

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: <p style="font-size: 2em;">09-34356</p>
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): <p style="font-size: 1.5em;">Laura R. Smith</p>		<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: <p style="font-size: 1.2em;">9750 Old Placerville Rd. #107, Sacramento, CA 95827</p> Telephone number: (916) 995-2552 Email Address: lroses2010@live.com		<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:		
1. Amount of Claim as of Date Case Filed: \$ <u>987.00</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 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: <p style="text-align: center;">\$</p>
2. Basis for Claim: <u>Compensation owed</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. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: <p style="font-size: 1.5em;">8/03/09</p>	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. <p style="font-size: 1.5em;">Laura R. Smith</p>	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 (GCC) (12/08)

FILED

AUG 06 2009

BMC 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.

Laura R. Smith
9750 Old Placerville Road #107
Sacramento, CA 95827

August 3, 2009

Opus West Construction Corporation
c/o BMC Group
P.O. Box 3020
Chanhasen, MN 55317-3020

To Whom It May Concern:

I am writing in regard to the *Proof of Claim* that I am filing for Case Number: 09-34356. The name of the Debtor for this case pertaining to my claim is Opus West Construction Corporation.

In April of 2008 I was presented with my *2008 Compensation Package* as an employee of Opus West Construction Corporation. As a part of my package you will see listed on the document that my *Incentive Target* was \$4,500. I was informed that this part of my compensation would come at the New Year of 2009 prior to March 15, 2009.

On March 13, 2009 we received a memo from the President of Opus West, Tom Roberts, stating that we would only receive 50% of our *Incentive Compensation* and that the remaining 50% would be paid by the year-end 2009.

I'm attaching bank statements showing that the amount of \$987.49 was deposited into my bank accounts as I had set up *Direct Deposit*. You will see that \$887.49 was deposited into Wells Fargo account number ending in 7672 on 3/13 and reads as "Opus West Constr Payroll Mar 09 XXXXX8279 Smith, Laura R." The remaining \$100.00 of this amount was deposited into Wells Fargo account number ending in 6209 on 3/13/09 and reads as "Opus West Constr Payroll Mar 09 XXXXX8279 Smith, Laura R." The amount was split into two accounts because I had selected to have \$100.00 of every other paycheck from Opus, deposited into the second account ending in 6209.

I have also attached as additional proof the transfer that I made on 3/13/09 from Wells Fargo account number ending in 7672 to Wells Fargo account number ending in 1035 (my savings) titled "Online Transfer Ref #IBEBW89RZ3 from Checking Bonus Transfer for Wedding Fund" in the amount of \$987.00.

I am owed the remaining amount of this bonus which is \$987.49. Opus considered this as part of our annual salary and I have been unfairly shorted this remaining amount.

Thank you for your assistance in this matter. I can be reached at (916) 995-2552 or at roses2010@live.com with any questions or concerns.

Sincerely,



Laura R. Smith

Enclosures

Enclosures: 7

1. United States Bankruptcy Court for the Northern District of Texas, Proof of Claim, Case Number: 09-34356
2. Opus West Construction Corporation, 2008 Compensation Package for Laura Smith, dated March 31, 2008
3. Memo from Tom Roberts, President of Opus West to Opus West Employees re: 2008 Incentive Compensation
4. Wells Fargo Account Statement dated March 10 through April 8, 2009 Account Number: xxxxxxx7672
5. Wells Fargo Account Statement dated February 28 through March 26, 2009 Account Number: xxxxxxx6209
6. Wells Fargo Account Statement dated March 1 through March 31, 2009 Account Number: xxxxxxx1035
7. Copy of *Proof of Claim* and Self-Addressed, Stamped envelope for purposes of proof of filing/received

Opus West Construction Corporation

March 31, 2008

To: LAURA SMITH

Re: 2008 Compensation Package

We are pleased to present your 2008 compensation package:

	2007	2008
Salary	\$ 41,000	\$ 45,000
Incentive Target	\$ -	\$ 4,500
Total (w/ target incentive)	\$ 41,000	\$ 49,500
Incentive Actual	\$ -	
Retirement Plan – Estimated (if eligible to participate)	\$ 4,838	\$ 5,778
New Title		TI Coord
Total	\$ 45,838	\$ 55,278

03/09

Thank you for all of your hard work and for your contributions to the success of Opus West in 2007!



THE OPUS GROUP
ARCHITECTS
CONTRACTORS
DEVELOPERS

OPUS WEST CORPORATION

A member of The Opus Group

2555 East Camelback Road, Suite 800 • Phoenix, AZ 85016

Phone: 602-468-7000 • Fax: 602-468-7045

www.opuscorp.com

Memo

To: Opus West Employees
From: Tom Roberts
Date: March 10, 2009
Re: 2008 Incentive Compensation

Attached is the summary of your 2008 Incentive Compensation.

Fifty percent (50%) of the amount will be paid in cash on March 13, 2009, with the balance being delayed due to Company cash flow. This will apply to both existing and laid off employees.

Opus is committed to making all payments due to employees. Our goal is to have all payments made by year-end 2009.

Thank you for your patience and understanding.

