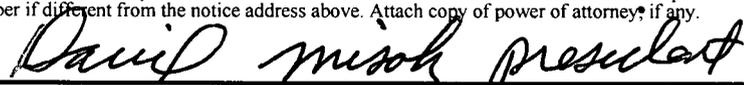


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input type="checkbox"/> Opus West Corporation <input checked="" type="checkbox"/> Opus West Construction Corporation <input type="checkbox"/> O.W. Commercial, Inc. <input type="checkbox"/> Opus West LP <input type="checkbox"/> Opus West Partners, Inc.		Case Number: 09-34356
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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): WORKFORCE 2000, Inc.		<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: P. O. BOX 34021 PHOENIX, ARIZONA 85067 Telephone number: _____ Email Address: 602-579-3929 cmisak@q.com		<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 checked="" 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: \$ 4,985.28 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.		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 checked="" 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: \$ _____
2. Basis for Claim: wages for services performed at Tempe Gateway Project in Tempe Arizona (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 4001 3a. Debtor may have scheduled account as: _____ (See instruction §3a on reverse side.)		
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: 9/12/09	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. 	
		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)

DAVID MISAK, PRESIDENT



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.

Run: 1:00P
08/24/09

WORKFORCE 2000, INC.
AR Aging Report

Page 1
(8) 08/24/09

WORKFORCE Type	Phone Number Trans. #	Contact Description	Region Date	Mgr # Cur./Ret.	31-60 Day	61-90 Day	91-120 Day	Over 120
34001		OPUS WEST CONSTRUCTION 602-468-7000		01				
*** Open Items:								
1)	Inv 19147	Invoice	06/06/09			\$1,036.80		
	Mgr: 01	Job:	Due: 07/03/09					
2)	Inv 19155	Invoice	06/12/09			\$1,244.16		
	Mgr: 01	Job:	Due: 07/10/09					
3)	Inv 19171	Invoice	06/19/09			\$1,036.80		
	Mgr: 01	Job:	Due: 07/17/09					
4)	Inv 19182	Invoice	06/26/09			\$1,045.44		
	Mgr: 01	Job:	Due: 07/24/09					
5)	Inv 19187	Invoice	06/30/09			\$622.08		
	Mgr: 01	Job:	Due: 07/24/09					

Aged: 08/24/09		Totals:	\$4,985.28	\$0.00	\$0.00	\$4,985.28	\$0.00	\$0.00
			=====	\$0.00				

** Totals for all Accounts:			\$4,985.28	\$0.00	\$0.00	\$4,985.28	\$0.00	\$0.00
				\$0.00				
			100.00%	0.00%	0.00%	100.00%	0.00%	0.00%
				0.00%				

WORKFORCE 2000, INC.
 *** I N V O I C E ***

number 19147 - Invoice
 P.O. Box 34001
 Phoenix, AZ

Date: 06/06/09
 Page: 1

Bill To:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX, AZ 85016-9267

Ship To:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX, AZ 85016-9267

Description | Order Date | Cust PO # | Sales Ord | Shipping Instructions

Invoice

Tempe Gateway Center

Code	Quantity	UM	Description	Price	Amount
01	8.00		6/1/09 96202 LOUIS CRUZ	\$12.96	\$103.68
01	8.00		6/2/09 96221 LOUIS CRUZ	\$12.96	\$103.68
01	8.00		6/3/09 96150 LOUIS CRUZ	\$12.96	\$103.68
01	8.00		6/4/09 96153 LOUIS CRUZ	\$12.96	\$103.68
01	8.00		6/5/09 96158 LOUIS CRUZ	\$12.96	\$103.68
01	8.00		6/1/09 96203 SHAWN MUNRO	\$12.96	\$103.68
01	8.00		6/2/09 96220 SHAWN MUNRO	\$12.96	\$103.68
01	8.00		6/3/09 96151 SHAWN MUNRO	\$12.96	\$103.68
01	8.00		6/4/09 96154 SHAWN MUNRO	\$12.96	\$103.68
01	8.00		6/5/09 96157 SHAWN MUNRO	\$12.96	\$103.68

DUPLICATE 7/03/09

Mail Payment to:

