & Total
Description Pre-Discounted Post- Taxes, Fees & Total
Charges Discounted Surcharges
Charne

GROUP #: 000001

SUBACCOUNT #: 831-000-0948 410 Site ID: ERUSMDLI0001

Site Name: Erickson Retirement Communties

991 CORPORATE BLVD. LINTHICUM, MD 21090

TOTAL

Multi-Carrier Solutions (MCS) with Procurement **Contracted Minimum Primary Devices**

Recurring Charges

3,076.50

3,076.50

3,076.50

3,076.50

\$

3,076.50

3,076.50

Service Date: 10-14-2008

Quantity: 350.00 x Price: \$

8.7900

¹ Total Post-Discounted charges does not include taxes. Tracking No: FF1: Additional Info FF2: Cost Center Code FF3: Client Reference No FF4: Serial No

Case 09-37010-sgj11 Claim 11-2 Part 6 Filed 03/13/12 Desc bill copy Page 1



Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE.MD.212285968

Account Number: Invoice Number:

831-000-0923 416 0267856006

Bill Period: Invoice Date: AT&T Tax ID:

Nov 21 - Dec 21, 2008 Dec 22, 2008 13-4924710

Page 1

AT&T Business Services	For Billing Inquiries: 1 720 283-7366			
SUMMARY OF CHARGES OTHER CHARGES & ADJUSTMENTS \$ 718.37 TOTAL CURRENT CHARGES \$ 718.37	ACCOUNT STATUS PREVIOUS BALANCE \$ 54,520.25 TOTAL CURRENT CHARGES 718.37			
(These totals include all applicable charges discounts, and taxes)	TOTAL AMOUNT DUE \$ 55,238.62 PAYMENT DUE DATE Jan 21, 2009			
(These totals include all applicable charges, discounts, and taxes.)				

*** IMPORTANT NEWS ABOUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

PLEASE WIRE TRANSFER FUNDS IN US DOLLARS TO: AT&T CFM, ABA Routing # 021001033, AT&T Acct # 00455777, SWIFT CODE: BKTRUS33

AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH BOTTOM PORTION AND RETURN WITH REMITTANCE.



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side. Account Number:

831-000-0923 416

Invoice Number: Invoice Date:

0267856006 Dec 22, 2008

Payment Due Date: Jan 21, 2009

Total Amount Due:

55,238.62

Amount Enclosed:

#BWNGHNK ****** MIXED AADC 852 #83100009234160# 000000058 .630 N80

Erickson Retirement Communities, LLC Attn: Erica Hohing 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE,MD,212285968

Please Send Payments to:

AT&T P.O. Box 13148 Newark, NJ 07101-5648

Please note only the items that have changed:	
Company Name	
Attention	
Street Address	
City - State	
Zip Code	Area Code and Phone Number
Has your husiness moved? V N	Has ownership changed? V N

Case 09-37010-sgj11 Claim 11-2 Part 6 Filed 03/13/12 Desc bill copy Page 3

Erickson Retirement Communities, LLC



831-000-0923 416 0267856006 Nov 21 - Dec 21, 2008 Dec 22, 2008

For Customer Care: 1 720 283-7366

Page 3

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Attention customers: AT&T will charge a \$25 fee for any check returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

Thank You For Choosing AT&T Where Every Customer Counts!



Billing detail continues on next page.

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Erickson Retirement Communities, LLC

Account Number: Invoice Number: **831-000-0923 416** 0267856006

Bill Period: Invoice Date: Nov 21 - Dec 21, 2008 Dec 22, 2008

For Customer Care: Dec 22, 2008

1 720 283-7366

Page 5

PAYMENTS AND ADJUSTMENTS

PAYMENTS

|--|

No Payments Received

# Adjustment Date	Description	Adjustment to Charges	'	djustment to Taxes	A	Total djustments
1 12-23-2008	ARGES Adj. # 200001031518 LATE PAYMENT INTEREST	\$ 718.37	\$	 -	\$	718.37
TOTAL OT	HER CHARGES & ADJUSTMENTS	\$ 718.37	\$		\$	718.37

