

| UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS   | PROOF OF CLAIM  |
|---|---|
| <b>Name of Debtor: (Check Only One):</b><br><input type="checkbox"/> Opus West Corporation<br><input checked="" type="checkbox"/> Opus West Construction Corporation<br><input type="checkbox"/> O. W. Commercial, Inc.<br><input type="checkbox"/> Opus West LP<br><input type="checkbox"/> Opus West Partners, Inc.   | <b>Case Number:</b><br><br>   |
| <small>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.</small>   |   |
| <b>Name of Creditor (the person or other entity to whom the debtor owes money or property):</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           GCR Tire Center<br/>           2815 N 32nd Avenue<br/>           Phoenix, AZ 85009<br/>           602-272-9308         </div> <div style="width: 35%; text-align: center;"> <b>RECEIVED</b><br/><br/> <b>OCT 05 2009</b><br/><br/> <b>BMC GROUP</b> </div> </div>   | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.<br><br><b>Court Claim Number:</b><br><small>(If known)</small><br><br><b>Filed on:</b> _____   |
| <b>Name and address where notices should be sent:</b><br>GCR Tire Center<br>2815 N 32nd Ave.<br>Phoenix, AZ 85009<br>Telephone number: 602-272-9308<br>Email Address: shawn@grtires.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.<br><br><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><br><br><b>Telephone number:</b> _____   |   |
| <b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>112.45</u><br><small>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.</small><br><small>If all or part of your claim is entitled to priority, complete item 5.</small><br><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><br><b>If any portion of your claim falls in one of the following categories, check the box and state the amount.</b><br><br>Specify the priority of the claim.<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).<br><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).<br><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).<br><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).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).<br><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).<br><br><b>Amount entitled to priority:</b><br><br><div style="text-align: right;">\$ _____</div> |
| <b>2. Basis for Claim:</b> <u>tire service</u><br><small>(See instruction #2 on reverse side.)</small>  |   |
| <b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>0015</u><br><b>3a. Debtor may have scheduled account as:</b> _____<br><small>(See instruction §3a on reverse side).</small>  |   |
| <b>4. Secured Claim (See instruction #4 on reverse side.)</b><br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.<br><b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other<br><b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> _____ %<br><b>Amount of arrearage and other charges as of time case filed included in secured claim, if any:</b> \$ _____<br><b>Basis for perfection:</b> _____ <b>Amount Unsecured:</b> \$ _____  |   |
| <b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.<br><br><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><br><br><b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b><br><br>If the documents are not available, please explain: _____ |   |
| <b>Date:</b><br><br><u>10/1/09</u>  | <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.<br><br>  |
| <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)



10/01/09 15:48:06 \*---A/R INQUIRY---\* FILE SET GCR  
 CUST NO. NAME/ADDRESS PHONE NO. : (602)468-7000  
 20215 OPUS WEST CONSTRUCTION CORP. AMOUNT DUE : 112.45  
 2555 E CAMELBACK ROAD TOTAL DUE : 112.45  
 PHOENIX AZ 85016-4201 ON ORDER AMT: .00  
 CREDIT/LIMIT: 112.45 8000.00  
 CONTACT : HIGH CREDIT : 5432.44 03/28/06  
 SALESMAN: BILL BUCKLEY LAST PAYMENT: 293.16 07/17/09  
 \* ON CREDIT-HOLD \* AVG. PAYDAYS: 18.43

GCR TIRE CENTER  
 2815 N 32<sup>nd</sup> AVENUE  
 PHOENIX, AZ 85009

| TYP | ORIGCUST | INV # | INV DATE | DUE DATE | DESC | AMOUNT | BALANCE | DISC | AGE |
|-----|----------|-------|----------|----------|------|--------|---------|------|-----|
| INV | 0        | 4536  | 06/11/09 | 07/10/09 | 4536 | 112.45 | 112.45  | .00  | 83  |

>>> A/R TOTAL 112.45 .00

| DEFERRED  | CURRENT | 1-30 | 31-60 | 61-90  | 90+ |
|-----------|---------|------|-------|--------|-----|
| * .00     | .00     | .00  | .00   | 112.45 | .00 |
| * FIN.CHG | .00     | .00  | .00   | .00    | .00 |

10/01/09 15:47:29

\*\*\* INVOICE HISTORY \*\*\*

PAGE 1

Customer No. 20215 Invoice No. 4536 Invoice Date 06/11/09  
 Invoice Type: STOCK Tag #  
 Name OPUS WEST CONSTRUCTION CORP. Veh. Year 00  
 Address 1 2555 E CAMELBACK ROAD Veh. Make  
 Address 2 JEFF 602-725-0007 Veh. Model  
 City/State/Zip PHOENIX AZ 85016-4201 Term: 9 Mileage 0

**GCR TIRE CENTER**  
**2815 N 32<sup>nd</sup> AVENUE**  
**PHOENIX, AZ 85009**

Customer P.O.# Source Home Phone Work Phone Rep Sls Tax Writ. By  
 JEFF (602)468-7000 000-0000 8 0 N bbb

| ITEM#  | SIZE       | DESCRIPTION               | QTY | PRICE  | F.E.T. | MECH | AMT   |
|--------|------------|---------------------------|-----|--------|--------|------|-------|
| *      |            | **TSO#142587 6-8-09       |     |        |        |      |       |
| *      |            | *****                     |     |        |        |      |       |
| *      |            | at 222 south mill ave     |     |        |        |      |       |
| *      |            | tempe gateway             |     |        |        |      |       |
| *      |            | jeff 602-725-0007         |     |        |        |      |       |
| SCD    | HOURLY 2.0 | SVC CALL DAY:7:30-9:3     | 2   | 48.500 | .00    | 53   | 97.00 |
| *      |            | 1- FLAT REPAIR RR 12-16.5 |     |        |        |      |       |
| M93108 | UP-6       | UNIVERSAL REPAIR UNIT     | 1   | 4.500  | .00    | 0    | 4.50  |
| *      |            | UNIT# 01 BOBCAT           |     |        |        |      |       |

SUBTOTAL 101.50  
 Fuel Sur 10.95  
 TOTAL 112.45