WORKFORCE 2000, INC.
 P.O. BOX 34021

PHOENIX, AZ 85067

Disc. (0.000): \$0.00
 Subtotal : \$1,036.80
 Tax (State Tax) : \$0.00
 Freight : \$0.00
 Less Deposit : \$0.00
 =====
 Amount Due : \$1,036.80
 =====

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96202

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/1/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	6:00	2:30	5	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96221

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/2/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	6:00	2:30	5	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96450

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY PHOENIX

SITE _____

DATE 6/3/09 TIME 600AM REPORT TO: RAY KUTTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	<u>6:30</u>			FRI			
TUE				SAT			
WED	<u>7:00</u>	<u>2:30</u>	<u>8</u>	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/3/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

26155

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY _____

SITE TEMP. CATERING CENTER

DATE 6/2/09 TIME 600A REPORT TO: RAY KUTTEL P.O.# _____

JOB DESC. CONF. JUDGE JP SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96152

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY PHOENIX

SITE TRINITY GATEWAY CENTER

DATE 6/5/09 TIME 800AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI	6:05	4:50	1
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/5/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96206

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY PHOENIX

SITE TRINITY GATEWAY CENTER

DATE 6/1/09 TIME 800AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/1/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

86220

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY _____

SITE ARIZONA CASINO CENTER

DATE 6/2/09 TIME 6:00AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

26151

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY _____

SITE _____

DATE 6/3/09 TIME 5:30AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED	<u>6:00</u>	<u>1:30</u>	<u>8</u>	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/3/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS 2100 RD/ BITE, AZ CITY _____

SITE TEMPE GATEWAY CENTER

DATE 5/4/00 TIME 6:00A REPORT TO: AZ (CR. 2) P.O.# _____

JOB DESC. CONST CLEAN UP SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS WELL AVE/2100 STREET CITY _____

SITE TEMPE GATEWAY CENTER

DATE 6/5/00 TIME 6:00AM REPORT TO: RAY KEFFER P.O.# _____
GATEWAY CENTER

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI	6:00	1:00	5
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/11/09 TIME 6:00A REPORT TO: RAY KENTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE CERYS LANGSTNER GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	<u>6:00</u>	<u>2:30</u>	<u>5.0</u>	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS no return

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/11/09 TIME 6:00A REPORT TO: RAY KENTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE DELBERT WALKER GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	<u>6:00am</u>	<u>2:30pm</u>	<u>5.0</u>	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/10/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONSL. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE ~~STAVEN MONRO~~ KEN MEADOR GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED	<u>6:00 AM</u>	<u>7:30 AM</u>	<u>5.0</u>	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/11/09 Time 6:00 AM REMARKS will work 4 hours on 6/11/09

AUTHORIZED SIGNATURE Jeff H. H.

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/11/09 TIME 600A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONSL LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE ~~STAVEN MONRO~~ Ken Meador GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	<u>6:00</u>	<u>7:30</u>	<u>5.0</u>	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/12/09 Time 6:00 AM REMARKS _____

AUTHORIZED SIGNATURE Jeff H. H.

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS WILL AVE/2ND STREET CITY _____

SITE TEMPE GATEWAY CENTER

DATE 6/12/09 TIME 500AM REPORT TO: RAY RUTHEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE KEI MEADOWS GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/15/09 Time 1:30 REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ WILL AVE CITY _____

SITE TEMPE GATEWAY CENTER

DATE 6/8/09 TIME 600A REPORT TO: RAY RUTHEL P.O.# _____

JOB DESC. CONST. CLEAN UP SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	<u>6:00am</u>	<u>2:00pm</u>	<u>8:00</u>	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/9/09 Time 1:30 REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/23RD STREET CITY PHOENIX

SITE TEMP. GARAGE OFFICE

DATE 6/9/09 TIME 500AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE	<u>6:00am</u>	<u>7:30am</u>	<u>1.5</u>	SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/10/09 Time 10:15am REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/23RD STREET CITY PHOENIX

SITE TEMP. GARAGE OFFICE

DATE 6/10/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED	<u>6:00am</u>	<u>7:30am</u>	<u>1.5</u>	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/11/09 Time 10:45am REMARKS Will need 4 more

