

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
<p style="text-align: center;"><b>FILED</b></p> <p style="text-align: center;">SEP 03 2009</p> <p style="text-align: center;">TAWANA C. MARSHALL, CLERK</p> <p style="text-align: center;">U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</p>		Case Number:
<p>Name of Debtor: (Check Only One):</p> <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.		
<p>NOTE: This form should not be used to make a claim for an administrative expense of the estate. All other requests for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property):</p> <p>ThyssenKrupp Elevator 2801 Network Blvd. Ste. 700 Frisco, TX 75035</p>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: (If known)  Filed on:
<p>Name and address where notices should be sent: ThyssenKrupp Elevator 2801 Network Blvd. Ste. 700 Frisco, TX 75035</p> <p>Telephone number: 972-963-5237 Email Address: angel.dwork@thyssenkrupp.com</p>		<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.
<p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">SEP 14 2009</p>		
<p>1. Amount of Claim as of Date Case Filed: \$ <u>25,818.52</u></p> <p>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.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <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.		<p>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.</p> <p>Specify the priority of the claim.</p> <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)( ).  <b>Amount entitled to priority:</b> \$
<p>2. Basis for Claim: <u>Goods/ services performed</u> (See instruction #2 on reverse side.)</p>		
<p>3. Last four digits of any number by which creditor identifies debtor: <u>42532</u></p> <p>3a. Debtor may have scheduled account as: _____ (See instruction §3a on reverse side).</p>		
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>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</p> <p>Value of Property: \$__ Annual Interest Rate __%</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$__</p> <p>Basis for perfection: _____ Amount Unsecured: \$ <u>25,818.52</u></p>		
<p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>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.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain: _____</p>		
Date: <u>9-1-09</u>	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. <u>Angel Dwork</u>	<b>FOR COURT USE ONLY</b>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.  
 Modified B10 (GCG) (12/08)



## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent (The BMC Group) are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** OPUS WEST CORPORATION, et al C/O BMC GROUP, PO BOX 3020, CHANHASSEN, MN, 55317-3020. **IF BY HAND OR OVERNIGHT COURIER:** OPUS WEST CORPORATION, et al C/O BMC GROUP, 18750 LAKE DRIVE EAST, CHANHASSEN, MN, 55317. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.

### THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS November 9, 2009

#### Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Northern District of Texas on July 6, 2009. You should select the Debtor against which you are asserting your claim.

#### A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4 and/or 5. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the debtor, trustee or another party in interest files an objection to your claim.

#### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the Debtor, if any.

#### 3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

#### 4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

#### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

#### 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

#### 7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

#### Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

## DEFINITIONS

#### Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

#### Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

#### Claim

A claim is the creditor's right to receive payment on a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

#### Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the BMC Group as described in the instructions above and in the Bar Date Notice.

#### Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

#### Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

#### Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

#### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

#### Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

## INFORMATION

#### Acknowledgment of Filing of Claim

To receive acknowledgment of your filing from the BMC Group, please provide a self-addressed stamped envelope and a copy of this proof of claim when you submit the original claim to the BMC Group.

#### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

# THYSSENKRUPP ELEVATOR

0918227

REMIT TO:

THYSSENKRUPP ELEVATOR CORPORATION  
2801 NETWORK BLVD., SUITE 700  
FRISCO, TEXAS 75034

SOLD TO: OPUS WEST CONSTRUCTION  
STE 800  
2555 EAST CAMELBACK ROAD  
PHOENIX AZ 85016-0000

CUSTOMER NO: 7317625  
INVOICE DATE: 02/27/2009  
INVOICE NO: 0918227  
JOB NUMBER: 006EY2532  
CODES: 04 008 004 00 09

CONTRACT#:	RE: PIMA CTR BLDG E
SUB-CONT#:	SCOTTSDALE, AZ
CUST PO#:	MARICOPA COUNTY
CONTRACTOR JOB#: 10510.00	

TO: INVOICE FOR ELEVATOR WORK

CONTRACT PRICE	63,400.00
CHANGE ORDER	22,887.00
	<hr/>
	86,287.00
VALUE OF MATERIAL AND/OR LABOR FURNISHED TO DATE	86,287.00
	<hr/>
	86,287.00
LESS PREVIOUS BILLINGS	77,658.30
	<hr/>
	8,628.70
NET AMOUNT DUE AND PAYABLE	8,628.70

