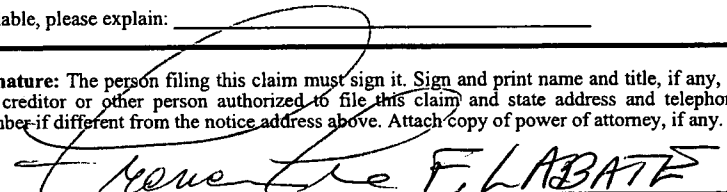


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input checked="" type="checkbox"/> Opus West Corporation <input checked="" type="checkbox"/> Opus West Construction Corporation <input type="checkbox"/> O.W. Commercial, Inc. <input checked="" type="checkbox"/> Opus West LP <input checked="" type="checkbox"/> Opus West Partners, Inc.		Case Number:
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. All other requests 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): FIRST CHOICE SERVICES		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <i>(If known)</i> Filed on:
Name and address where notices should be sent: FIRST CHOICE SERVICES 5091 KELTON WAY #100 SACRAMENTO, CA 95838 TEL: 916-924-1221		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: Email Address: SACRAMENTO@FIRSTCHOICESERVICES.COM		
Name and address where payment should be sent (if different from above): SACRAMENTO@FIRSTCHOICESERVICES.COM		
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>860.70</u> 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 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. <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 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). <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: \$
2. Basis for Claim: <u>GOOD SOLD - COFFEES & RELATED ITEMS</u> (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: _____ (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"/> Equipment <input type="checkbox"/> Other 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 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 or 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 instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: 7/29/09	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.  F. LABATE	
		FOR COURT USE ONLY

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.

Modified B10 (GCG) (12/08)

FILED

AUG 03 2009

PMC GROUP



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, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent (The BMC Group) are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** OPUS WEST CORPORATION, et al C/O BMC GROUP, PO BOX 3020, CHANHASSEN, MN, 55317-3020. **IF BY HAND OR OVERNIGHT COURIER:** OPUS WEST CORPORATION, et al C/O BMC GROUP, 18750 LAKE DRIVE EAST, CHANHASSEN, MN, 55317. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS November 9, 2009

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Northern District of Texas on July 6, 2009. You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4 and/or 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 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. You may be required to provide additional disclosure if the debtor, trustee or another party in interest files an objection to your 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, if any.

3a. Debtor May Have Scheduled Account As:

Use this space to 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.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) 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 to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing 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. 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. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

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 owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on 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 BMC Group as described in the instructions above and in the Bar Date Notice.

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(a)

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 should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

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 from the BMC Group, please provide a self-addressed stamped envelope and a copy of this proof of claim when you submit the original claim to the BMC Group.

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.

 * ***** STATEMENT *****
 * FIRST CHOICE SERVICES
 * 5091 KELTON WAY
 * SACRAMENTO, CA 95838
 * TEL: (916) 924-1221
 * FAX: (916) 924-9349

OPUS WEST - BLDG 9
 ATTN: ACCOUNTS PAYABLE
 180 PROMENADE CIRCLE #115
 SACRAMENTO CA 95834

ACCOUNT NO. | ACCOUNT NAME
 W9709 | OPUS WEST - BLDG 9
 STMENT DATE | STMENT DATE ACCT NO.
 07/16/09 | 07/16/09 W9709

RTE: #027 SRVFRQ: 99 TAX EXMPT # | TAX EXMPT#
 CDE: 1-Invoice; 2-Payment; 3-CredMemo; 4-DebMemo; 5-FinChg)

DATE	CDE	REF	CHARGES	CREDITS	BALANCE	REF	CDE	AMOUNT
04/28/09	1	541633	8.00		8.00	541633	1	8.00
05/22/09	1	544360	26.72		34.72	544360	1	26.72
05/28/09	1	545819	8.00		42.72	545819	1	8.00

PLEASE
 PAY -> 42.72 | TOTAL -> 42.72

AGED: CURRENT OVER 30 OVER 60 OVER 90
 0.00 34.72 8.00 0.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 541633

SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9709	Account: W9709
OPUS WEST - BLDG 9	OPUS WEST -BILDING 9-
ATTN: ACCOUNTS PAYBLE	ATTN: ACCOUNTS PAYBLE
180 PROMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	COOLER RENTAL BTLD H/C MTHLY	8.000		8.00
	HCBTLM			