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

35162

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST / MILL AVE CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/8/09 TIME 600A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST CLEAN UP SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	12:00 AM	2:30 PM	8.5	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/8/09 Time 6:00 PM REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

35172

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE / MILL AVENUE CITY _____

SITE TEMPE GATEWAY CENTER

DATE 6/9/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE	12:00 PM	7:00 PM	8.0	SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/9/09 Time 6:00 PM REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

98185

CLIENT OPUS CONSTRUCTION ADDRESS 201 E. 7TH ST CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/11/09 TIME 600A REPORT TO: RAY REEHL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE CLAYTON GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	<u>6:00 AM</u>	<u>2:30</u>	<u>5.0</u>	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/12/09 Time 6:30 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

98186

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY PHOENIX

SITE TEMPE GATEWAY CENTER

DATE 6/12/09 TIME 600AM REPORT TO: RAY REEHL P.O.# _____

JOB DESC. SCAFFOLDING SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/15/09 Time 6:30 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000, INC.
 *** I N V O I C E ***

Invoice # 01
 Invoice Date 06/19/09
 Invoice # 01

Date: 06/19/09
 Page: 1

Ship to:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX, AZ 85016-9267

Ship to:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX, AZ 85016-9267

Product Name | Cost PO # | Sales Ord | Shipping Instructions

Tempe Gateway Center

QTY	Quantity	UM	Description	Price	Amount
	8.00		6/15/09 96233 KEN MEADOR	\$12.96	\$103.68
	8.00		6/18/09 96262 KEN MEADOR	\$12.96	\$103.68
	8.00		6/19/09 96281 KEN MEADOR	\$12.96	\$103.68
	8.00		6/16/09 96239 LOUIS CRUZ	\$12.96	\$103.68
	8.00		6/17/09 96250 MARVIN COOPS	\$12.96	\$103.68
	8.00		6/15/09 96234 SHAWN MUNRO	\$12.96	\$103.68
	8.00		6/16/09 96240 SHAWN MUNRO	\$12.96	\$103.68
	8.00		6/17/09 96251 SHAWN MUNRO	\$12.96	\$103.68
	8.00		6/18/09 96261 SHAWN MUNRO	\$12.96	\$103.68
	8.00		6/19/09 96280 SHAWN MUNRO	\$12.96	\$103.68

Disc. (0.000): \$0.00
 Subtotal: \$1,036.80
 Tax (State Ta): \$0.00
 Freight: \$0.00
 Less Deposit: \$0.00
 Amount Due: \$1,036.80

WORKFORCE 2000, INC.
 P.O. BOX 24021
 PHOENIX, AZ 85007

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96233

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/15/09 TIME 600AM REPORT TO RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE KEN MEADOR GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	6:00	1:30	8	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/15/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96262

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/18/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE KEN MEADOR GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	6:00	1:30	8	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/19/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96281

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/19/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY VEST SAFETY EQ. HH HS BR SQ RD

EMPLOYEE KEN MEADOR GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME IN	TIME OUT	HOURS
MON				FRI	6:00	9:52	8
TUE				SAT			
WED				SUN			
THUR				TOTAL:			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/22/09 Time 6:00 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96239

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/16/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY VEST SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME IN	TIME OUT	HOURS
MON				FRI			
TUE	6:00	2:30	8	SAT			
WED				SUN			
THUR				TOTAL:			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/17/09 Time 6 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96250

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/17/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE MARVIN COOPS GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME IN	TIME OUT	HOURS
MON				FRI			
TUE				SAT			
WED	<u>6:00 AM</u>	<u>2:30 PM</u>	<u>8.0</u>	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/17/09 Time 6:00 AM REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96234

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/15/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME IN	TIME OUT	HOURS
MON	<u>6:00</u>	<u>2:30</u>	<u>8</u>	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/15/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96240

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/16/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE	6:00	2:30	8	SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/17/09 Time 6a REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96251

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/17/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST. LABOR SAFETY EQ. SAFETY VEST HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED	6:00am	2:30pm	8.0	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/18/09 Time 6:00am REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96261

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/18/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	6:00	9:30	8	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/19/09 Time 6:00 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96200

