

UNITED STATES BANKRUPTCY COURT Northern District of Texas **PROOF OF CLAIM**

Name of Debtor:
Opus West Corporation dba Opus West Construction Corporation

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. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Gale Contractor Services a Masco Company

Check this box to indicate that this claim amended a previously filed claim.

Name and address where notices should be sent:
Attn: Rose Dwyer (42228)
Masco Administrative Services Inc.
260 Jimmy Ann Drive, Daytona Beach, FL 32114
Telephone number:
(386) 304-7534

RECEIVED
SEP 25 2009
BMC GROUP

Court Claim Number: **18 2009 AS**
(If known) **SEP**

Filed on: **TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

Name and address where payment should be sent (if different from above):

Telephone number:

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.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 1,468.38

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.

 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.

2. Basis for Claim: Goods and services
(See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 2410

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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).

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: Real Estate Motor Vehicle Other
Describe:

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 of Secured Claim: \$ _____ Amount Unsecured: \$ _____

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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 of 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:

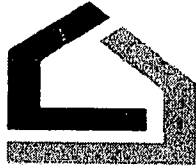
Date: 09/14/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Rose Dwyer
Litigation paralegal

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.





**GALE
Contractor
Services**

Div.
241
Acct
42228

OPUS West construction Corporation
2555 East Camelback Road, Ste 800
Phoenix, AZ 85016

INVOICE NO.: 0009859R

DATE: 05/21/09

FROM: 05/01/09

TO: 05/31/09

REQUEST #: Retention

RETENTION BILLING

PROJECT: Tempe Gateway - Parking Structure
222 South Mill Avenue
Tempe, AZ

Contract Changes		
1	Change Order # 1	\$ 1,150.77
2	Change Order # 2	\$ 9,164.00
3		
4		
5		
6		
7		
8		
9		
10		
Total		\$ 10,314.77

CONTRACT AMOUNT..... \$ 11,712.00
TOTAL CHANGE ORDER..... 10,314.77
REVISED CONTRACT AMOUNT..... \$ 22,026.77

Work completed (inplace/stored) 100.00% \$ 22,026.77
Less previously completed and stored..... (19,824.09)
Amount completed this request..... 2,202.68
Less 0.00% retention..... 0.00
Total due upon receipt of invoice..... **\$ 2,202.68**

balance due
\$1,408.38

Please remit to: Gale Contractor Services
4235 E Winslow Avenue
Phoenix, AZ 85040

Please reference Invoice
#0009859R



SUBCONTRACTOR APPLICATION FOR PAYMENT

Project Name: Tempe Gateway Project Number: 10154
 Subcontractor: Builders Services Group, Inc. dba Gale Contractor Services Date of Application: 5.21.09
 Supplier #: 1007140
 Address: 7248 South Harl Avenue, Suite 104 Application Number: Retention
Tempe, AZ 85283 Period From: 5.1.09 Period To: 5.31.09
 Phone: (602) 757-6765
 Remittance Address : Opus West Construction Corporation
Attn : Accounts Payable
2555 E. Camelback Road, Suite 800
Phocnix, AZ 85016

CONTRACT INFORMATION

ITEM	SALES TAX \$(if applicable)	TOTAL (\$)
ORIGINAL CONTRACT AMOUNT		\$11,712.00
OPUS APPROVED CHANGE ORDER thru # 2		\$10,314.77
CONTRACT AMOUNT TO DATE TOTAL		\$22,026.77

APPLICATION INFORMATION

A Total Completed & Stored to Date \$ 22026.77
 B Less Retainage 10 % \$ 0.
 C Total Earned less Retainage (A - B) \$ 22026.77
 D Less Previous Billings (previous req's line C) \$ 19824.09
 E Current Payment Due (C - D) \$ 2202.68
 F Balance to Finish, Plus Retainage (H - A + B) \$ 0.
 G Current Gross Amount Completed This Period \$ 2202.68

SUBCONTRACTOR: Builders Services Group, Inc. dba Gale Contractor Services Supplier #: 1007140
 BY: [Signature]
 DATE: 5.21.09

APPLICATION BREAKDOWN

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

Account Code	Description	Current Contract Amount	Work Completed		Total Work Complete	Percent Complete	Retainage This Application	Net Payment
			From Previous Application	This Period				
10154.10-D20-07250.00-S	Fireproofing - Subcontract	\$9,106.00	<u>8195.4</u>	<u>910.0</u>	<u>9100</u>	<u>100</u>	<u>0</u>	<u>910.0</u>
10154.20-D20-07250.00-S	Fireproofing - Subcontract	\$12,920.77	<u>11028.10</u>	<u>1292.08</u>	<u>12920.77</u>	<u>100</u>	<u>0</u>	<u>1292.08</u>
	Total	\$22,026.77	<u>19824.09</u>	<u>2202.68</u>	<u>22026.77</u>	<u>100</u>	<u>0</u>	<u>2202.68</u>
			H	I	G	A	J	K

Entered By : _____ Accounting Date _____ Approved By : _____ Project Manager Date _____

SHADED AREA FOR OPUS ACCOUNTING USE ONLY

Vendor ID	Vendor Inv. #	Date	G/L Exp