

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: <div style="font-size: 24pt; font-family: cursive;">09-34360</div>
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): <div style="font-size: 24pt; font-family: cursive;">Kimley-Horn and Associates, Inc</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">SEP 14 2009</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">BMC GROUP</div>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <i>(If known)</i> Filed on:
Name and address where notices should be sent: <i>Kimley-Horn and Associates, Inc.</i> <div style="font-size: 24pt; font-family: cursive;">7878 N. 18th St, Suite 300</div> Telephone number: <i>602/906-1358</i> Email Address: <i>luann.fynn@kimley-horn.com</i> <i>Phoenix, AZ 85020</i>		<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>10,991.46</u> 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 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> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>1446</u> 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: <div style="font-size: 24pt; font-family: cursive;">9/9/09</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: 24pt; font-family: cursive;"> TRAVIS C. WRIGHT ASSOCIATE </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 357
 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.



**Kimley-Horn
and Associates, Inc.**

OPUS WEST CONSTRUCTION
CORPORATION
ATTN: JOEL WAGE
2555 E. CAMELBACK RD
SUITE 800
PHOENIX, AZ 85016

SUMMARY OF OUTSTANDING INVOICES AS OF 09/09/2009

This is not an invoice. It is a summary of outstanding invoices.
Please disregard this notice if you have already sent payment for the invoices referenced below.

Project	Project Name	Invoice Date	Invoice	Invoice Amount	Amount Received	Balance Due
PROJECT MANAGER: WHITE, TOVE						
091646003.3	SWC PECOS & MARKET	12/30/08	3755276	6,102.56	0.00	6,102.56
		01/31/09	3784047	4,888.90	0.00	4,888.90
TOTALS FOR THIS PROJECT				10,991.46	0.00	10,991.46
TOTALS FOR OUTSTANDING INVOICES				10,991.46	0.00	10,991.46

TOTAL AMOUNT DUE \$ 10,991.46

PLEASE REMIT TO:

KIMLEY-HORN AND ASSOCIATES, INC.
P.O. BOX 79384
CITY OF INDUSTRY, CA 91716-9384

If you would like to pay electronically, you are welcome to do so. The necessary bank information is as follows:

ABA#: 053000219
Bank Name and Address: Wachovia Bank N.A., Charlotte, NC, 28288
Account Number: 207 3089 159 554
Account Name: Kimley-Horn and Associates, Inc.
Please be sure to include the project number(s) and invoice number(s) in the addenda records.

091646003

EXHIBIT A - CONSULTANT APPLICATION FOR PAYMENT

PROJECT NAME: Main Street Commons Multi Family PROJECT NUMBER: 10896.00 KHA REF 091646003
 CONSULTANT: Kimley-Horn & Associates DATE OF APPLICATION: 02/18/09
 ADDRESS: 7878 N. 16th St., Suite 300 APPLICATION NUMBER: 1
 ADDRESS: Phoenix, AZ 85020 PERIOD FROM: 12/01/08 PERIOD TO: 12/31/08

CONTRACT INFORMATION

ITEM	SALES TAX(\$)(if applicable)	TOTAL (\$)
ORIGINAL AUTHORIZATION AMOUNT		\$ 15,298.00
OPUS APPROVED ADDITIONAL AUTHORIZATIONS #1 THRU #		
TOTAL AUTHORIZATION AMOUNT TO DATE	\$ -	\$ 15,298.00

APPLICATION INFORMATION

A	TOTAL COMPLETED & STORED TO DATE	\$	6,102.56
B	LESS PREVIOUS BILLINGS	\$	-
C	CURRENT PAYMENT DUE	\$	6,102.56
D	BALANCE TO FINISH	\$	9,195.44

CONSULTANT: KIMLEY-HORN & ASSOCIATES
 BY: [Signature] (Tove White)
 DATE: 2/20/09

APPLICATION BREAKDOWN

THIS SECTION MUST BE COMPLETED IN ORDER FOR THIS PAYMENT TO BE PROCESSED BY OPUS

JOB #	COST CODE	CURRENT CONTRACT AMOUNT	TOTAL COMPLETED TO DATE	GROSS AMOUNT THIS APPLICATION
10896.00	N10-17880-S	\$ 15,298.00	\$ 6,102.56	\$ 6,102.56
TOTAL		\$ 15,298.00	\$ 6,102.56	\$ 6,102.56

This AREA for Opus Accounting Use Only

ENTERED BY: _____ ACCOUNTING DATE _____ APPROVED BY: _____ PROJECT MANGER DATE _____

Vendor ID	Vendor Inv #	Date

FEB 20 2009



Kimley-Horn
and Associates, Inc.