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/19/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI	6:00	9:30	4
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/22/09 Time 6:00 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000, INC.
 *** I N V O I C E ***

Number : 19182 - Invoice
 Slm # : 01

Date: 06/26/09
 Page: 1

Bill To:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX, AZ 85016-9267

Ship To:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX, AZ 85016-9267

Description | Order Date | Cust PO # | Sales Ord | Shipping Instructions

Invoice
Tempe Gateway Center

Quantity	UM	Description	Price	Amount
8.00		6/22/09 96291 KEN MEADOR	\$12.96	\$103.68
8.00		6/23/09 96303 KEN MEADOR	\$12.96	\$103.68
8.00		6/23/09 96302 LOUIS CRUZ	\$12.96	\$103.68
8.00	JACK	6/24/09 96307 LOUIS CRUZ	\$13.50	\$108.00
8.00		6/25/09 96318 LOUIS CRUZ	\$12.96	\$103.68
8.00		6/26/09 96331 LOUIS CRUZ	\$12.96	\$103.68
8.00	JACK	6/24/09 96306 MARVIN COOPS	\$13.50	\$108.00
8.00		6/22/09 96292 SHAWN MUNRO	\$12.96	\$103.68
8.00		6/24/09 96317 SHAWN MUNRO	\$12.96	\$103.68
8.00		6/26/09 96332 SHAWN MUNRO	\$12.96	\$103.68

NET DUE 7/24/09

Remit Payment to:	Disc. (0.000):	\$0.00
WORKFORCE 2000, INC.	Subtotal :	\$1,045.44
P.O. BOX 34021	Tax (State Ta):	\$0.00
PHOENIX, AZ 85067	Freight :	\$0.00
	Less Deposit :	\$0.00
	Amount Due :	\$1,045.44

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

9630

CLIENT: DRS CONSTRUCTION ADDRESS: 2ND ST / ILL AVE CITY: PHX

SITE: DRS CENTER

DATE: 1/27/98 TIME: 500A REPORT TO: RAY KEITEL P.O.#: _____

JOB DESC: CONSTR. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE: RAY KEITEL GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE	6:00	1:30	5:30	SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date: 1/27/98 Time: 6:00

AUTHORIZED SIGNATURE: _____

REMARKS: _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

9629

CLIENT: DRS CONSTRUCTION ADDRESS: 2ND ST / ILL AVE CITY: PHX

SITE: DRS CENTER

DATE: 1/27/98 TIME: 500A REPORT TO: RAY KEITEL P.O.#: _____

JOB DESC: CONSTR. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE: RAY KEITEL GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date: _____ Time: _____

AUTHORIZED SIGNATURE: _____

REMARKS: _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96302

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY PH

SITE TEMPE GATEWAY CENTER

DATE 8/23/09 TIME 600AM REPORT TO: RAY KENTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE	6:00	2:30	5	SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 8/24/09 Time 6:00 REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96307

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY PH

SITE TEMPE GATEWAY CENTER

DATE 8/24/09 TIME 600A REPORT TO: RAY KENTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED	6:00	2:30	5	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 8/25/09 Time _____ REMARKS worked 3rd day

AUTHORIZED SIGNATURE _____

96332

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT US CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE LEOPOLD GAMMA CENTER

DATE 5/25/92 TIME 11:00 REPORT TO: RAY KETTEL PO.# _____

JOB DESC. SAFETY VSET SAFETY EQ. HH HS BR SQ RD

EMPLOYEE RAY KETTEL GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI	7:00	2:00	5
TUE				SAT			
WED				SUN			
THUR							
TOTAL							5

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 5/25/92 Time 11:00 REMARKS _____

AUTHORIZED SIGNATURE _____

96317

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

CLIENT US CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE _____

DATE _____ TIME _____ REPORT TO: _____ PO.# _____

JOB DESC. _____ SAFETY EQ. HH HS BR SQ RD

EMPLOYEE _____ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR							
TOTAL							

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96312

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/25/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR	<u>6:20</u>	<u>1:30</u>	<u>8</u>	TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/25/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96331

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/26/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI	<u>6:20</u>	<u>1:30</u>	<u>8</u>
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/26/09 Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96292