PAYMENT IN FULL DUE AT FINAL ACCEPTANCE

IF REMITTING DIFFERENT AMOUNT PLEASE GIVE AMOUNT AND REASON, THANK YOU: \$ \_\_\_\_\_

PLEASE CALL: (866) 864-2596	INVOICE: SANDY CHAMBERLAIN	EXT: 5251
FAX NUMBER: (972) 963-5220	WAIVERS: ANGEL DUKE	EXT: 5237
INVOICES ARE DUE WHEN RENDERED	CREDIT MGR: ANGEL DUKE	EXT: 5237
<small>Goods or Services covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended.</small>		

JOB NUMBER	A/R AMT	RET AMT	RES AMT	TAX AMT
006EY2532	8,628.70	8,628.70-		

# THYSSENKRUPP ELEVATOR

REMIT TO: 2801 Network Blvd Ste 700  
Frisco Tx 75034

SOLD TO: OPUS WEST CONSTRUCTION  
2555 EAST CAMELBACK ROAD  
STE 800

CUSTOMER NO: 7317625  
INVOICE DATE: 02/25/09  
INVOICE NUMBER: 022509C  
JOB NUMBER: 006EY2532

CONTRACTOR #  
SUB-CONT#  
CUSTOMER PO#  
CONTRACTOR JOB# 10510.00

RE: PIMA CTR BLDG E  
SCOTTSDALE, AZ

TO: INVOICE FOR ELEVATOR WORK:

CONTRACT PRICE	\$ 63,400.00
CHANGE ORDERS	<u>22,887.00</u>
TOTAL ADJUSTED CONTRACT PRICE	86,287.00
VALUE OF MATERIAL AND/OR LABOR FURNISHED TO DATE	\$ 86,287.00
LESS RETAINAGE	<u>0.00</u>
	86,287.00
LESS PREVIOUS BILLINGS	<u>77,658.30</u>
NET AMOUNT DUE AND PAYABLE	\$ 8,628.70

IF REMITTING DIFFERENT AMOUNT PLEASE GIVE AMOUNT AND REASON, THANK YOU

\$ \_\_\_\_\_

PLEASE CALL :	972-963-5200	INVOICE :	Sandy Chamberlain	EXT:	124
FAX NUMBER:	972-963-5220	WAIVERS		EXT:	
INVOICES ARE DUE WHEN RENDERED		CREDIT MANAGER John Burruss		EXT:	108

Goods or Services covered by this invoice were produced in compliance with the Fair Labor Standards Act of 1938 as amended.

7317625  
 OPUS WEST CONSTRUCTION  
 2555 EAST CAMELBACK ROAD  
 STE 800  
 PHOENIX, AZ 85016

PROJECT: PIMA CTR BLDG E  
 LOCATION: SCOTTSDALE, AZ

CONTRACTOR JOB#: 10510.00

ThyssenKrupp Elevator Corporation  
 2801 Network Blvd Ste 700  
 Frisco Tx 75034

THYSSENKRUPP JOB #

006EY2532

APPLICATION NO: 5  
 APPLICATION DATE: 02/25/09  
 PERIOD FROM: 02/01/09  
 PERIOD TO: 02/28/09  
 CONTRACT FOR: ELEVATOR WORK  
 CONTRACT DATE: 01 10 08

CONTRACTOR'S APPLICATION FOR PAYMENT

CERTIFICATION, AFFIDAVIT AND WAIVER OF LIEN

Application is made for Payment, as shown below, in connection with the Contract.  
 Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM \$ 63,400.00

2. Net change by Change Orders \$ 22,887.00

3. CONTRACT SUM TO DATE (line 1 +/- line 2) \$ 86,287.00

4. TOTAL COMPLETED & STORED TO DATE \$ 86,287.00

5. RETAINAGE: \$ 0.00

6. TOTAL EARNED LESS RETAINAGE \$ 86,287.00  
 (Line 4 less Line 5 Total)

7. LESS: CERTIFICATES FOR PAYMENTS \$ 77,658.30  
 (Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ 8,628.70

9. BALANCE TO FINISH, PLUS RETAINAGE \$ 0.00  
 (Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total Changes approved in previous months by Owner		
Total approved this Month	22,887	
<b>TOTALS</b>		
NET CHANGES by Change Order	22,887	22,887

22,887 0

AMOUNT CERTIFIED  
 (Attach explanation if amount certified differs from the amount applied for).

\$

By: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE WORK PERFORMED AND THE MATERIALS SUPPLIED TO DATE AS SHOWN REPRESENT THE ACTUAL VALUE OF ACCOMPLISHMENT UNDER THE TERMS OF THE CONTRACT DOCUMENTS AND ALL AUTHORIZED CHANGES, RELATING TO THE ABOVE PROJECT.