Invoice for Professional Services

OPUS WEST CONSTRUCTION CORPORATION
ATTN: CHAD BUCK
2555 E. CAMELBACK RD
SUITE 800
PHOENIX, AZ 85016

Invoice No: 3755276
Invoice Date: Dec 30, 2008
Invoice Amount: \$6,102.56

Project No: 091646003.3
Project Name: SWC PECOS & MARKET
Project Manager: WHITE, TOVE

Please send payments to:
KIMLEY-HORN AND ASSOCIATES, INC.
P.O. BOX 79384
CITY OF INDUSTRY, CA 91716-9384

Client Reference:

For Services Rendered through Dec 30, 2008

Federal Tax Id: 56-0885615

COST PLUS MAX

Description	Est. Contract Value	Amount Billed to Date	Previous Amount Billed	Current Amount Due
PARCEL 6S/7N TRAFIC STUDY	7,700.00	5,349.00	0.00	5,349.00
PARCEL 6S/7N PARKNG STUDY	3,500.00	400.00	0.00	400.00
PARCEL 6S/7N DESGN ASSIST	1,420.00	0.00	0.00	0.00
PARCEL 6S/7N MTGS & COORD	1,180.00	0.00	0.00	0.00
EXPENSES	1,498.00	353.56	0.00	353.56
Subtotal	15,298.00	6,102.56	0.00	6,102.56
Total COST PLUS MAX				6,102.56

Total Invoice: \$6,102.56



Kimley-Horn
and Associates, Inc.

Labor and Expense Detail

OPUS WEST CONSTRUCTION CORPORATION
ATTN: CHAD BUCK
2555 E. CAMELBACK RD
SUITE 800
PHOENIX, AZ 85016

Invoice No: 3755276
Invoice Date: Dec 30, 2008
Project No: 091646003.3
Project Name: SWC PECOS & MARKET
Project Manager: WHITE, TOVE

COST PLUS MAX

Category		Description/Name	Hrs/Qty	Rate	Current Amount Due
LABOR	PRINCIPAL	WHITE, TOVE	11.0	200.00	2,200.00
	PROFESSIONAL	BYRNE, NEIL	27.0	130.00	3,510.00
	PROFESSIONAL SUPPORT	HACKER, ANDREW	0.5	78.00	39.00
TOTAL LABOR			38.5		5,749.00
EXPENSES	IN-HOUSE EXPENSES	OFFICE EXPENSE			353.56
TOTAL EXPENSES					353.56
TOTAL LABOR AND EXPENSE DETAIL					6,102.56

This page is for informational purposes only. Please pay amount shown on cover page.



Kimley-Horn
and Associates, Inc.

Invoice for Professional Services

OPUS WEST CONSTRUCTION CORPORATION
ATTN: CHAD BUCK
2555 E. CAMELBACK RD
SUITE 800
PHOENIX, AZ 85016

Invoice No: 3782884
Invoice Date: Jan 31, 2009
Invoice Amount: \$4,888.90

Project No: 091646003.3
Project Name: SWC PECOS & MARKET
Project Manager: WHITE, TOVE

Please send payments to:
KIMLEY-HORN AND ASSOCIATES, INC.
P.O. BOX 79384
CITY OF INDUSTRY, CA 91716-9384

Client Reference:

For Services Rendered through Jan 31, 2009

Federal Tax Id: 56-0885615

COST PLUS MAX

Description	Est. Contract Value	Amount Billed to Date	Previous Amount Billed	Current Amount Due
PARCEL 6S/7N TRAFIC STUDY	7,700.00	6,484.00	5,349.00	1,135.00
PARCEL 6S/7N PARKNG STUDY	3,500.00	1,200.00	400.00	800.00
PARCEL 6S/7N DESGN ASSIST	1,420.00	1,420.00	0.00	1,420.00
PARCEL 6S/7N MTGS & COORD	1,180.00	1,180.00	0.00	1,180.00
EXPENSES	1,498.00	707.46	353.56	353.90
Subtotal	15,298.00	10,991.46	6,102.56	4,888.90
Total COST PLUS MAX				4,888.90

Total Invoice: \$4,888.90



Kimley-Horn
and Associates, Inc.

