

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input type="checkbox"/> Opus West Corporation <input checked="" type="checkbox"/> Opus West Construction Corporation <input type="checkbox"/> O.W. Commercial, Inc. <input type="checkbox"/> Opus West LP <input type="checkbox"/> Opus West Partners, Inc.		Case Number: <i>CHAPTER 11</i> <i>90-34360-11</i>
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): <i>Patrick Hanlon</i>		<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: <i>Patrick Hanlon</i> <i>7669 Eastgate Ave</i> <i>Citrus Heights, CA 95610</i> Telephone number: Email Address:		<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.
Name and address where payment should be sent (if different from above): Telephone number: <i>(916) 967-2194; alt. (916) 990-3130</i>		
1. Amount of Claim as of Date Case Filed: \$ <i>5,068.50</i> 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 checked="" 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: <i>EMPLOYMENT COMPENSATION.</i> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <i>9790</i> 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: <i>8-1-09</i>	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. <i>Patrick Hanlon</i>	
		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 06 2009
 BMC GROUP



United States Bankruptcy Court
Northern District of Texas
Dallas Division
Chapter 11
Case No. 90-34360-11

8/1/09

In the claim of Patrick Hanlon against Opus West Construction Corporation

The following serves as part of my document of claim. In mid March 2009, I received notice that half the promised 2008 bonus would be paid then and the remaining half paid at a latter date this year when the company righted itself from the financial difficulty it found itself in at the time. The attached Earnings Statement is highlighted in the amount received for the first half of the bonus. The actual correspondence has been misplaced and is not available for examination. No doubt there will be others that will produce the same document that, in kind, will substantiate my claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "Patrick Hanlon", followed by a horizontal line extending to the right.

Patrick Hanlon

Opus West Construction Corp
 2555 East Camelback Road
 Suite 800
 Phoenix AZ 85016

Earnings Statement

Pay Period: 3/1/2009 to 3/15/2009 Pay Date: 3/13/2009
 Route: I-ONLINE Check No: 24885

Hanlon, Patrick #1035326
 7669 Eastgate Ave
 Citrus Heights CA 95610

Earnings	Hours	Rate	This Period	Year to Date
Regular Pay			5,068.50	33,373.20
PTO Term Adj			1,267.13	6,282.64
Severance			314.24	2,103.14
Incen-NonDis			73.49	491.86
GTL			304.11	1,781.25
Prst Use Tk			55.75	372.76
				515.00
				33.76
				1,933.84

Deductions -

Statutory and Other	This Period	Year to Date
----- Gross -----	5,068.50	33,373.20
FIT	1,267.13	6,282.64
FICA-EE	314.24	2,103.14
Medi - EE	73.49	491.86
CA SIT	304.11	1,781.25
CA SDI - EE	55.75	372.76
EE-Med-S		515.00
EE-Vision-S		33.76
401k		1,933.84

Total Gross Pay 5,068.50
 Total Taxable 5,068.50

Total Deductions 2,014.72
 Total Net Pay 3,053.78