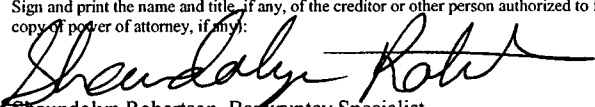



NOTE IN CHAPTER 13 CASES FILE THE ORIGINAL AND ONE COPY OF BOTH CLAIM AND ANY ATTACHMENT Form B10 (Official Form 10)(4/98)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS		<b>PROOF OF CLAIM</b>
Name of Debtor <b>OPUS WEST CORPORATION</b>		Case Number <b>09-34356</b>
NOTE: this form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of 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): <b>IKON OFFICE SOLUTIONS</b>		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em; font-weight: bold;">SEP 08 2009</div> <div style="font-size: 0.8em; font-weight: bold;">TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</div> <div style="font-size: 0.6em; margin-top: 10px;">THIS SPACE IS FOR COURT USE ONLY</div>
<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SEP 14 2009</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BMC GROUP</div>		
Name and addresses where notices should be sent: IKON OFFICE SOLUTIONS ACCOUNTS RECEIVABLE CENTER ATTN: BANKRUPTCY TEAM 3920 Arkwright Rd. - Suite 400 MACON, GEORGIA 31210		<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Account or other number by which creditor identifies debtor: <b>3966942</b>	Check here if this claim	<input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis For Claim:</b> <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Maintenance Agreement</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ - _____ Unpaid compensation for services performed From _____ (date) to _____ (date)
<b>2. Date debt was incurred:</b> see attached	<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed: \$204.97</b> 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.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: _____		<b>6. Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: services performed <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever 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 \$1,950* 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)(____).  <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
09-04-09	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):  Shaundolyn Robertson, Bankruptcy Specialist	
		OPUS WEST  00189
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.		

# INVOICE

IKON Office Solutions  
1516 W 17th St  
Tempe AZ 85281  
www.IKON.com  
Return Service Requested

**Customer No. : 3966942**

**Invoice No. : 5011003356**  
Invoice Date: 01-Apr-09  
Terms : 10 NET  
P O No. :  
Contract No.: 1825927  
Modifier :-  
Federal Id : 23-0334400

822



**ATTN: ACCOUNTS PAYABLE**  
**OPUS WEST CORP**  
**2050 MAIN ST STE 800**  
**IRVINE CA 92614-8260**

*For any questions, please call 1-888-456-6457. We appreciate your business.*

*This is a summary of all charges on the invoice.  
Please refer to supporting pages for details.*

Regular Bill

Subtotal : 200.31  
Sales Taxes : 4.66  
**Total Amount Due : 204.97**

**Important: Detach and Return This Portion With Your Payment**

*To ensure proper credit to your account, please write your customer and invoice number on your check.*

OPUS WEST CORP  
2050 MAIN ST STE 800  
IRVINE CA 92614-8260

INV# : 5011003356  
CUST# : 3966942

Address correction requested. (Please complete reverse side)

*Make check payable and remit to:*



IKON OFFICE SOLUTIONS  
P.O. BOX 31001-0850  
PASADENA CA 91110-0850

**Total Amount Due:**

**204.97**

*Thank you for choosing IKON Office Solutions.*

00 0050110033560 00039669429 00000204974 000000000 000000000

**MAINTENANCE AGREEMENT SUPPORT**



**Document Efficiency  
At Work.**

A RICOH COMPANY

**Customer No. : 3966942**

OPUS WEST CORP  
2050 MAIN ST STE 800  
IRVINE CA 92614-8260

Contract No. :1825927  
Modifier :-

**Invoice No. : 5011003356**  
Invoice Date : 01-Apr-09  
PO No. :

Dept/Cost Ctr	Equipment ID/Description	Mfg/Config Serial/Location	Service Offering / Period				Total Images	Overage Allowed	Images/Rate	Charges	Sales Taxes	Total Charges
			Beg Meter /Date	End Meter /Date	Total Images	Images						
-	OPUS WEST CORP	11190772	Base Charges: 8X5X6 SILVER				0	30-Mar-09 to 29-Jun-09	200.31			
-	CANON, NP6330	NHE02737/NHE02737	626,171	626,171	0	3,000						
-	/HRS 8-4.3 UPSTAIRS		30-Dec-08	31-Mar-09	TOTAL METER				4.66		204.97	
	OPUS WEST CORP											
	10301 MEANLEY DR											
	SAN DIEGO CA 92131-3011											
	<b>Subtotal: OWCC/HORIZON TECH CENTER</b>										<b>200.31</b>	<b>204.97</b>
	<b>Total</b>										<b>200.31</b>	<b>204.97</b>

