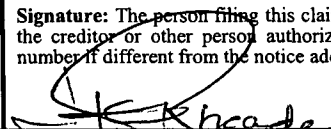


<b>UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS</b>		<b>PROOF OF CLAIM</b>
<b>Name of Debtor: (Check Only One):</b> <input type="checkbox"/> Opus West Corporation <input checked="" type="checkbox"/> Opus West Construction Corporation <input type="checkbox"/> O.W. Commercial, Inc. <input type="checkbox"/> Opus West LP <input type="checkbox"/> Opus West Partners, Inc.		<b>Case Number:</b>  09-34360-11
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.		
<b>Name of Creditor (the person or other entity to whom the debtor owes money or property):</b>  NOR CAL PAINTING & WATERPROOFING, INC.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> <i>(If known)</i>  Filed on: _____
<b>Name and address where notices should be sent:</b> NOR CAL PAINTING & WATERPROOFING, INC. 1065 SERPENTINE LANE #400, PLEASANTON, CA 94566 <b>Telephone number:</b> 925/484-9800. <b>Email Address:</b> _____		<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.
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> _____		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>5,179.50</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.		<b>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.</b>  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)( ).  <b>Amount entitled to priority:</b>  \$ _____
<b>2. Basis for Claim:</b> <u>SERVICES PERFORMED</u> (See instruction #2 on reverse side.)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____ <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction §3a on reverse side.)		
<b>4. Secured Claim (See instruction #4 on reverse side.)</b>  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> ____% <b>Amount of arrearage and other charges as of time case filed included in secured claim, if any:</b> \$ _____ <b>Basis for perfection:</b> _____ <b>Amount Unsecured:</b> \$ _____		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>7. Documents:</b> 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: _____		
<b>Date:</b>  8/18/2009	<b>Signature:</b> 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.  <div style="text-align: center;">   <b>JAMES H. RHOADES</b>  <b>PRESIDENT</b> </div>	
		<b>FOR COURT USE ONLY</b>

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)

**RECEIVED**

**AUG 25 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.

Accounts Receivable Job Aging

Detail Report - All AR Accounts, Aging Date: 08/31/09

Job	Job Name	Customer Id	Customer Name	Telephone	Current	1-30 Past	31-60 Past	61-90 Past	Over 90 PO No.	Job	AR Acct.
<u>2007174</u>	Fremont Tech Center	<u>1</u>									
	OPUS		Opus West Constr. Corp.	(925) 730-3232							
<u>14843</u>	03/12/09	04/11/09	142		0.00	0.00	0.00	0.00	164.00	AWA #3567	2007174 1110
<u>14881</u>	04/10/09	05/10/09	113		0.00	0.00	0.00	0.00	3,500.00		<u>2007174</u> 1110
	Customer Totals				3,664.00	0.00	0.00	0.00	3,664.00		
	Job Totals				3,664.00	0.00	0.00	0.00	3,664.00		
<u>2008176SPC</u>	Shoreline Crt-2nd Fl & Spec TI	<u>2</u>									
	OPUS		Opus West Constr. Corp.	(925) 730-3232							
<u>14823</u>	02/20/09	03/22/09	162		0.00	0.00	0.00	0.00	715.50	C/O #1	<u>2008176SP</u> 1110 Pmt APP #3
<u>114823</u>	02/25/09	03/27/09	157		0.00	0.00	0.00	0.00	800.00	RET.	<u>2008176SP</u> 1110 Pmt APP #4
	Customer Totals				1,515.50	0.00	0.00	0.00	1,515.50		
	Job Totals				1,515.50	0.00	0.00	0.00	1,515.50		
	Totals Listed				5,179.50	0.00	0.00	0.00	5,179.50		

**NOR CAL PAINTING & WATERPROOFING, INC.**

1065 SERPENTINE LANE #400

PLEASANTON, CA 94566

Telephone 925-484-9800

**invoice**

①

INVOICE NO.	INVOICE DATE	PAGE
14843	03/12/09	1

Contract Invoice

**SOLD TO**

Opus West Constr. Corp.  
6160 Stoneridge Mall Road  
Suite #360  
Pleasanton, CA 94588