Labor and Expense Detail

OPUS WEST CONSTRUCTION CORPORATION
ATTN: CHAD BUCK
2555 E. CAMELBACK RD
SUITE 800
PHOENIX, AZ 85016

Invoice No: 3782884
Invoice Date: Jan 31, 2009

Project No: 091646003.3
Project Name: SWC PECOS & MARKET
Project Manager: WHITE, TOVE

COST PLUS MAX

Category		Description/Name	Hrs/Qty	Rate	Current Amount Due
LABOR	PRINCIPAL	WHITE, TOVE	16.0	200.00	3,200.00
		WRIGHT, CHUCK	1.0	200.00	200.00
	PROFESSIONAL	BYRNE, NEIL	3.5	130.00	455.00
	PROJECT COORDINATOR	MARELLA, DAMON	2.0	90.00	180.00
	SENIOR DESIGNER	WHITE, GEORGE	3.0	140.00	420.00
	SENIOR PROFESSIONAL 1	REINHOFER, PETER	0.5	160.00	80.00
TOTAL LABOR			26.0		4,535.00
EXPENSES	IN-HOUSE EXPENSES	COMPUTER TIME	3.0	25.00	75.00
		OFFICE EXPENSE			278.90
TOTAL EXPENSES					353.90
TOTAL LABOR AND EXPENSE DETAIL					4,888.90

This page is for informational purposes only. Please pay amount shown on cover page.



January 27, 2009

Tové Christina White, P.E.
Kimely-Horn and Associates, Inc.
7878 N. 16th Street, Suite 300
Phoenix, AZ 85020

Via Fax and Mail 602-944-7423

Re: Traffic Engineering Services
Main Street Commons – Multi Family
Opus 10896.00

Dear Tové:

Under the terms of the Master Agreement for Consulting Services dated February 20, 2008, and as required in Article 1 of said agreement, this letter shall serve as written authorization to proceed with work as detailed in Attachment "C", specifically to provide Traffic Engineering Services as defined in said proposal for the amount of \$15,298.00 (FIFTEEN THOUSAND TWO HUNDRED NINETY EIGHT AND NO/100THS). Please note the following clarifications considered to be a part of this authorization:

1. Work shall commence December 15, 2008, with the final written report and design recommendations provided to Opus at a later determined date.
2. Consultant shall name the property Owner, Opus West Corporation, as additional insured on Opus' certificate required under the terms of the above-noted Master Agreement. Please note that Opus West Construction Corporation ("OWCC") must be also listed as an additional insured. OWCC must be in receipt of your insurance certificate prior to any site work. Please forward at least a facsimile of the certificate by close of business February 2, 2008.
3. If any terms or conditions identified in the referenced Consultant proposal letter are in conflict with the above-noted Master Agreement, the terms and conditions of the Master Agreement shall prevail.
5. It is our understanding that the Consultant has designated Tové Christina White, P.E. as its authorized representative for the Project.
6. The project conceptual drawings and other pertinent documents are considered a part of this acceptance and are identified in Attachment "B" attached hereto.
7. Consultant's invoices shall be submitted monthly on the Consultant Application for Payment form, indicating cost breakdowns. Consultant shall reference Opus Job #10896.00 and cost code N10-17880-S on all invoices and correspondence.
8. This acceptance letter confirms authorization for the Consultant's Right of Entry at the Project Site in accordance with the terms of the Agreement.



The Opus Group
www.opuscorp.com

We look forward to the opportunity to work with your firm on this project.

Sincerely,
Opus West Construction Corporation

Chad Buck
Project Manager

Kimley-Horn and Associates, Inc.

2/6/09

Consultant Signature/Date

<Attachments / Enclosures>

cc: File

Attachment "A"

**Hourly Rate Schedule
for Traffic Engineering Services**

SCOPE ITEM	RATE
Professional Staff	
A1-A2 Project Assistant	\$78.00/hour
A3-A4 Project Assistant	\$85.00/hour
A5 Project Coordinator.....	\$90.00/hour
A6 Senior Product Coordinator	\$135.00/hour
A7 Project Director.....	\$195.00/hour
A8 Principal.....	\$235.00/hour
C1-C6 Professional Support	\$78.00/hour
C03-C06 CADD Professional	\$105.00/hour
D7 Senior Designer	\$135.00/hour
D8 Senior Designer	\$140.00/hour
E1-E4 Principal	\$200.00/hour
P-P1 Analyst.....	\$110.00/hour
P2 Analyst	\$115.00/hour
P3 Professional	\$130.00/hour
P4 Professional	\$140.00/hour
P5 Senior Professional 1	\$160.00/hour
P6 Senior Professional 2	\$175.00/hour
P7 Principal	\$200.00/hour
P8 Principal	\$200.00/hour
T1-T7 Technician	\$100.00/hour

