

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input checked="" type="checkbox"/> Opus West Corporation <input 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: <div style="font-size: 2em; font-family: cursive;">09-34356</div>
<small>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.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <div style="font-size: 1.5em; font-family: cursive;">DMS Facility Services LLC 477</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED SEP 03 2009 BMC GROUP</div>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on: _____
Name and address where notices should be sent: <div style="font-size: 1.2em; font-family: cursive;">417 E. Huntington Dr Monrovia CA 91016</div> Telephone number: (426) 305-8521 Email Address: _____		<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>20,389.39</u> <small>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.</small> <small>If all or part of your claim is entitled to priority, complete item 5.</small> <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 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: <div style="text-align: center;">\$</div>
2. Basis for Claim: <u>services performed</u> <small>(See instruction #2 on reverse side.)</small>		
3. Last four digits of any number by which creditor identifies debtor: <u>5265, 5247</u> 3a. Debtor may have scheduled account as: _____ <small>(See instruction §3a on reverse side.)</small>		
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. (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: _____		
Date: <div style="font-size: 1.5em; font-family: cursive;">8/31/09</div>	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. <div style="font-size: 1.5em; font-family: cursive;">Blanca Palacios Arty Mgr</div>	
		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 (GCG) (12/08)



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.



Facility Services
 Janitorial Services
 Landscape Services
 Engineering Services
 Labor Management

DMS - FACILITY SERVICES, LLC
 DMS - FACILITY SERVICES, INC.
 DMS - WINDOW CLEANING & METAL CARE SERVICES, INC.
 417 East Huntington Drive, Monrovia, CA 91016-3632
 (626) 305-8500 FAX (626) 305-8578
 www.dmsfacilityservices.com

Invoice Number:	L9604
Page:	1
Date:	4/30/2009

Service Address:

THE COMMONS @ CHINO HILLS
 % Opus West Management
 Attn: Kate Leigh
 2050 Main Street
 Suite #800
 Irvine, CA 92614

The Commons @ Chino Hills
 4665 Chino Hills Parkway
 Suite "C"
 Bldg. #3
 Chino Hills, CA 91709

Reference - P.O. #	Customer No.	Terms Code	Work Order No.
	735265	Due upon Receipt	

Description/Comments	Amount
Services for the month of April : ENGINEERING SERVICES AS PER ATTACHED DETAIL 3/23 thru 4/19/09	2,775.69

Please call 626-305-8500 if there are any questions.
 Thank you for your patronage.
 Tax ID

Remit To: 417 East Huntington Drive Caller Services #5065 Monrovia, CA 91016-3632	Subtotal 2,775.69 Total taxes 0.00 Total amount 2,775.69 Payment received 0.00 Amount Due 2,775.69
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------



DMS ENGINEERING SERVICES

2320 So. Pullman Street
 Santa Ana, CA 92705
 Tel: (949) 975-1366
 Fax: (949) 852-0288

Customer #73-5265

The Commons at Chino Hills
 C/O OPUS WEST MANAGEMENT CORPORATION
 2050 Main Street, Suite 800
 Irvine, CA 92614
 Attn: Kate Leigh, RPA FMA

Billing Period: April 2009

Beginning billing period: 3/23/09 through 4/19/09

Regular Hours Worked Summary

Classification	Employee Name:	Reg Hrs	Sick Day	Vacation Accrual	Holiday	Total Reg. Hours	Billing Rate	Extension
Building Engineer	Ron Prado	56		40.65		96.65	\$ 20.00	\$ 1,933.00

Overtime Summary

Classification	Employee Name:	OT Hrs						
Building Engineer	Ron Prado	0				0	\$ 30.00	\$ -

Double Time Summary

Classification	Employee Name:	DT Hrs						
Building Engineer	Ron Prado	0				0	\$ 40.00	\$ -

Total hours 96.65

Subtotal of Reg. & OT / DT \$ 1,933.00

Fee's / Benefits / Misc. Expenses

	Labor Fee Only	Labor cost						
Taxes & Insurance Fees	23.25%	\$ 1,933.00						\$ 449.42
Health Coverage (includes LTD/Life & ADD)					\$ 261.09	1		\$ 261.09
Mileage Expenses	@ \$.55 per mile							\$ -

Subtotals

Management Fee @ 5%

\$ 2,643.51
 \$ 132.18

TOTAL BILLING AMOUNT

\$ 2,775.69



Facility Services
 Janitorial Services
 Landscape Services
 Engineering Services
 Labor Management