Account Statement

March 10 through April 8, 2009

Account Number: 17672

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The Wells Fargo logo, consisting of the words "WELLS" and "FARGO" stacked vertically in a white, sans-serif font inside a black square.

LAURA R SMITH
9750 OLD PLACERVILLE RD APT 107
SACRAMENTO CA 95827-3364

Thank you for banking with Wells Fargo. For assistance, call: 1-800-TO-WELLS (1-800-869-3557), TDD number (for the hearing impaired only): 1-800-877-4833. Or write: WELLS FARGO BANK, N.A., P.O. BOX 6995, PORTLAND, OR 97228-6995.

Premium Membership Checking

Laura R Smith

Account Number: 17672

Activity summary

Balance on 03/09

Deposits and interest

Withdrawals

.....
Balance on 04/08

Interest you've earned

Interest earned this period

Average collected balance this period

Annual percentage yield earned

Interest paid this year

At Wells Fargo, we are committed to continually providing our customers with tools and information to help you reach your financial goals. We are in the process of redesigning your statement to give it a new easy-to-read look and have also added new features to help you quickly and easily locate information that is important to you. Look for your new statement in the coming months.

Continued on next page

→ Partial amount of Bonus - remaining \$100.00 was put into acct. # ending in 6209

Activity detail

Deposits and interest

Date	Description	\$ Amount
03/13	Opus West Constr Payroll Mar 09 XXXXX8279 Smith, Laura R.	1,259.57
03/13	Opus West Constr Payroll Mar 09 XXXXX8279 Smith, Laura R.	887.49
	imb	

Total deposits and interest

Withdrawals

Checks

Number	Date	\$ Amount	Number	Date	\$ Amount	Number	Date	\$ Amount
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Account Statement

February 28 through March 26, 2009

Account Number: 6209

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STEVEN ROBERSON
LAURA R SMITH
9750 OLD PLACERVILLE RD APT 107
SACRAMENTO CA 95827-3364

Thank you for banking with Wells Fargo. For assistance, call: 1-800-TO-WELLS (1-800-869-3557), TDD number (for the hearing impaired only):1-800-877-4833. Or write: WELLS FARGO BANK, N.A., P.O. BOX 6995, PORTLAND, OR 97228-6995.

Revised Agreement For Online Banking
We've updated our Online Access Agreement. To see what has changed, please visit wellsfargo.com/onlineupdates

Wells Fargo Basic Checking

Steven Roberson

Laura R Smith

Account Number: 16209

Activity summary

Balance on 02/27

Deposits

Withdrawals

.....
Balance on 03/26

At Wells Fargo, we are committed to continually providing our customers with tools and information to help you reach your financial goals. We are in the process of redesigning your statement to give it a new easy-to-read look and have also added new features to help you quickly and easily locate information that is important to you. Look for your new statement in the coming months.

Continued on next page

→ Remaining \$100.00 that opus deposited to make
a total of \$987.49

Activity detail

Deposits

Date	Description	\$ Amount
03/13	Opus West Constr Payroll Mar 09 XXXXX8279 Smith, Laura R.	100.00
Total deposits		\$1,060.00

Withdrawals

\$ Amount

03/16	Check Crd Purchase 074940013815389 ?MCC=5814 121042882DA01
03/16	Check Crd Purchase 03/14 Aaa*payment 800-922-8228Ca 486827XXXXXXXXXX 074940008912121 ?MCC=6300 121042882DA01

Account Statement

March 1 through March 31, 2009

Account Number: 1035

Page 1 of 3



LAURA R SMITH
9750 OLD PLACERVILLE RD APT 107
SACRAMENTO CA 95827-3364

Thank you for banking with Wells Fargo. For assistance, call: 1-800-TO-WELLS (1-800-869-3557), TDD number (for the hearing impaired only):1-800-877-4833. Or write: WELLS FARGO BANK, N.A., P.O. BOX 6995, PORTLAND, OR 97228-6995.

Revised Agreement For Online Banking

We've updated our Online Access Agreement. To see what has changed, please visit wellsfargo.com/onlineupdates

Wells Fargo Money Market Savings

Laura R Smith

Account Number: 1035

Activity summary

Balance on 02/28

Deposits and interest

Withdrawals

.....
Balance on 03/31

Interest you've earned

Interest earned during this period

Average collected balance this period

Annual percentage yield earned

Interest paid to date this year

Total interest earned in 2008

At Wells Fargo, we are committed to continually providing our customers with tools and information to help you reach your financial goals. We are in the process of redesigning your statement to give it a new easy-to-read look and have also added new features to help you quickly and easily locate information that is important to you. Look for your new statement in the coming months.

Continued on next page

March 1 through March 31, 2009

Account Number: 1035

Page 2 of 3

Shows where I transferred the 50% of my compensation that I received into my savings account.

Activity detail

Deposits and interest

Date	Description	\$ Amount
03/13	Online Transfer Ref #IBEBW89RZ3 From Checking Bonus Transfer For Wedding Fund	987.00

Date	Description	\$ Amount
	Interest Payment	

Total deposits and interest

Withdrawals

Date	Description	\$ Amount
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Total withdrawals