End Hourly Rate Schedule

Attachment "B"

Project Document List

Concept or Schematic Design Drawings:

<u>Sheet No.</u>	<u>Description</u>	<u>Date</u>
A1.10	CUP Preliminary Site Plan	12/3/2008

Specification/Data:

1. N/A

Project Schedule:

1. N/A

Attachment "C"

Scope of Services

1. Due Diligence:

KHA will review the conceptual site plan for the project, provided by the Client and dated December 03, 2008, comparable multi-family project parking summary information, and, if readily available from the Town of Gilbert, approved site plans, roadway improvement plans, and/or traffic impact analysis documentation for other existing or planned development or capital improvement projects in the immediately surrounding area. Results of this effort will be used to identify potential constraints on access entitlements desired for this project.

2. Analysis:

KHA will determine the number of vehicular trips that can be expected to be generated by the proposed development, during the AM and PM peak hours and over the course of an average weekday, under two horizon year scenarios - an opening year/Phase I scenario, and a build-out year/Phase 2 scenario.

KHA will estimate peak hour background traffic volumes in the vicinity of the proposed external access points under the each of the previously described design year scenarios.

KHA will evaluate the proposed development plan in terms of how it will impact traffic conditions in the surrounding area, using widely recognized directional distribution, traffic assignment, and operational analysis methodology.

KHA will evaluate the need for any off-site roadway and/or traffic control improvements to mitigate anticipated traffic impacts or accommodate proposed access provisions.

KHA will evaluate the proposed site plan in terms of how well it provides for safe and efficient movement of vehicles through the development.

3. Documentation:

KHA will produce a report for the Client's inclusion with other Development Review Board application submittal items. This document will describe the following items associated with the Traffic Impact Analysis and the Parking Needs Analysis:

- the proposed development in terms of site location, land use mix, infrastructure phasing, and access point location;
- the existing and planned roadway network serving the site;
- estimated future background (without proposed development) peak hour traffic volumes;
- the trip generation potential of the proposed development;
- the anticipated directional distribution of site traffic among available approach and departure routes and at each proposed site driveway, under each design year scenario under consideration;
- estimated total (with proposed development) peak hour traffic volumes; and
- recommended access point location adjustments and/or eliminations, entry and/or exit movement restrictions, and entry and exit lane configurations (as applicable) for each supported access point;
- the proposed parking needs associated with the development.

4. Additional Services:

The following services are not included in the scope of services, but can be provided as additional services if authorized in writing by the Client.

- Traffic analysis aside from what is specifically described herein;
- Roadway, traffic signal, and signing and pavement marking design and construction document production;

- Meeting attendance, general technical assistance, coordination, and correspondence, beyond the first ten (20) hours; and
- Any other task not specifically described in the Scope of Services section of this agreement.

Schedule of Values

1	Traffic Impact Analysis for Parcel 6S/7N (Task 3 as referenced in KHA's Proposal and Letter Agreement dated 1/23/2009):	\$7,700.00
2	Design Assistance Costs Associated with Traffic Impact Analysis for Parcel 6S/7N (Task 4 as referenced in KHA's Proposal and Letter Agreement dated 1/23/2009):	*\$1,420.00
3	Parking Needs Analysis for Parcel 6S/7N (Task 5 as referenced in KHA's Proposal and Letter Agreement dated 1/23/2009):	\$3,500.00
4	Meetings, Coordination, and Review Comment Response (Task 6 as referenced in KHA's Proposal and Letter Agreement dated 1/23/2009):	*\$1,180.00
5	Expenses (As referenced in KHA's Proposal and Letter Agreement dated 1/23/2009):	*\$1,498.00
	TOTAL:	\$15,298.00

*Costs are for actual fees incurred. Any additional fees associated with this work will be billed according to the Hourly Rate Schedule outlined in Attachment "A".



Kimley-Horn
and Associates, Inc.

September 9, 2009

Opus West Corporation, et al
c/o BMC Group
P.O. Box 3020
Chanhassen, MN 55317-3020

■
Suite 300
7878 N. 16th Street
Phoenix, Arizona
85020

Re: Proof of Claim
Opus West Construction Corporation

Enclosed for filing you will find Kimley-Horn and Associates, Inc.'s Proof of Claim for Case Number 09-34360. Also enclosed you will find an additional copy of the Proof of Claim and a self addressed stamped envelope. Please stamp the copy and return it to me in the enclosed envelope.

Thank you.

Sincerely yours,

KIMLEY-HORN AND ASSOCIATES, INC.

Lu Ann Y. Flynn

lyf

Enclosure