**PROJECT:**

Fremont Tech Center  
47677 Lakeview Blvd.  
Fremont, CA

ACCOUNT NO.	SP	PURCHASE ORDER	SHIP VIA	DATE SHIPPED	TERMS	JOB
OPUS		AWA #3567		03/12/09	NET 30	2007174

QTY ORDERED	QTY SHIPPED BACK ORDERED	ITEM	UNIT PRICE	DISC %	TAX SD	EXTENDED PRICE
		DESCRIPTION	UNIT			
1.00	1.00	AWA #3567 - Detail Attached	164.00	0.00		164.00

<b>Thank You</b>		<b>SALE AMOUNT</b>	164.00
		<b>DISCOUNT</b>	0.00
		<b>FREIGHT CHARGE</b>	0.00
		<b>SALES TAX</b>	0.00
		<b>TOTAL</b>	164.00

# ADDITIONAL WORK AUTHORIZATION

①  
3567

## NOR CAL PAINTING & WATERPROOFING, INC.

1065 SERPENTINE LANE, STE. 400  
PLEASANTON, CA 94566  
(925) 484-9800 Fax (925) 484-0733

CUSTOMER NAME <b>OP US</b>		PHONE	DATE <b>12-03-12-09</b>
STREET		JOB NAME <b>FREMONT TEC</b>	JOB NUMBER
CITY	STATE	JOB ADDRESS	
EXISTING CONTRACT NO.		CITY <b>FREMONT</b>	STATE

DESCRIPTION **CRACKS ON EXTERIOR BLD (HENRY OWNER)**

**1) PATCH - PRIME AND FINISH COAT PATCHES**

LABOR											
OCCUPATION	EMPLOYEE NAME	M	T	W	T	F	S/S	HRS	RATE	TOTAL	
PAINTER	SAM			2				2	\$60	\$120.00	

LABOR TOTAL **\$120.00**

MATERIAL/EQUIPMENT			
ITEM	QUANTITY	UNIT PRICE	TOTAL
FLEX COATE	1 GAL	\$22/gal	\$22.00
FLEX COATE	1 GAL	\$22/gal	\$22.00

TOTAL MATERIAL/EQUIPMENT **\$44.00**

TOTAL LABOR **\$120.00**

TOTAL ADDITIONAL CHARGE FOR ABOVE WORK **\$164.00**

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date \_\_\_\_\_ Authorizing Signature \_\_\_\_\_  
(OWNER SIGNS HERE)

---

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
(CONTRACTOR SIGNS HERE)

Print Name \_\_\_\_\_

NOTE: This Revision becomes part of, and in conformance with, the existing contract.

# NOR CAL PAINTING & WATERPROOFING, INC.

1065 SERPENTINE LANE #400

PLEASANTON, CA 94566

Telephone 925-484-9800

# invoice



INVOICE NO.	INVOICE DATE	PAGE
14881	04/10/09	1

Contract Invoice

**SOLD TO**

Opus West Constr. Corp.  
6160 Stoneridge Mall Road  
Suite #360  
Pleasanton, CA 94588

**PROJECT:**

Fremont Tech Center  
47677 Lakeview Blvd.  
Fremont, CA

ACCOUNT NO.	SP	PURCHASE ORDER	SHIP VIA	DATE SHIPPED	TERMS	JOB	
OPUS				04/10/09	NET 30	2007174	
QTY ORDERED	QTY SHIPPED BACK ORDERED	ITEM DESCRIPTION		UNIT PRICE UNIT	DISC %	TAX SD	EXTENDED PRICE
1.00	1.00	Concrete Crack Repairs/Bldg J		3,500.00	0.00		3,500.00
				<b>SALE AMOUNT</b>		3,500.00	
				<b>DISCOUNT</b>		0.00	
				<b>FREIGHT CHARGE</b>		0.00	
				<b>SALES TAX</b>		0.00	
				<b>TOTAL</b>		3,500.00	

