

INSTRUCTIONS: Complete this form and mail to the U.S. BANKRUPTCY COURT ATTN: CLAIMS

B-19 (J-88) United States Bankruptcy Court <i>Dallas</i> DISTRICT OF <i>TX</i>	PROOF OF CLAIM CHAPTER <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
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Name of Debtor <i>Opus West</i>	Bankruptcy Case No. <i>09-34356</i>
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FILED

JUL 14 2009

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

A. CREDITOR INFORMATION
(The creditor is the person or other entity to whom the debtor owes money or property)

OfficeMax 263 Shuman Blvd Naperville, IL 60563-1255 <i>Att: Credit</i> <i>630-864-6918</i>	Check box if you never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. <input type="checkbox"/> Check box and attach copy of assignment if claim has been assigned to you. <input type="checkbox"/>
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THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor: <i>441159</i>	Check here if this claim replaces/amends a previously filed claim dated: _____ or supplements
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B. CLAIM INFORMATION

1. BASIS FOR CLAIM: Goods purchased <input checked="" type="checkbox"/> <i>Office Supplies</i> Services performed Money loaned Other forms of contract (Identify) Personal injury/Wrongful death/Property damage Other (Describe briefly)	Wages, Salaries and Commissions (Fill out below) Your social security number _____ Unpaid services performed from _____ to _____ Nature of services (Describe briefly)
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RECEIVED

AUG 12 2009

BMC GROUP

2. DATE DEBT WAS INCURRED:	<i>05/05/09 To 06/19/09</i>
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3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another - such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM.

UNSECURED NONPRIORITY CLAIM \$ <u>691.¹⁰</u> For the purposes of this form, a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt. SECURED CLAIM \$ _____ Attach evidence of perfection of security Brief Description of Collateral: Real Estate Motor Vehicle Other	PRIORITY CLAIM \$ _____ Specify the priority of the claim by checking the appropriate box(es) Wages, salaries or commissions (up to \$2000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. §507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. §507(a)(8) Taxes or penalties of governmental units - 11 U.S.C. §507(a)(7) Other specify:
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4. TOTAL AMOUNT OF CLAIM: \$ <u>691.¹⁰</u> (Unsecured) + \$ _____ (Secured) + \$ _____ (Priority)	= \$ <u>691.¹⁰</u> (Total)
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5. Attach copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.
6. This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.
7. CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.
8. To receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

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C. CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatrued interest is included, and that the undersigned is authorized to make this claim.

Date <i>7/7/09</i>	Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this C <i>Anestis Derakis</i> Credit Supervisor	OPUS WEST  00087
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AR00017: NO MORE DATA TO DISPLAY
 CUST 0441159 CONS OWSAC BILL-TO S IND(S/B) SLR 9986
 INV DATE --- DUE DATE --- PO #
 NM OPUS WEST --- TERMS NET 20 DAYS --- AS OF 07/03/09 COLL CD 70M-T S/B COLL LOC 70 PH# 000 000-0000
 SHIP SHIP BILL
 S LOC CONS INVOICE # SRC INV DATE CUST P.O.# T S SUM BIL INV AMOUNT CC CUMM AMOUNT CHECK # DUE DATE DPD

S LOC	SHIP CONS	INVOICE #	SRC	INV DATE	CUST P.O.#	T S	SUM BIL	INV AMOUNT	CC	CUMM AMOUNT	CHECK #	DUE DATE	DPD
08631	OWSAC OWBIL	00727253	00	05/07/09	91687032	0	W MONTHLY	14.46		14.46		06/21/09	12
08631	OWSAC OWBIL	00792895	00	05/13/09	91903645	0	W MONTHLY	28.82		43.28		06/21/09	12
08631	OWSAC OWBIL	00896932	00	05/21/09	92228273	0	W MONTHLY	44.64		87.92		06/21/09	12
08631	OWSAC OWBIL	00057361	00	06/04/09	92596829	0	W MONTHLY	60.20		148.12		07/21/09	
08631	OWSAC OWBIL	00057365	00	06/04/09	92571983	0	W MONTHLY	460.27		608.39		07/21/09	

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SHIP	SHIP	BILL	INVOICE #	SRC	INV DATE	CUST P.O.#	T S	SUM	BIL	INV AMOUNT	CC	CUMM AMOUNT	CHECK #	DUE DATE	DPD
S LOC	CONS	CONS					0 W	MONTHLY							
00534	OWHOU	OWBILL	00200937	00	05/05/09	91641943	0 W	MONTHLY		38.86		38.86		06/21/09	12
00534	OWHOU	OWBILL	00208205	00	06/19/09	92951286	0 W	MONTHLY		43.85		82.71		07/21/09	