DMS - FACILITY SERVICES, LLC
 DMS - FACILITY SERVICES, INC.
 DMS - WINDOW CLEANING & METAL CARE SERVICES, INC.
 417 East Huntington Drive, Monrovia, CA 91016-3632
 (626) 305-8500 FAX (626) 305-8578
 www.dmsfacilityservices.com

Invoice Number:	L10592
Page:	1
Date:	6/30/2009

Service Address:

OPUS PROPERTY SERVICES, LLC
 The Plaza Irvine
 Attn: Katie Weeks
 2555 East Camelback Road
 Suite #580
 Phoenix, AZ 85016

Plaza Irvine
 8000 Scholarship
 Irvine, CA 92612

Reference - P.O. #	Customer No.	Terms Code	Work Order No.
	735247	Due upon Receipt	

Description/Comments	Amount
Services for the month of June : ENGINEERING SERVICES AS PER ATTACHED DETAIL 5/18 thru 6/14/09	5,741.82
Please call 626-305-8500 if there are any questions. Thank you for your patronage. Tax ID	

Remit To: 417 East Huntington Drive Caller Services #5065 Monrovia, CA 91016-3632	Subtotal 5,741.82 Total taxes 0.00 Total amount 5,741.82 Payment received 0.00 Amount Due 5,741.82
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------



2320 So. Pullman Street
 Santa Ana, CA 92705
 Tel: (949) 975-1366
 Fax: (949) 852-0288

Customer #73-5247

Plaza Irvine
 C/O OPUS PROPERTY SERVICES, LLC
 2555 E Camelback Road, Suite 580
 Phoenix, AZ 85016
 Attn: Katie Weeks

Billing Period: June 2009

Beginning billing period: 5/18/09 through 6/14/09

Regular Hours Worked Summary

Classification	Employee Name:	Reg Hrs	Sick Day	Vacation Accrual	Holiday	Total Reg Hours	Billing Rate	Extension
Building Engineer	Enrique Guzman	147	2		8	157	\$ 25.00	\$ 3,925.00

Overtime Summary

	OT Hrs							
Building Engineer	Enrique Guzman	8				8	\$ 37.50	\$ 300.00

Double Time Summary

	DT Hrs							
Building Engineer	Enrique Guzman	0				0	\$ 50.00	\$ -

Total hours 165

Subtotal of Reg. & OT / DT \$ 4,225.00

Fee's / Benefits / Misc. Expenses

	Labor Fee Only	Labor cost						
Taxes & Insurance Fees	23.25%	\$ 4,225.00						\$ 982.31
Health Coverage (includes LTD/Life & ADD)					\$ 261.09	1		\$ 261.09
Mileage Expenses	@ \$.55 per mile							\$ -

Subtotals \$ 5,468.40
 Management Fee @ 5% \$ 273.42

TOTAL BILLING AMOUNT \$ 5,741.82



Facility Services
 Janitorial Services
 Landscape Services
 Engineering Services
 Labor Management

DMS - FACILITY SERVICES, LLC
 DMS - FACILITY SERVICES, INC.
 DMS - WINDOW CLEANING & METAL CARE SERVICES, INC.
 417 East Huntington Drive, Monrovia, CA 91016-3632
 (626) 305-8500 FAX (626) 305-8578
 www.dmsfacilitieservices.com

Invoice Number:	L10112
Page:	1
Date:	5/31/2009

Service Address:

OPUS PROPERTY SERVICES, LLC
 The Plaza Irvine
 Attn: Katie Weeks
 2555 East Camelback Road
 Suite #580
 Phoenix, AZ 85016

Plaza Irvine
 8000 Scholarship
 Irvine, CA 92612

Reference - P.O. #	Customer No.	Terms Code	Work Order No.
	735247	Due upon Receipt	

Description/Comments	Amount
Services for the month of May : ENGINEERING SERVICES AS PER ATTACHED DETAIL 4/20 thru 5/17/09	5,838.88
Please call 626-305-8500 if there are any questions. Thank you for your patronage. Tax ID	

Remit To: 417 East Huntington Drive Caller Services #5065 Monrovia, CA 91016-3632	Subtotal 5,838.88 Total taxes 0.00 Total amount 5,838.88 Payment received 0.00 Amount Due 5,838.88
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------