**Thank You**



**SUBCONTRACTOR APPLICATION FOR PAYMENT**

② *[Signature]*

Project Name: comScore II  
 Subcontractor: Nor Cal Painting & Waterproofing, Inc.  
 Supplier #: 1051796  
 Address: 1065 Serpentine Lane, Suite 400  
Pleasanton, CA 94566  
 Phone: 925-484-9800

Project Number: 11121  
 Date of Application: 2/20/2009  
 Application Number: 3  
 Period From: 1/01/09 Period To: 2/31/2009

Remittance Address : Opus West Construction Corporation  
Attn : Accounts Payable  
6160 Stoneridge Mall Road, Suite 360  
Pleasanton, CA 94566

**CONTRACT INFORMATION**

ITEM	SALES TAX \$(if applicable)	TOTAL (\$)
ORIGINAL CONTRACT AMOUNT		\$7,205.00
OPUS APPROVED CHANGE ORDER thru # 1		\$795.00
<b>CONTRACT AMOUNT TO DATE TOTAL</b>		<b>\$8,000.00</b>

**APPLICATION INFORMATION**

A Total Completed & Stored to Date \$ 8,000.00  
 B Less Retainage 10 % \$ 800.00  
 C Total Earned less Retainage (A - B) \$ 7,200.00  
 D Less Previous Billings (previous req's line C) \$ 6,484.50  
 E Current Payment Due (C - D) \$ 715.50  
 F Balance to Finish, Plus Retainage (H - A + B) \$ 800.00  
 G Current Gross Amount Completed This Period \$ 795.00

SUBCONTRACTOR: Nor Cal Painting & Waterproofing, Inc. Supplier #: 1051796  
 BY: *Vicky Kern*  
 DATE: 2/20/2009

**APPLICATION BREAKDOWN**

THIS SECTION MUST BE COMPLETED IN ORDER FOR THIS PAYMENT TO BE PROCESSED BY OPUS

Account Code	Description	Current Contract Amount	Work Completed		Total Work Complete	Percent Complete	Retainage This Application	Net Payment
			From Previous Application	This Period				
11121.02-F10-09900.00-S	Painting - Subcontract	\$8,000.00	7,205.	795.	8,000.	100%	79.50	715.50
	<b>Total</b>	<b>\$8,000.00</b>	<b>7,205.</b>	<b>795.</b>	<b>8,000.</b>	<b>100%</b>	<b>79.50</b>	<b>715.50</b>

Entered By: \_\_\_\_\_ Accounting Date \_\_\_\_\_ Approved By: \_\_\_\_\_ Project Manager Date \_\_\_\_\_

SHADED AREA FOR OPUS ACCOUNTING USE ONLY



2



Opus West Construction Corporation  
SUBCONTRACT CHANGE ORDER

Change Order Date: 02/11/2009  
Change Order #: 1  
To Subcontract Agreement dated: 10/13/2008

Painting  
CON-11121.02-18  
0990000

TO: Nor Cal Painting & Waterproofing, Inc.  
1065 Serpentine Lane, Suite 400  
Pleasanton, CA 94566

PROJECT: 4000 Shoreline 2nd Floor Corridor & Spec Suite TI  
4000 Shoreline Ct., 2nd Floor  
South San Francisco, CA 94080

CHANGE DETAILS

Item	Description	Amount
1	Painting of stairwells; reference Nor Cal AWA #3491.	\$795.00
2	By signing this Change Order, Subcontractor and Contractor agree that all previous change order requests, and claims (if any) made by this Subcontractor for work performed on this Project are settled; and that no additional requests for change will be made for any issue.	\$0.00
		\$795.00

SCHEDULE

Completion date of original contract will not be adjusted, unless noted herein.

