

UNITED STATES BANKRUPTCY COURT <u>NORTHERN</u> DISTRICT OF <u>TEXAS</u>		PROOF OF CLAIM
Name of Debtor <u>Opus West Corporation</u>		Case Number <u>09-34350</u>
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 (The person or other entity to whom the		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">AUG 20 2009</div> <div style="font-size: 0.8em;">TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</div>
<u>SimplexGrinnell</u> Attn: Bankruptcy 50 Technology Drive Westminster, MA 01441		
Telephone number: <u>978-731-8270</u>		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		RECEIVED AUG 31 2009 BMC GROUP
2. Date debt was incurred: <u>3/26/09</u>		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed		
See reverse side for important explanations. Unsecured Nonpriority Claim \$ <u>6580</u>		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ 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 \$10,000),* 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 \$2,225* 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)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:		\$ <u>6580</u> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <u>6580</u> (Total)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		THIS SPACE IS FOR COURT USE ONLY
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>8/17/09</u>	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): <u>Barbara Viny A/R Specialist</u>	

D-U-N-S 09-4738007
FED. ID 58-2608861

SimplexGrinnell BE SAFE.

A Tyco International Company

ORANGE
1701 W SEQUOIA AVE
ORANGE CA 928680000
Phone: (714) 870-1010

INVOICE NO.
40070220

INVOICE DATE
03/26/2009

CUSTOMER PO
Project# 7365.42

TERMS
NET30

INVOICE TYPE
Schedule of Values

BILL TO: 432-000943934
Opus West Construction Co.
2050 Main St Ste 800
Irvine Ca.
IRVINE CA 92614-0000

PROJECT: 432-942677201
ASSEMBLY OFFICE
13940 CITY CENTER
BLDG 4 STE 260
CHINO HILLS CA 91709-0000

INVOICE SUMMARY

TOTAL P.O.	-	\$6,580.00	INVOICE SUBTOTAL	-	\$6,580.00
INVOICED TO DATE	-	\$6,580.00	LESS RETAINAGE	-	\$0.00
DUE THIS INVOICE	-	\$6,580.00	SUBTOTAL	-	\$6,580.00
REMAINING TO INVOICE	-	\$0.00	SALES TAX	-	\$0.00
			TOTAL INVOICE	-	\$6,580.00

Please direct inquiries to our local branch office listed above.

PAY THIS AMOUNT



\$6,580.00

PROGRESS BILLING FORMS FOLLOW:

WE ACCEPT ALL MAJOR CREDIT CARDS

Comments

SimplexGrinnell BE SAFE.

A Tyco International Company

REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

INVOICE AMOUNT
\$6,580.00

BILL TO 432-000943934 Opus West Construction Co.

INVOICE NUMBER 40070220

SHIP TO 432-000943934 ASSEMBLY OFFICE

INVOICE DATE 03/26/2009

CUSTOMER P.O. Project# 7365.42

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine, IL 60055-0320

9000658000340070220

Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at www.simplexgrinnell.com

APPLICATION AND CERTIFICATE FOR PAYMENT

To Owner:

Opus West Construction Co.
2050 Main St Ste 800
Irvine Ca.
IRVINE CA 92614-0000

From Contractor:

ORANGE
1701 W SEQUOIA AVE
ORANGE CA 928680000
Phone: (714) 870-1010

PROJECT NAME

*ASSEMBLY OFFICE @ SHOPPE

PROJECT NUMBER

942677201

APPLICATION NO

00001

CUSTOMER P.O.

Project# 736

INVOICE NO.

40070220

INVOICE DATE

03/26/2009

PERIOD TO

03/21/2009

DISTRIBUTION LIST:

Owner
 Architect
 Contractor

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown above, in connection with the Contract. Continuation Sheet is attached.

1. Original Contract Sum	\$6,580.00
2. Net Change By Change Orders	\$0.00
3. Contract Sum To Date	\$6,580.00
4. Total Completed & Stored To Date	\$6,580.00
5. RETAINAGE Of Work Complete	\$0.00
6. Total Earned Less RETAINAGE	\$6,580.00
7. Less Previous Certificates	\$0.00
8. Current Payment Before Sales Tax	\$6,580.00
Sales Tax	\$0.00
Total Current Payment Due Including Sales Tax	\$6,580.00
9. Balance To Finish, Not Including Sales Tax	\$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
TOTAL CHANGES APPROVED IN PREVIOUS MONTH BY OWNER:	\$0.00	\$0.00
TOTALS APPROVED THIS MONTH:	\$0.00	\$0.00
TOTALS:	\$0.00	\$0.00

NET CHANGES BY CHANGE ORDER: **\$0.00**

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates For Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: SimplexGrinnell

By: _____ Date: _____ County of: _____
State of: _____
Subscribed and sworn to before me this _____ Day of _____,
Notary Public: _____
My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED
Attach explanation if amount certified differs from the amount applied for.

ARCHITECT:

By: _____ Date: _____
This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT DETAIL PAGE

To Owner:

Opus West Construction Co.
2050 Main St Ste 800
Irvine Ca 92614 -0000

From Contractor:

ORANGE 1701 W SEQUOIA AVE
ORANGE CA 928680000
Phone: (714) 870-1010

PROJECT NAME
*ASSEMBLY OFFICE @ SHOPPES

CUSTOMER P.O.
Project# 7365.42

PROJECT NUMBER
942677201

INVOICE NO
40070220

APPLICATION NO.
00001

INVOICE DATE
03/26/2009

PERIOD TO
03/21/2009

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D PREVIOUS APPLICATION	E THIS PERIOD	F MATERIAL STORED	G TOTAL COMPLETED AND STORED	H %	I BALANCE TO FINISH	J RETAINAGE TO DATE
00001	Material	\$1,150.00	\$0.00	\$1,150.00	\$0.00	\$1,150.00	100.00	\$0.00	\$0.00
00002	Design	\$1,400.00	\$0.00	\$1,400.00	\$0.00	\$1,400.00	100.00	\$0.00	\$0.00
00003	Install Labor	\$4,030.00	\$0.00	\$4,030.00	\$0.00	\$4,030.00	100.00	\$0.00	\$0.00
SUBTOTAL		\$6,580.00	\$0.00	\$6,580.00	\$0.00	\$6,580.00	100.00%	\$0.00	\$0.00