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE
SITE TEMPE GATEWAY CENTER

DATE 6/22/09 TIME 600AM REPORT TO: RAY KETTEL P.O.# _____
SAFETY VEST

JOB DESC. CONST. LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SHAWN MUNRO GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	6:00	2:30	8	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/23/09 Time 6:00 REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96306

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST/ MILL AVE CITY _____
SITE TEMPE GATEWAY CENTER

DATE 6/24/09 TIME 600A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE MARVIN COOPS GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	6:00	2:30		FRI			
TUE				SAT			
WED	6:00	2:30	8.5	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date 6/25/09 Time _____ REMARKS no work

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000, INC.
 *** I N V O I C E ***

Number : 19187 - Invoice
 Account: 34001
 Sln # : 01

Date: 06/30/09
 Page: 1

Bill To:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX,, AZ 85016-9267

Ship To:
 OPUS WEST CONSTRUCTION
 2555 E CAMELBACK
 SUITE #800
 PHOENIX,, AZ 85016-9267

Description | Order Date | Cust PO # | Sales Ord | Shipping Instructions

Invoice
Tempe Gateway Center

Code	Quantity	UM	Description	Price	Amount
1	8.00		7/01/09 96350 CHRIS KARSCHNER	\$12.96	\$103.68
1	8.00		6/29/09 96337 LOUIS CRUZ	\$12.96	\$103.68
1	8.00		6/30/09 96344 MIKE BERNIE	\$12.96	\$103.68
1	8.00		6/29/09 96338 SHAWN MUNRO	\$12.96	\$103.68
1	8.00		6/30/09 96345 SHAWN MUNRO	\$12.96	\$103.68
1	8.00		7/1/09 96353 SHAWN MUNRO	\$12.96	\$103.68

Terms:
 NET DUE 7/24/09

Remit Payment to:

 WORKFORCE 2000, INC.
 P.O. BOX 34021

 PHOENIX, AZ 85067

Disc. (0.000):	\$0.00
Subtotal :	\$622.08
Tax (State Ta):	\$0.00
Freight :	\$0.00
Less Deposit :	\$0.00
=====	
Amount Due :	\$622.08
=====	

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96350

CLIENT OPUS CONSTRUCTION ADDRESS MILL AVE/2ND STREET CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 7/01/09 TIME 600A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE CHRIS KARSCHNER GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED	6:00	2:30	8	SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96357

CLIENT OPUS CONSTRUCTION ADDRESS 2ND ST / MILL AVE CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 6/29/09 TIME 600A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE LOUIS CRUZ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96338

CLIENT GEN. CONSTRUCTION ADDRESS 2ND ST/ WALK CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 5/29/09 TIME 6:00A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE _____ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96344

CLIENT GENS CONSTRUCTION ADDRESS 2nd ST/ WALK CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 5/29/09 TIME 6:00A REPORT TO: RAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE _____ GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE _____

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96353

CLIENT DEUS CONSTRUCTION ADDRESS WILL ST/ 7TH ST CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 7/1/09 TIME 8:00A REPORT TO: PAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE CHRIST WARD GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON	6:00	2:30	8	FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]

WORKFORCE 2000 TEMPORARIES

Construction and Warehouse Since 1992

4150 N. 7 TH AVE.
PHOENIX, ARIZONA 85013
(602) 222-2000

96345

CLIENT DEUS CONSTRUCTION ADDRESS 2ND ST/ WILL AVE CITY TEMPE

SITE TEMPE GATEWAY CENTER

DATE 7/1/09 TIME 8:00A REPORT TO: PAY KETTEL P.O.# _____

JOB DESC. CONST LABOR SAFETY EQ. HH HS BR SQ RD

EMPLOYEE SCOTT MURC GL SG WT RK PK

DAY	TIME IN	TIME OUT	HOURS	DAY	TIME-IN	TIME-OUT	HOURS
MON				FRI			
TUE				SAT			
WED				SUN			
THUR				TOTAL			

I hereby acknowledge that the above-named employee has reported to work, and that I have read and agreed to the Conditions of Service on the reverse side hereof and certify that the above-named employee has satisfactorily performed the work for the hours indicated above.

RETURN: Yes No Date _____ Time _____ REMARKS _____

AUTHORIZED SIGNATURE [Signature]