CONTRACT SUMMARY

Cost Code	Previous Amount	This Change Order	Current Contract Amount
11121.02-F10-09900.00-S	\$7,205.00	\$795.00	\$8,000.00
	\$7,205.00	\$795.00	\$8,000.00
Original Contract Amount.....			\$7,205.00
Previously Approved Change Orders.....			\$0.00
Amount this Change Order.....			\$795.00
Contract Amount to Date.....			\$8,000.00

ACKNOWLEDGEMENT

Please sign and return all original copies

Nor Cal Painting & Waterproofing, Inc.

*J. H. Rhoades*

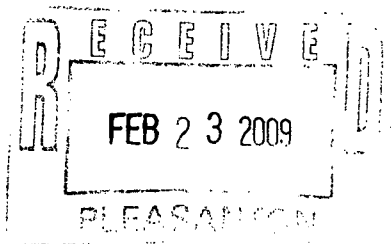
Opus West Construction Corporation

*Reggie Hanna*

JAMES H. RHOADES, PRESIDENT      2/20/2009  
Printed Name      Date

Reggie Hanna      2/24/09  
Printed Name      Date

Reference this change order number on all Application for Payment documents.







**SUBCONTRACTOR APPLICATION FOR PAYMENT**

② *[Signature]*

<b>Project Name:</b>	comScore II	<b>Project Number:</b>	11121
<b>Subcontractor:</b>	Nor Cal Painting & Waterproofing, Inc.	<b>Date of Application:</b>	2/20/2009
<b>Supplier #:</b>	1051796	<b>Application Number:</b>	4 - RETENTION
<b>Address:</b>	1065 Serpentine Lane, Suite 400 Pleasanton, CA 94566	<b>Period From:</b>	2/01/09
<b>Phone:</b>	925-484-9800	<b>Period To:</b>	2/20/09
<b>Remittance Address:</b>	Opus West Construction Corporation Attn: Accounts Payable 6160 Stoneridge Mall Road, Suite 360 Pleasanton, CA 94566		

**CONTRACT INFORMATION**

ITEM	SALES TAX \$(if applicable)	TOTAL (\$)
ORIGINAL CONTRACT AMOUNT		\$7,205.00
OPUS APPROVED CHANGE ORDER thru # 1		\$795.00
<b>CONTRACT AMOUNT TO DATE TOTAL</b>		<b>\$8,000.00</b>

**APPLICATION INFORMATION**

<b>A Total Completed &amp; Stored to Date</b>	\$	8,000.00	
<b>B Less Retainage</b> <u>10 %</u>	\$	-0-	
<b>C Total Earned less Retainage (A - B)</b>	\$	8,000.00	
<b>D Less Previous Billings (previous req's line C)</b>	\$	7,200.00	
<b>E Current Payment Due (C - D)</b>	\$	800.00	
<b>F Balance to Finish, Plus Retainage (H - A + B)</b>	\$	-0-	
<b>G Current Gross Amount Completed This Period</b>	\$	-0-	

**SUBCONTRACTOR:** Nor Cal Painting & Waterproofing, Inc. **Supplier #:** 1051796

**BY:** *[Signature: Lucky Kerr]*

**DATE:** 2/20/2009

**APPLICATION BREAKDOWN**

THIS SECTION MUST BE COMPLETED IN ORDER FOR THIS PAYMENT TO BE PROCESSED BY OPUS

Account Code	Description	Current Contract Amount	Work Completed		Total Work Complete	Percent Complete	Retainage This Application	Net Payment
			From Previous Application	This Period				
11121.02-F10-09900.00-S	Painting - Subcontract	\$8,000.00	8,000.	-0-	8,000.	100%	-0-	800.00
	<b>Total</b>	<b>\$8,000.00</b>	<b>8,000.</b>	<b>-0-</b>	<b>8,000.</b>	<b>100%</b>	<b>-0-</b>	<b>800.00</b>
		<b>H</b>	<b>I</b>	<b>G</b>	<b>A</b>	<b>J</b>	<b>K</b>	<b>E</b>

**Entered By:** \_\_\_\_\_ **Accounting** **Date:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_ **Project Manager** **Date:** \_\_\_\_\_

SHADED AREA FOR OPUS ACCOUNTING USE ONLY