ALL LABORERS, MATERIALMEN, AND SUBCONTRACTORS OF THE COMPANY HAVE BEEN PAID FOR THE WORK, LABOR AND/OR MATERIAL, MACHINERY, EQUIPMENT, AND FUEL FURNISHED BY THEM TO THE COMPANY FOR THE PROJECT TO THE FULL EXTENT THAT SUMS WERE DUE TO SAID PARTIES AND THE COMPANY HAS PREVIOUSLY RECEIVED PAYMENT FOR THE WORK, LABOR MATERIAL, MACHINERY, EQUIPMENT, AND FUEL SO FURNISHED BY SAID PARTIES.

FURTHERMORE, IN CONSIDERATION OF THE PAYMENTS RECEIVED, AND UPON RECEIPT OF THE AMOUNT OF THIS REQUEST, THE UNDERSIGNED DOES HEREBY WAIVE, RELEASE AND RELINQUISH ALL CLAIM OR RIGHT OF LIEN WHICH THE UNDERSIGNED MAY HAVE UPON THE PREMISES ABOVE DESCRIBED TO THE EXTENT OF ACTUAL PAYMENTS RECEIVED.

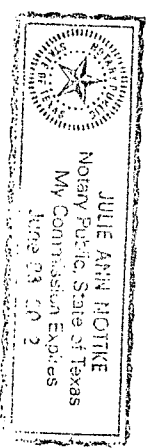
SUBCONTRACTOR: ThyssenKrupp Elevator Corporation

BY: Sandy Chamberlain DATE: 02/25/09  
 Sandy Chamberlain  
 Construction Coordinator

Subscribed and sworn to before me this date: 02/25/09  
 State of: TEXAS County of: COLLIN

Notary Public:

Julie Ann Notte



APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: 02/28/09

APPLICATION NO: 5

DATE OF APPLICATION: 02/25/09

A	B	C	D	E	F	G	H	I
NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	PREVIOUS APPLICATION	WORK COMPLETED THIS PERIOD	TOTAL COMPLETED & STORED TO DATE	% COMPLETED	BALANCE TO FINISH LESS RETAINAGE (C-F)	ACTUAL STORED MATERIAL TO DATE
<b>ELEVATOR GROUP #1</b>								
1	ENG/PREPRODUCTION	15,850.00	15,850.00	0.00	15,850.00	100%	0	0
2	MATERIAL	35,540.19	35,540.19	0.00	35,540.19	100%	0	0
3	LABOR	10,741.81	10,741.81	0.00	10,741.81	100%	0	0
4	ADJUSTING	1,268.00	1,268.00	0.00	1,268.00	100%	0	0
5	CHANGE ORDER	22,887.00	22,887.00	0.00	22,887.00	100%	0	0
<b>TOTAL</b>		<b>86,287.00</b>	<b>86,287.00</b>	<b>0.00</b>	<b>86,287.00</b>	<b>100%</b>	<b>0</b>	<b>0</b>

# THYSSENKRUPP ELEVATOR

0918226

REMIT TO:

THYSSENKRUPP ELEVATOR CORPORATION  
2801 NETWORK BLVD., SUITE 700  
FRISCO, TEXAS 75034

SOLD TO: OPUS WEST CONSTRUCTION  
STE 800  
2555 EAST CAMELBACK ROAD  
PHOENIX AZ 85016-0000

CUSTOMER NO: 7317625  
INVOICE DATE: 02/27/2009  
INVOICE NO: 0918226  
JOB NUMBER: 006EY2532  
CODES: 04 008 004 00 09

CONTRACT#:	RE: PIMA CTR BLDG E
SUB-CONT#:	SCOTTSDALE, AZ
CUST PO#:	MARICOPA COUNTY
CONTRACTOR JOB#: 10510.00	

TO: INVOICE FOR ELEVATOR WORK

CONTRACT PRICE	63,400.00
CHANGE ORDER	22,887.00
	<hr/>
	86,287.00
VALUE OF MATERIAL AND/OR LABOR FURNISHED TO DATE	86,287.00
	<hr/>
	86,287.00
LESS RETAINAGE	8,628.70
	<hr/>
	77,658.30
LESS PREVIOUS BILLINGS	60,468.48
	<hr/>
	17,189.82
NET AMOUNT DUE AND PAYABLE	