DMS ENGINEERING SERVICES

2320 So. Pullman Street
 Santa Ana, CA 92705
 Tel: (949) 975-1366
 Fax: (949) 852-0288

Customer #73-5247

Plaza Irvine
 C/O OPUS PROPERTY SERVICES, LLC
 2555 E Camelback Road, Suite 580
 Phoenix, AZ 85016
 Attn: Katie Weeks

Billing Period: May 2009
Beginning billing period: 4/20/09 through 5/17/09

Regular Hours Worked Summary

Classification	Employee Name:	Reg Hrs	Sick Day	Vacation Accrual	Holiday	Total Reg. Hours	Billing Rate	Extension
Building Engineer	Enrique Guzman	160				160	\$ 25.00	\$ 4,000.00

Overtime Summary

	OT Hrs							
Building Engineer	Enrique Guzman	8				8	\$ 37.50	\$ 300.00

Double Time Summary

	DT Hrs							
Building Engineer	Enrique Guzman	0				0	\$ 50.00	\$ -

Total hours 168
Subtotal of Reg. & OT / DT \$ 4,300.00

Fee's / Benefits / Misc. Expenses

	Labor Fee Only	Labor cost						
Taxes & Insurance Fees	23.25%	\$ 4,300.00						\$ 999.75
Health Coverage (includes LTD/Life & ADD)					\$ 261.09	1		\$ 261.09
Mileage Expenses	@ \$.55 per mile							\$ -

Subtotals \$ 5,560.84
Management Fee @ 5% \$ 278.04
TOTAL BILLING AMOUNT \$ 5,838.88



Facility Services
 Janitorial Services
 Landscape Services
 Engineering Services
 Labor Management

DMS - FACILITY SERVICES, LLC
 DMS - FACILITY SERVICES, INC.
 DMS - WINDOW CLEANING & METAL CARE SERVICES, INC.
 417 East Huntington Drive, Monrovia, CA 91016-3632
 (626) 305-8500 FAX (626) 305-8578
 www.dmsfacilityservices.com

Invoice Number:	L9596
Page:	1
Date:	4/30/2009

Service Address:

OPUS WEST MANAGEMENT CORP.
 Plaza Irvine
 Attn: Katie Weeks
 2555 East Camelback Road
 Suite #580
 Phoenix, AZ 85016

Plaza Irvine
 8000 Scholarship
 Irvine, CA 92612

Reference - P.O. #

Customer No.

Terms Code

Work Order No.

735247

Due upon Receipt

Description/Comments

Amount

Services for the month of April :

ENGINEERING SERVICES AS PER ATTACHED DETAIL
 3/23 thru 4/19/09

6,033.00

Please call 626-305-8500 if there are any questions.
 Thank you for your patronage.
 Tax ID

Remit To:

417 East Huntington Drive
 Caller Services #5065
 Monrovia, CA 91016-3632

Subtotal
Total taxes
Total amount
Payment received

Amount Due

6,033.00
 0.00
 6,033.00
 0.00

 6,033.00

**DMS ENGINEERING SERVICES**

2320 So. Pullman Street
 Santa Ana, CA 92705
 Tel: (949) 975-1366
 Fax: (949) 852-0288

Customer #73-5247

Plaza Irvine
 C/O OPUS WEST CORPORATION
 2555 E Camelback Road, Suite 580
 Phoenix, AZ 85016
 Attn: Katie Weeks

Billing Period: April 2009
 Beginning billing period: 3/23/09 through 4/19/09

Regular Hours Worked Summary

Classification	Employee Name:	Reg Hrs	Sick Day	Vacation Accrual	Holiday	Total Reg. Hours	Billing Rate	Extension
Building Engineer	Enrique Guzman	150	16			166	\$ 25.00	\$ 4,150.00

Overtime Summary

		OT Hrs						
Building Engineer	Enrique Guzman	8				8	\$ 37.50	\$ 300.00

Double Time Summary

		DT Hrs						
Building Engineer	Enrique Guzman	0				0	\$ 50.00	\$ -

Total hours 174

Subtotal of Reg. & OT / DT \$ 4,450.00

Fee's / Benefits / Misc. Expenses

	Labor Fee Only	Labor cost						
Taxes & Insurance Fees	23.25%	\$ 4,450.00						\$ 1,034.63
Health Coverage (includes LTD/Life & ADD)					\$ 261.09	1		\$ 261.09
Mileage Expenses	@ \$.55 per mile							\$ -

Subtotals \$ 5,745.72
 Management Fee @ 5% \$ 287.29

TOTAL BILLING AMOUNT \$ 6,033.00