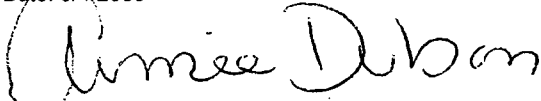


United States Bankruptcy Court: Northern District of: Texas		PROOF OF CLAIM
Name of Debtor: Opus West Construction Corporation		Case Number: 09-34360-11
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment 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 debtor owes money or property): Williams Scotsman, Inc		THIS SPACE IF FOR COURT USE ONLY
Name and address where notices should be sent: Williams Scotsman, Inc 8211 Town Center Dr Baltimore, MD 21236		
Telephone Number: 410-931-6000		
Account or other number by which creditor identifies debtor: 5229242	Check here If this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Basis for Claim</p> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Trailer Rental</div> <div style="width: 45%; text-align: center;"> <p style="font-size: 24px; font-weight: bold;">RECEIVED</p> <p style="font-size: 24px; font-weight: bold;">SEP 11 2009</p> <p style="font-size: 24px; font-weight: bold;">BMC GROUP</p> </div> </div>		
2. Date debt was incurred: 05/11/2009 THRU 07/06/2009		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 3,372.73 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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.		
5. 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: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever 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 \$2,100* 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 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)(____) <i>* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter With respect to cases commenced on or after the date of adjustment.</i>
7. Credits: The amount of all payment on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY
8. Support Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statement of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DONOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. 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: 9/4/2009  Aimee Dubon, Loss Mitigation Analyst		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):

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.





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Corporate Operations
8211 Town Center Drive
Baltimore, MD 21236

INVOICE

Invoice #	Amount Due	Due Date
91172077	434.82	06/08/2009
PLEASE INCLUDE INVOICE NUMBER ON YOUR CHECK PAYABLE TO WILLIAMS SCOTSMAN, INC.		Amount Enclosed

Only Corporate correspondence should be mailed to the address above.

Please remit payment to:

Billed to:

OPUS WEST CONSTRUCTION CORPORATION
15455 DALLAS PKWY SUITE 450
ADDISON, TX 75001
|||

WILLIAMS SCOTSMAN, INC.
PO BOX 91975
CHICAGO IL 60693-1975
|||

▲ Please detach and return top portion with your payment to issue proper credit to your account. Thank you. ▲

INVOICE



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www.willscot.com

Question regarding your account should be directed to:

Williams Scotsman
10855 John Ralston Road
Houston, TX 77044-5526
713-466-4353

Invoice Date:	06/08/2009	Unit Location
Invoice #:	91172077	Opus West Construction Corporation 11025 Equity Dr HOUSTON, TX 77041
Due Date	06/08/2009	
Customer #	5229242	Purchasing Agent
P.O. #		Rafael Cervantes

Federal ID NO 52-0665775 The buyer agrees to pay all applicable state and municipal taxes on this transaction

UNIT NO.	BILLING TERM	DESCRIPTION	AMOUNT
When paying multiple invoices, please enclose all remittance forms or a list of all dollar amounts paid on each Invoice Number to assure accurate and timely application of payment.			
PKC-58969	06/08/09 THRU 07/07/09	RENT MOBILE OFFICE	334.00
		SECURITY DOORS/BAR RENTAL	8.00
		SECURITY WNDOS/BAR RENTAL	35.00
		TX PERSONAL PROPERTY TAX	26.72
		SALES TAX	31.10
CURRENT INVOICE AMOUNT DUE:			434.82

B/O
W-O
#02010-100
SEP 4 2009

Late fees of 1 1/2% per month on all past due accounts. A \$30.00 fee will be charged for any returned checks.



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Corporate Operations
8211 Town Center Drive
Baltimore, MD 21236

INVOICE

Invoice #	Amount Due	Due Date
90558200	490.02	05/11/2009
PLEASE INCLUDE INVOICE NUMBER ON YOUR CHECK PAYABLE TO WILLIAMS SCOTSMAN, INC.		Amount Enclosed

Only Corporate correspondence should be mailed to the address above.