IF REMITTING DIFFERENT AMOUNT PLEASE GIVE AMOUNT AND REASON, THANK YOU: \$ \_\_\_\_\_

PLEASE CALL: (866) 864-2596	INVOICE: SANDY CHAMBERLAIN	EXT: 5251
FAX NUMBER: (972) 963-5220	WAIVERS: ANGEL DUKE	EXT: 5237
INVOICES ARE DUE WHEN RENDERED	CREDIT MGR: ANGEL DUKE	EXT: 5237
<small>Goods or Services covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended.</small>		

JOB NUMBER	A/R AMT	RET AMT	RES AMT	TAX AMT
006EY2532	17,189.82	1,909.98		

# THYSSENKRUPP ELEVATOR

REMIT TO: 2801 Network Blvd Ste 700  
Frisco Tx 75034

SOLD TO: OPUS WEST CONSTRUCTION  
2555 EAST CAMELBACK ROAD  
STE 800

CUSTOMER NO: 7317625  
INVOICE DATE: 02/25/09  
INVOICE NUMBER: 022509B  
JOB NUMBER: 006EY2532

CONTRACTOR #	RE: PIMA CTR BLDG E
SUB-CONT#	SCOTTSDALE, AZ
CUSTOMER PO#	
CONTRACTOR JOB# 10510.00	

TO: INVOICE FOR ELEVATOR WORK:

CONTRACT PRICE	\$ 63,400.00
CHANGE ORDERS	<u>22,887.00</u>
TOTAL ADJUSTED CONTRACT PRICE	86,287.00
VALUE OF MATERIAL AND/OR LABOR FURNISHED TO DATE	\$ 86,287.00
LESS RETAINAGE	<u>8,628.70</u>
	77,658.30
LESS PREVIOUS BILLINGS	<u>60,468.48</u>
NET AMOUNT DUE AND PAYABLE	\$ 17,189.82

IF REMITING DIFFERENT AMOUNT PLEASE GIVE AMOUNT AND REASON, THANK YOU \$ \_\_\_\_\_

PLEASE CALL :	972-963-5200	INVOICE :	Sandy Chamberlain	EXT:	124
FAX NUMBER:	972-963-5220	WAIVERS		EXT:	
INVOICES ARE DUE WHEN RENDERED		CREDIT MANAGER John Burruss		EXT:	108
Goods or Services covered by this invoice were produced in compliance with the Fair Labor Standards Act of 1938 as amended.					



7317625  
OPUS WEST CONSTRUCTION  
2555 EAST CAMELBACK ROAD  
STE 800  
PHOENIX, AZ 85016

ThyssenKrupp Elevator Corporation  
2801 Network Blvd Ste 700  
Frisco TX 75034

PROJECT: PIMA CTR BLDG E  
LOCATION: SCOTTSDALE, AZ

CONTRACTOR JOB#: 10510.00  
THYSSENKRUPP JOB #

006EY2532

APPLICATION NO: 4  
APPLICATION DATE: 02/25/09

PERIOD FROM: 01/01/09  
PERIOD TO: 02/28/09

CONTRACT FOR: ELEVATOR WORK  
CONTRACT DATE: 01 10 08

CONTRACTOR'S APPLICATION FOR PAYMENT

CERTIFICATION, AFFIDAVIT AND WAIVER OF LIEN

Application is made for Payment, as shown below, in connection with the Contract.  
Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM \$ 63,400.00

2. Net change by Change Orders \$ 22,887.00

3. CONTRACT SUM TO DATE (line 1 +/- line 2) \$ 86,287.00

4. TOTAL COMPLETED & STORED TO DATE \$ 86,287.00

5. RETAINAGE: \$ 8,628.70

6. TOTAL EARNED LESS RETAINAGE \$ 77,658.30  
(Line 4 less Line 5 Total)

7. LESS: CERTIFICATES FOR PAYMENTS \$ 60,488.48  
(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ 17,189.82

9. BALANCE TO FINISH, PLUS RETAINAGE \$ 8,629  
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total Changes approved in previous months by Owner		
Total approved this Month	22,887	
<b>TOTALS</b>		
NET CHANGES by Change Order	22,887	22,887

22,887 0

AMOUNT CERTIFIED  
(Attach explanation if amount certified differs from the amount applied for)

\$ \_\_\_\_\_

By: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE WORK PERFORMED AND THE MATERIALS SUPPLIED TO DATE AS SHOWN REPRESENT THE ACTUAL VALUE OF ACCOMPLISHMENT UNDER THE TERMS OF THE CONTRACT DOCUMENTS AND ALL AUTHORIZED CHANGES, RELATING TO THE ABOVE PROJECT.

