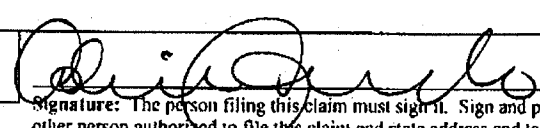


B10 (Official Form 10 (12/07))

UNITED STATES BANKRUPTCY COURT - CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Name of Debtor: <input checked="" type="checkbox"/> JAMES C. GIANULIAS <input checked="" type="checkbox"/> CAMFO HOMES.		Case Number: 8:08-13150 RK 8:08-13151 RK
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): <b>CLARKE Masonry, Inc.</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent: <b>Adrianna Corrado Lanak + Hanna, L.P. 400 North Tustin Ave, st. 120 Santa Ana, Ca 92705</b>		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>NOV 13 2008</b>  <small>CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY: _____ Deputy Clerk</small> </div>
Telephone No. <b>714-550-0418</b>		
Name and address where payment should be sent (if different from above): Telephone No. _____		<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 statement giving particulars. <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: <b>\$29,103.70 plus interest</b> 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 the claim. Attach itemized statement of all 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4). <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)(____). Amount entitled to priority: \$ _____ * Amounts are subject to adjustment on 4-1-20 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.
2. Basis for Claim: <b>SERVICES PERFORMED</b> (See instruction #2a on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
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: \$ _____		
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. 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 DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: <b>11-12-08</b>  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.		FOR COURT USE ONLY

**Village Walk**

Invoice #	Date	Gross Invoice	Amount		Balance		Retention		Net	
			Paid	Due	Due	Due	Due	Due		
1525	11/10/2006	70,656.00	63,590.40	7,063.60	7,063.60					
1575	2/23/2007	60,718.00	54,646.20	6,071.80	6,071.80					
1581	3/19/2007	24,000.00	21,600.00	2,400.00	2,400.00					
1620	5/31/2007	44,333.00	39,899.70	4,433.30	4,433.30					
1670	10/30/2007	9,133.00		9,133.00	9,133.00			913.30		8,219.70
		208,840.00	179,736.30	29,101.70	20,882.00					8,219.70

Attn: Scott  
714 550-7603

Fx

Exhibit     E      
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