Case 09-37010-sgj11 Claim 11-2 Part 7 Filed 03/13/12 Desc bill copy Page 1

Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE,MD,212285968

Account Number: Invoice Number: Bill Period:

Invoice Date:

AT&T Tax ID:

831-000-0923 416 2826955005

Dec 21 - Jan 21, 2009 Jan 22, 2009

13-4924710

Page 1

AT&T Business Services	For Billing Inquiries: 1 720 283-7366
SUMMARY OF CHARGES OTHER CHARGES & ADJUSTMENTS \$ 759.91 TOTAL CURRENT CHARGES \$ 759.91	ACCOUNT STATUS PREVIOUS BALANCE \$ 55,238.62 TOTAL CURRENT CHARGES 759.91
	TOTAL AMOUNT DUE \$ 55,998.53 PAYMENT DUE DATE Feb 21, 2009
(These totals include all applicable charges, discounts, and taxes.) *** IMPORTANT NEWS ABO	OUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

PLEASE WIRE TRANSFER FUNDS IN US DOLLARS TO: AT&T CFM, ABA Routing # 021001033, AT&T Acct # 00455777, SWIFT CODE: BKTRUS33

AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH BOTTOM PORTION AND RETURN WITH REMITTANCE



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side.

Account Number:

831-000-0923 416

Invoice Number: Invoice Date:

2826955005 Jan 22, 2009

Payment Due Date: Feb 21, 2009

Total Amount Due:

55,998.53

Amount Enclosed:

#BWNGHNK ****** MIXED AADC 852 #83100009234160# 000000048 2 SP

Erickson Retirement Communities, LLC Attn: Erica Hohing 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE, MD, 212285968

Please Send Payments to:

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AT&T P.O. Box 13148 Newark, NJ 07101-5648 Case 09-37010-sgj11 Claim 11-2 Part 7 Filed 03/13/12 Desc bill copy Page 2 of 6

Erickson Retirement Communities, LLC

Page 2

Please note only the items that have changed:	
Company Name	
Attention	
Street Address	
City - State	
Zip Code	Area Code and Phone Number
Has your business moved? Y N	Has ownership changed? Y N



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period:

Invoice Date:

831-000-0923 416 2826955005 Dec 21 - Jan 21, 2009

Jan 22, 2009 For Customer Care: 1 720 283-7366

Page 3

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

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Thank You For Choosing AT&T Where Every Customer Counts!



Billing detail continues on next page.

of 6



Erickson Retirement Communities, LLC

Account Number: Invoice Number: Bill Period:

831-000-0923 416 2826955005

Dec 21 - Jan 21, 2009 Jan 22, 2009

Invoice Date: For Customer Care: 1 720 283-7366

PAYMENTS AND ADJUSTMENTS

PAYMENTS

Photo Supplies Suppli	ents ved

No Payments Received

	A					
ACCOUNT Ch 1 01-22-2009	HARGES Adj. # 300000643645 LATE PAYMENT INTEREST	\$ 759.91	\$		\$	759.91
Date	nt Description	Adjustment to Charges	'	Adjustment to Taxes	A	Total djustments

Case 09-37010-sgj11 Claim 11-2 Part 8 Filed 03/13/12 Desc bill copy Page 1

of 6



Erickson Retirement Communities, LLC 701 MAIDEN CHOICE LN CORPORATE PROCUREMENT MANAGER BALTIMORE,MD,212285968 Account Number: Invoice Number: Bill Period:

Invoice Date: AT&T Tax ID: **831-000-0923 416** 0356686009

Jan 21 - Feb 21, 2009 Feb 22, 2009 13-4924710

Page 1

AT&T Business Services	For Billing Inquiries: 1 720 283-7366
SUMMARY OF CHARGES OTHER CHARGES & ADJUSTMENTS \$ 836.77 TOTAL CURRENT CHARGES \$ 836.77	ACCOUNT STATUS PREVIOUS BALANCE \$ 55,998.53 TOTAL CURRENT CHARGES 836.77
	TOTAL AMOUNT DUE \$ 56,835.30
	PAYMENT DUE DATE Mar 24, 2009
(These totals include all applicable charges, discounts, and taxes.)	ABOUT YOUR ACCOUNT ***

*** IMPORTANT NEWS ABOUT YOUR ACCOUNT ***

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Important News Continued on page 3

PLEASE WIRE TRANSFER FUNDS IN US DOLLARS TO: AT&T CFM, ABA Routing # 021001033, AT&T Acct # 00455777, SWIFT CODE: BKTRUS33

AT&T Return Mail P.O. Box 16740 Mesa, AZ 85201

TO ENSURE PROPER CREDIT, PLEASE DETACH BOTTOM PORTION AND RETURN WITH REMITTANCE.