Product Total	\$	8.00
TOTAL DUE	\$	8.00

EQUIPMENT BILLING

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: W9709
Invoice #: 541633
Amount \$ 8.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 544360
SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9709	Account: W9709
OPUS WEST - BLDG 9	OPUS WEST -BILDING 9-
ATTN: ACCOUNTS PAYBLE	ATTN: ACCOUNTS PAYBLE
180 PROMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
3	BOTTLED DEPOSIT			
	005004	.000		
3	BOTTLED CREDIT			
	005005	.000		
1	DELIVERY CHARGE		T	
	021000	5.950		5.95
3	PURIFIED BOTTLED WATER 5 GAL			
	051170	6.750		20.25

Product Total	\$	26.20
Tax Amount	\$.52
TOTAL DUE	\$	26.72

WE APPRECIATE YOUR BUSINESS!!

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
 FIRST CHOICE SERVICES
 5091 KELTON WAY, #100
 Sacramento, CA 95838
 (916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

 Account #: W9709
 Invoice #: 544360
 Amount \$ 26.72

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 545819

SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9709	Account: W9709
OPUS WEST - BLDG 9	OPUS WEST -BILDING 9-
ATTN: ACCOUNTS PAYBLE	ATTN: ACCOUNTS PAYBLE
180 PROMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	COOLER RENTAL BTLD H/C MTHLY			
	HCBTLM	8.000		8.00
Product Total				\$ 8.00
TOTAL DUE				\$ 8.00
EQUIPMENT BILLING				

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: W9709
Invoice #: 545819
Amount \$ 8.00

 * ***** STATEMENT *****
 * FIRST CHOICE SERVICES
 * 5091 KELTON WAY
 * SACRAMENTO, CA 95838
 * TEL: (916) 924-1221
 * FAX: (916) 924-9349

OPUS WEST	ACCOUNT NO.	ACCOUNT NAME
ATTN: ACCOUNTS PAYABLE	C6027	OPUS WEST
180 PROMENADE CIRCLE	STMENT DATE	STMENT DATE ACCT NO.
SACRAMENTO CA 95834	07/16/09	07/16/09 C6027

RTE: #005 SRVFRQ: D1 TAX EXMPT # TAX EXMPT#
 CDE: 1-Invoice; 2-Payment; 3-CredMemo; 4-DebMemo; 5-FinChg)

DATE	CDE	REF	CHARGES	CREDITS	BALANCE	REF	CDE	AMOUNT
02/28/09	1	531855	115.00		115.00	531855	1	115.00
03/04/09	1	532576	289.55		404.55	532576	1	289.55
03/28/09	1	536493	115.00		519.55	536493	1	115.00
04/01/09	1	535966	85.30		604.85	535966	1	85.30
04/28/09	1	541100	115.00		719.85	541100	1	115.00
04/29/09	1	540419	32.85		752.70	540419	1	32.85
05/22/09	2	001396		242.19	510.51	001396	2	242.19 CR
05/28/09	1	545285	115.00		625.51	545285	1	115.00
05/29/09	1	544603	26.47		651.98	544603	1	26.47
06/28/09	1	549824	115.00		766.98	549824	1	115.00

PLEASE
 PAY -> 766.98 TOTAL -> 766.98

AGED: CURRENT OVER 30 OVER 60 OVER 90
 115.00 141.47 147.85 362.66

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 531855
SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION			
ITEM #	UNIT PRICE	P	TOTAL	\$
1	INNOWAVE CHILL SPORT WHT FLTR 1014F		40.00	40.00
1	COLIBRI COFFEE UNIT COLIB		75.00	75.00

Product Total	\$	115.00
TOTAL DUE	\$	115.00

EQUIPMENT BILLING

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 531855
Amount \$ 115.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 532576

SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION			
ITEM #	UNIT PRICE	P	TOTAL	\$

2	PEET'S FRENCH 1LB GR			
018211	13.450		26.90	
2	PEET'S MAJOR DICKSON 1LB W/B			
018245	13.100		26.20	
1	DELIVERY CHARGE			
021000	5.950		5.95	
1	CARN LIQ FR VANILLA 180CT			
022054	15.930		15.93	
1	SPLENDA 400 CT			
022111	27.950		27.95	
1	BIG GREEN TEA 1/28 (6)			
031011	4.200		4.20	
1	BIG CRANBERRY APPLE 1/28 H (6)			
031039	4.200		4.20	
1	PEET'S ENG BRKFST 1/24			
031221	6.000		6.00	
1	NESTLE WHIPPER MIX 2LB			
033013	7.000		7.00	
6	WP REAL MILK 220Z			
033829	17.310		103.86	
2	FIRST CAFE FRNCH VAN CAPP 2LB			
033991	7.000		14.00	
1	FILTER EXCH. QC4 (MAR)	T		
13026C	43.950		43.95	