ALL LABORERS, MATERIALMEN, AND SUBCONTRACTORS OF THE COMPANY HAVE BEEN PAID FOR THE WORK, LABOR AND/OR MATERIAL, MACHINERY, EQUIPMENT, AND FUEL FURNISHED BY THEM TO THE COMPANY FOR THE PROJECT TO THE FULL EXTENT THAT SUMS WERE DUE TO SAID PARTIES AND THE COMPANY HAS PREVIOUSLY RECEIVED PAYMENT FOR THE WORK, LABOR MATERIAL, MACHINERY, EQUIPMENT, AND FUEL SO FURNISHED BY SAID PARTIES.

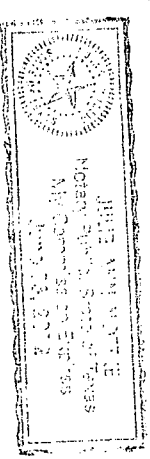
FURTHERMORE, IN CONSIDERATION OF THE PAYMENTS RECEIVED, AND UPON RECEIPT OF THE AMOUNT OF THIS REQUEST, THE UNDERSIGNED DOES HEREBY WAIVE, RELEASE AND RELINQUISH ALL CLAIM OR RIGHT OF LIEN WHICH THE UNDERSIGNED MAY HAVE UPON THE PREMISES ABOVE DESCRIBED TO THE EXTENT OF ACTUAL PAYMENTS RECEIVED.

SUBCONTRACTOR: ThyssenKrupp Elevator Corporation

BY: *Sandy Chamberlain* DATE: 02/25/09  
Sandy Chamberlain  
Construction Coordinator

Subscribed and sworn to before me this date: 02/25/09  
State of: TEXAS County of: COLLIN

Notary Public: *Julio Carr Nieto*



APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: 02/28/09

APPLICATION NO: 4

DATE OF APPLICATION: 02/25/09

A	B	C	D	E	F	G	H	I
NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	PREVIOUS APPLICATION	WORK COMPLETED THIS PERIOD	TOTAL COMPLETED & STORED TO DATE	% COMPLETED	BALANCE TO FINISH LESS RETAINAGE (C-F)	ACTUAL STORED MATERIAL TO DATE
ELEVATOR GROUP #1								
1	ENG/PREPRODUCTION	15,850.00	15,850.00	0.00	15,850.00	100%	0	0
2	MATERIAL	35,540.19	35,540.19	0.00	35,540.19	100%	0	0
3	LABOR	10,741.81	10,741.81	0.00	10,741.81	100%	0	0
4	ADJUSTING	1,268.00	0.00	1,268.00	1,268.00	100%	0	0
5	CHANGE ORDER	22,887.00	5,055.20	17,831.80	22,887.00	100%	0	0
TOTAL		86,287.00	67,187.20	19,099.80	86,287.00	100%	0	0

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
<b>Name of Debtor: (Check Only One):</b> <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.	<b>Case Number:</b>	
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.		
<b>Name of Creditor (the person or other entity to whom the debtor owes money or property):</b> <div style="font-size: 1.2em; font-family: cursive;">             ThyssenKrupp Elevator              2801 Network Blvd. Ste. 700              Frisco, TX 75035           </div>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> <i>(if known)</i>  <b>Filed on:</b>	
<b>Name and address where notices should be sent:</b> ThyssenKrupp Elevator 2801 Network Blvd. Ste. 700 Frisco, TX 75035 <b>Telephone number:</b> 972-963-5237 <b>Email Address:</b> angel.duke@thyssenkrupp.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 type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b>		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>25,818.52</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.	<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> <b>If any portion of your claim falls in one of the following categories, check the box and state the amount.</b>  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)( ).  <b>Amount entitled to priority:</b> <div style="text-align: center; font-weight: bold;">\$</div>	
<b>2. Basis for Claim:</b> <u>Goods/ services performed</u> <i>(See instruction #2 on reverse side.)</i>		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>EV2532</u> <b>3a. Debtor may have scheduled account as:</b> _____ <i>(See instruction §3a on reverse side.)</i>		
<b>4. Secured Claim (See instruction #4 on reverse side.)</b> 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: \$ <u>25,818.52</u>		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>7. Documents:</b> 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. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
<b>Date:</b> <div style="font-size: 1.5em; font-family: cursive;">9-1-09</div>	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="font-size: 1.5em; font-family: cursive;">Angel Duke</div>	<b>FOR COURT USE ONLY</b>

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.

## 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 in 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.