If name, address, or telephone number has changed, please call Customer Care at 1 720 283-7366 or check box below and print new information on reverse side.

Account Number: Invoice Number: 831-000-0923 416 0356686009

Invoice Namber: Invoice Date: Payment Due Date:

Feb 22, 2009 Mar 24, 2009

Total Amount Due:

56,835.30

Amount Enclosed:

\$

#BWNGHNK ***** MIXED AADC 852 #83100009234160# 000000049 2 SP .630 N80

Erickson Retirement Communities, LLC
Attn: Erica Hohing
701 MAIDEN CHOICE LN
CORPORATE PROCUREMENT MANAGER
BALTIMORE,MD,212285968

Please Send Payments to:

MadadadMaaaddaladadaladdadadada

AT&T P.O. Box 13148 Newark, NJ 07101-5648

Please note only the items that have changed:					
Company Name					
Attention					
Street Address	100				
City - State					
Zip Code	Area Code and Phone Number				
Has your business moved? Y N	Has ownership changed? Y N				

Case 09-37010-sgj11 Claim 11-2 Part 8 Filed 03/13/12 Desc bill copy Page 3

Erickson Retirement Communities, LLC



Invoice Date:

831-000-0923 416 0356686009 Jan 21 - Feb 21, 2009 Feb 22, 2009

For Customer Care: 1 720 283-7366

Page 3

IMPORTANT NEWS ABOUT YOUR ACCOUNT

ACCOUNT STATUS

(cont'd)

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Attention customers: AT&T will charge a \$25 fee for any check returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

Thank You For Choosing AT&T Where Every Customer Counts!



Billing detail continues on next page.



Erickson Retirement Communities, LLC

Account Number: Invoice Number:

831-000-0923 416 0356686009

Bill Period: Invoice Date: Jan 21 - Feb 21, 2009 Feb 22, 2009

Invoice Date: Feb 22, 2009 For Customer Care: 1 720 283-7366

Page 5

PAYMENTS AND ADJUSTMENTS

PAYMENTS

No Payments Received

TOTAL OT	HER CHARGES & ADJUSTMENTS	\$ 836.77	\$	••••	\$ 836.77
ACCOUNT CF 1 02-24-2009	HARGES Adj. # 910000037896 LATE PAYMENT INTEREST	\$ 836.77	\$		\$ 836.77
	t Description	Adjustment to Charges		Adjustment to Taxes	Total Idjustments

Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

Judge: Stacey G. Jernigan Chapter: 11

Office: Dallas Last Date to file claims: 02/28/2010

Trustee: Dan Lain Last Date to file (Govt):

Creditor: (12860116)Claim No: 11 AT & T Services

Status: Original Filed Filed by: CR

James Grudus Esq. One AT & T Way,

Date: 12/08/2009 Entered by: Daniel Mason Modified:

Original Entered

Date: 12/08/2009 Last Amendment Filed: 03/13/2012 Last Amendment Entered: 03/13/2012

claimed: \$56835.30 **Amount** Unsecured claimed: \$56835.30

History:

Details 11-1 12/08/2009 Claim #11 filed by AT & T Services, Amount claimed: \$56835.30 (Mason,

Daniel)

11-2 03/13/2012 Amended Claim #11 filed by AT & T Services, Amount claimed: \$56835.30 **Details**

(Mason, Daniel)

Description: (11-1) services rendered

(11-2) see attached

Remarks:

Claims Register Summary

Case Name: Erickson Retirement Communities, LLC

Case Number: 09-37010-sgj11

Chapter: 11 Date Filed: 10/19/2009 **Total Number Of Claims: 1**

Total Amount Claimed*	\$56835.30
Total Amount Allowed*	

^{*}Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		