CONTINUED

Product Total \$ 286.14
Tax Amount \$ 3.41
T O T A L D U E \$ 289.55

PM 3-2 CALL AHEAD ORDER FOR ROUTE
DAY TIFFANY

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:

FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:

COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment

** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 532576
Amount \$ 289.55

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 536493

SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	INNOWAVE CHILL SPORT WHT FLTR			
	1014F	40.000		40.00
1	COLIBRI COFFEE UNIT			
	COLIB	75.000		75.00
Product Total			\$	115.00
TOTAL DUE			\$	115.00
EQUIPMENT BILLING				

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
 FIRST CHOICE SERVICES
 5091 KELTON WAY, #100
 Sacramento, CA 95838
 (916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment

** TERMS NET 10 DAYS **

 Account #: C6027
 Invoice #: 536493
 Amount \$ 115.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 535966
SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION		
ITEM #	UNIT PRICE	P	TOTAL \$
3	PEET'S FRENCH 1LB GR		
	018211 13.450		40.35
1	DELIVERY CHARGE		
	021000 5.950		5.95
1	PEET'S ENG BRKFST 1/24		
	031221 6.000		6.00
2	PEET'S MASALA CHAI 1/24CT		
	031265 6.000		12.00
3	FIRST CAFE FRNCH VAN CAPP 2LB		
	033991 7.000		21.00

Product Total	\$	85.30
TOTAL DUE	\$	85.30

PM 3-26 CALL AHEAD ORDER FOR ROUTE
DAY TIFFANY

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
 FIRST CHOICE SERVICES
 5091 KELTON WAY, #100
 Sacramento, CA 95838
 (916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

 Account #: C6027
 Invoice #: 535966
 Amount \$ 85.30

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 541100
SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	INNOWAVE CHILL SPORT WHT FLTR			
	1014F	40.000		40.00
1	COLIBRI COFFEE UNIT			
	COLIB	75.000		75.00

Product Total	\$	115.00
TOTAL DUE	\$	115.00

EQUIPMENT BILLING

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 541100
Amount \$ 115.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 540419

SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION			
ITEM #	UNIT PRICE	P	TOTAL	\$

2	PEET'S FRENCH 1LB GR			
018211	13.450		26.90	
1	DELIVERY CHARGE			
021000	5.950		5.95	

Product Total	\$	32.85
TOTAL DUE	\$	32.85

PM 4-27 CALL AHEAD ORDER LAURA

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment

** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 540419
Amount \$ 32.85

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 545285

SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
-----	-------------	------------	---	----------

1	INNOWAVE CHILL SPORT WHT FLTR			
	1014F	40.000		40.00
1	COLIBRI COFFEE UNIT			
	COLIB	75.000		75.00

Product Total	\$	115.00
TOTAL DUE	\$	115.00
EQUIPMENT BILLING		

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment

** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 545285
Amount \$ 115.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 544603

SALES INVOICE

Route 006 SA - RALPH VERMILLION

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1 Rt:005

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	DELIVERY CHARGE		T	
	021000	5.950		5.95
1	PEET'S ENG BRKFST 1/24			
	031221	6.000		6.00
2	FIRST CAFE FRNCH VAN CAPP 2LB			
	033991	7.000		14.00

Product Total	\$	25.95
Tax Amount	\$.52
TOTAL DUE	\$	26.47

PM 5-26 CALL AHEAD ORDER TIFFANY

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 544603
Amount \$ 26.47

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 549824

SALES INVOICE

Route 005 SA - EDWARD - COFFEE

Bill To	Shipped To
Account: C6027	Account: C6027
OPUS WEST	OPUS WEST
ATTN: ACCOUNTS PAYABLE	
180 PROMENADE CIRCLE	180 PROMENADE CIRCLE #115
SACRAMENTO CA 95834	SACRAMENTO CA 95834

Phone: (916)-928-7500 D1

QTY	DESCRIPTION			
ITEM #	UNIT PRICE	P	TOTAL	\$
1	INNOWAVE CHILL SPORT WHT FLTR 1014F		40.00	40.00
1	COLIBRI COFFEE UNIT COLIB		75.00	75.00
Product Total		\$	115.00	
TOTAL DUE		\$	115.00	
EQUIPMENT BILLING				

THANK YOU!