Please remit payment to:

Billed to:

OPUS WEST CONSTRUCTION CORPORATION
15455 DALLAS PKWY SUITE 450
ADDISON, TX 75001
|||

WILLIAMS SCOTSMAN, INC.
PO BOX 91975
CHICAGO IL 60693-1975
|||

▲ Please detach and return top portion with your payment to issue proper credit to your account. Thank you. ▲

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Question regarding your account should be directed to:

Williams Scotsman
10855 John Ralston Road
Houston, TX 77044-5526
713-466-4353

Invoice Date:	05/11/2009	Unit Location:
Invoice #:	90558200	Opus West Construction Corporation 14404 1/2 Hillcroft St KM 571 N HOUSTON, TX 77085
Due Date:	05/11/2009	Purchasing Agent:
Customer #:	5229242	Alex Vasquez
P.O. #12347		

Federal ID NO 52-0665775 The buyer agrees to pay all applicable state and municipal taxes on this transaction

UNIT NO.	BILLING TERM	DESCRIPTION	AMOUNT
When paying multiple invoices, please enclose all remittance forms or a list of all dollar amounts paid on each Invoice Number to assure accurate and timely application of payment.			
SMI-33703	05/11/09 THRU 06/10/09	RENT MOBILE OFFICE	386.14
		SECURITY SCREEN/BAR RENTAL - D	10.00
		SECURITY SCREEN/BAR RENTAL - L	28.00
		TX PERSONAL PROPERTY TAX	30.89
		SALES TAX	34.99
CURRENT INVOICE AMOUNT DUE:			490.02

B/O
W-O
#02010-100
SEP 4 2009

Late fees of 1 1/2% per month on all past due accounts. A \$30.00 fee will be charged for any returned checks.



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Corporate Operations
8211 Town Center Drive
Baltimore, MD 21236

INVOICE

Invoice #	Amount Due	Due Date
91082901	702.54	06/03/2009
PLEASE INCLUDE INVOICE NUMBER ON YOUR CHECK PAYABLE TO WILLIAMS SCOTSMAN, INC.		Amount Enclosed

Please remit payment to:

WILLIAMS SCOTSMAN, INC.
PO BOX 91975
CHICAGO IL 60693-1975



Only Corporate correspondence should be mailed to the address above.

Billed to:

OPUS WEST CONSTRUCTION CORPORATION
15455 DALLAS PKWY SUITE 450
ADDISON, TX 75001

▲ Please detach and return top portion with your payment to issue proper credit to your account. Thank you. ▲

INVOICE



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www.willscot.com

Question regarding your account should be directed to:
Williams Scotsman
10855 John Ralston Road
Houston, TX 77044-5526
713-466-4353

Invoice Date:	06/03/2009	Unit Location
Invoice #:	91082901	Opus West Construction Corporation 14404 1/2 Hillcroft St KM 571 N HOUSTON, TX 77085
Due Date	06/03/2009	
Customer #	5229242	Purchasing Agent
P.O. #12347		Alex Vasquez

Federal ID NO 52-0665775 The buyer agrees to pay all applicable state and municipal taxes on this transaction

UNIT NO.	BILLING TERM	DESCRIPTION	AMOUNT
When paying multiple invoices, please enclose all remittance forms or a list of all dollar amounts paid on each Invoice Number to assure accurate and timely application of payment.			
SMI-33703		KNOCKDOWN	224.00
		RETURN FREIGHT	425.00
		DAMAGES Forthcoming	
		Inspection to Keith Preece	
		SALES TAX	53.54
		B/O	
		W-O	
		#02010-100	
		SEP 4 2009	
			(609.09)
			93.45
CURRENT INVOICE AMOUNT DUE:			702.54

Late fees of 1 1/2% per month on all past due accounts. A \$30.00 fee will be charged for any returned checks.



September 4, 2009

Opus West Corporation
C/O BMC Group
PO Box 3020
Chanhassen, MN 55317-3050

RE: Case # 09-34360-11

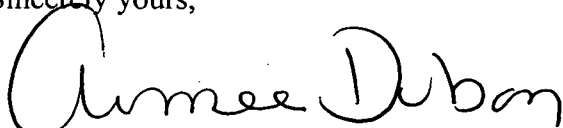
Dear Sir / Madam:

With this letter, I am forwarding to you, for filing in the above – mentioned case, an Original copy of William Scotsman Proof of Claim along with copies of invoices.

After you have filed the enclosed Proof of Claim, please acknowledge the Same by forwarding the time stamped copy to me for my files. For your convenience I am enclosing a self addressed stamped envelope. Thank you for your attention in this matter.

Thank you for your attention in this matter.

Sincerely yours,



Aimee Dubon
Loss Mitigation Analyst

Enclosure