

PROOF OF CLAIM

FILED *dfs*

AUG 17 2009

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

THIS SPACE IS FOR
COURT USE ONLY

In re (Name of Debtor) Opus West Corporation	Case Number 09-34356-hdh11 Creditor Number
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor SACRAMENTO COUNTY TAX COLLECTOR	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and Address Where Notices Should Be Sent SACRAMENTO COUNTY TAX COLLECTOR ATTN: BANKRUPTCY 700 H STREET, ROOM 1710 SACRAMENTO, CA 95814	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
Telephone No. (916) 874-5227	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

Account or Other Number by Which Creditor Identifies Debtor: Multiple	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
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1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	RECEIVED AUG 31 2009 BMC GROUP	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED: January 1, 2008	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.	
<input checked="" type="checkbox"/> SECURED CLAIM <u>\$39,522.41</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$2,903.25</u> Specify the priority of the claim.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* 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) <input type="checkbox"/> Contributions to an employee benefit plan--11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child--11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units--11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other--Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	<u>\$39,522.41</u> (Unsecured)	<u>\$2,903.25</u> (Secured)	<u>\$42,425.66</u> (Priority)	<u> </u> (Total)
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, 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.	
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	

Date August 13, 2009	Sign and print the name and title, if any, of the creditor or other person Authorized to file this claim (attach copy of power of attorney, if any) Jayne Jarvis Deputy <i>Jayne Jarvis</i>
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OPUS WEST

00149

- Opus West Corporation
09-34356-hdh11
Schedule A

SECURED REAL PROPERTY TAXES

(Real property taxes lien on real property per Revenue and Taxation Code Sections 2187, 2188, and 2189)

Parcel Number	Bill/Default Number	Situs Address	Amount Due*
225-2110-039-0000	08-217300	Promenade Circle	\$17,090.14
225-2110-050-0000	08-217301	130 Promenade Circle	\$11,172.26
225-2110-051-0000	08-217302	120 Promenade Circle	\$11,260.01
SUBTOTAL:			\$39,522.41

PRIORITY UNSECURED PROPERTY TAXES

Parcel/Sub Number	Bill Number	Assessee	Amount Due*
274-0320-068-0000-5507	09-831214	Opus West Corporation	\$2,903.25
SUBTOTAL:			\$2,903.25

TOTAL CLAIM AMOUNT*: \$42,425.66

*Amounts listed are amounts due as of petition date for referenced bankruptcy case. Additional monthly interest of 1.5% provided by law (Revenue and Taxation Code Sections 2922(d) and 4103).