X _____
X _____

PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: C6027
Invoice #: 549824
Amount \$ 115.00

 * ***** STATEMENT ***** *
 * FIRST CHOICE SERVICES *
 * 5091 KELTON WAY *
 * SACRAMENTO, CA 95838 *
 * TEL: (916) 924-1221 *
 * FAX: (916) 924-9349 *

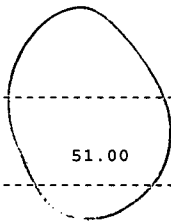
OPUS WEST STOCKTON JOB TR	ACCOUNT NO.	ACCOUNT NAME
ATTN TIFFANY	W9710	OPUS WEST STOCKTON JOB
180 PEOMENADE CIRCLE #115	STMENT DATE	STMENT DATE ACCT NO.
SACRAMENTO CA 95834	07/16/09	07/16/09 W9710

RTE: #027 SRVFRQ: 99 TAX EXMPT # TAX EXMPT#
 CDE: 1-Invoice; 2-Payment; 3-CredMemo; 4-DebMemo; 5-FinChg)

DATE	CDE	REF	CHARGES	CREDITS	BALANCE	REF	CDE	AMOUNT
04/24/09	1	539973	27.00		27.00	539973	1	27.00
04/28/09	1	541634	8.00		35.00	541634	1	8.00
05/28/09	1	545820	8.00		43.00	545820	1	8.00
06/28/09	1	550355	8.00		51.00	550355	1	8.00

PLEASE
 PAY -> 51.00 TOTAL -> 51.00

AGED: CURRENT OVER 30 OVER 60 OVER 90
 8.00 8.00 35.00 0.00



FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 539973
SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9710	Account: W9710
OPUS WEST STOCKTON JOB TR	OPUS WEST STOCKTON F&E
ATTN TIFFANY	
180 PEOMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
4	BOTTLED DEPOSIT			
	005004	.000		
1	BOTTLED CREDIT			
	005005	.000		
4	PURIFIED BOTTLED WATER 5 GAL			
	051170	6.750		27.00

Product Total	\$	27.00
TOTAL DUE	\$	27.00

WE APPRECIATE YOUR BUSINESS!!

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: W9710
Invoice #: 539973
Amount \$ 27.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 541634

SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9710	Account: W9710
OPUS WEST STOCKTON JOB TR	OPUS WEST STOCKTON F&E
ATTN TIFFANY	
180 PEOMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	COOLER RENTAL BTLD H/C MTHLY			
	HCBTLM	8.000		8.00
Product Total				\$ 8.00
TOTAL DUE				\$ 8.00
EQUIPMENT BILLING				

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: W9710
Invoice #: 541634
Amount \$ 8.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 545820
SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9710	Account: W9710
OPUS WEST STOCKTON JOB TR	OPUS WEST STOCKTON F&E
ATTN TIFFANY	
180 PEOMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	COOLER RENTAL BTLD H/C MTHLY	8.000		8.00
	HCBTLM			

Product Total	\$	8.00
TOTAL DUE	\$	8.00

EQUIPMENT BILLING

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: W9710
Invoice #: 545820
Amount \$ 8.00

FIRST CHOICE SERVICES

** INVOICE **

Please pay from this invoice!

INVOICE NO: 550355
SALES INVOICE

Route 027 SA -MAURICE BELL-WATER

Bill To	Shipped To
Account: W9710	Account: W9710
OPUS WEST STOCKTON JOB TR	OPUS WEST STOCKTON F&E
ATTN TIFFANY	CANCELED
180 PEOMENADE CIRCLE #115	ARCH RD & NEWCASTLE
SACRAMENTO CA 95834	STOCKTON CA 95215

Phone: (916)-919-1343 99

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
1	COOLER RENTAL BTLD H/C MTHLY	8.000		8.00
	HCBTLM			
	Product Total		\$	8.00
	TOTAL DUE		\$	8.00
	EQUIPMENT BILLING			

THANK YOU!

X _____
X _____
PRINT NAME

Remit to:
FIRST CHOICE SERVICES
5091 KELTON WAY, #100
Sacramento, CA 95838
(916) 924-1221

ADDITIONAL SERVICES:
COFFEE, BOTTLED WATER, FILTERED WATER

Please remit stub below with payment

** TERMS NET 10 DAYS **

Account #: W9710
Invoice #: 550355
Amount \$ 8.00