


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:	
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-family: cursive; font-size: 1.2em;"> ASPEN CONSTRUCTION, INC. 2317 E. LONE CACTUS DRIVE PHOENIX, AZ 85024 </div>	<div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">OCT 05 2009</div> <div style="font-size: 1.5em; 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: (if known) Filed on:
Name and address where notices should be sent: ASPEN CONSTRUCTION, INC. 2317 E. LONE CACTUS DRIVE PHOENIX, AZ 85024 Telephone number: 602 942-7879 Email Address: KIM@ASPENRYWALL.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.	
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>39,572.26</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: right;">\$</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: _____ 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: 1.5em; font-family: cursive;">9-30-09</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: 1.5em; font-family: cursive;">Kim Woodward</div> - KIM WOODWARD - A/R	
		FOR COURT USE ONLY <div style="text-align: center;"> OPUS WEST  00271 </div>

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)

TO: OPUS WEST CORPORATION 2555 E. CAMELBACK RD SUITE 800 PHOENIX AZ 85016	PROJECT: OPUS-STATE FARM T.I. PIMA CENTER 1, BUILDING B 9105 EAST DEL CAMINO SCOTTSDALE, ARIZONA	APPLICATION NO: 2 PERIOD ENDING : 02/20/09 CUST. JOB #: 97335.23
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Distribution to:
 ___ OWNER
 ___ ARCHITECT
 ___ CONTRACTOR

FROM: Aspen Construction, Inc. 2317 E. Lone Cactus Drive Phoenix, AZ 85024	VIA: OPUS WEST CORPORATION 2555 E. CAMELBACK RD SUITE 800	
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CONTRACT FOR: _____ CONTRACT DATE: 12/15/08

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the contract. Continuation Sheet, AIA Document G703, is attached.

CHANGE ORDER SUMMARY			1. ORIGINAL CONTRACT SUM	\$ 17,437.00
-----			2. NET CHANGE BY CHANGE ORDERS	\$.00
Change Orders approved	ADDITIONS	DEDUCTIONS	3. CONTRACT SUM TO DATE (Line 1+2)	\$ 17,437.00
in previous months by			4. TOTAL COMPLETED & STORED TO DATE	\$ 17,437.00
owner Total	.00	.00	(Column G on G703)	
-----			5. RETAINAGE	
Approved This Month			a. .00 % of Completed Work	
-----			(Column D+E on G703)	
Number Date			b. .00 % of Stored Material	
-----			(Column F on G703)	
			Total Retainage (Line 5a + 5b or	
			Total in Column I of G703)	\$.00
			6. TOTAL EARNED LESS RETAINAGE	\$ 17,437.00
			(Line 4 less Line 5 total)	
-----			7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 15,693.30
			(Line 6 from prior Certificate)	
			8. CURRENT PAYMENT DUE \$	1,743.70
			9. BALANCE TO FINISH, PLUS RETAINAGE	\$.00

Totals	.00	.00		

Net change by Change Orders		.00		

The undersigned contractor certifies that to the best of the contractor's knowledge, information and belief the work covered by this Application for Payment has been completed in accordance with the contract documents, that all amounts have been paid by the contractor for work for which previous Certificates for Payment were issued and payments received from the owner, and that current payment shown herein is now due.

State of: _____ County of: _____
 Subscribed and sworn to before me this _____ day of _____
 Notary Public:
 My commission expires: _____

CONTRACTOR:
 By: _____ Date: _____

****BY SENDING YOUR CHECK, YOU ARE AUTHORIZING US TO USE INFORMATION ON YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC DEBIT FROM YOUR ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED ON YOUR CHECK. THIS ELECTRONIC DEBIT WILL BE FOR THE EXACT AMOUNT OF YOUR CHECK. YOUR CHECK WILL NOT BE RETURNED TO YOUR FINANCIAL INSTITUTION. PLEASE CONTACT US TO ESTABLISH A DIFFERENT PAYMENT OPTION IF YOU PREFER NOT TO HAVE YOUR CHECK USED IN THIS WAY.****

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract documents, based on on-site observations and the data comprising the above application, the architect certifies to the owner that to the best of the architect's knowledge, information and belief the work has progressed as indicated, the quality of the work is in accordance with the contract documents, and the contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____
 ARCHITECT:
 By: _____ Date: _____
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the owner or contractor under this contract.

ITEM NUMBER	DESCRIPTION OF WORK	SCHEDULED VALUE	---WORK COMPLETED---			COMPLETED		BALANCE	
			PREVIOUS APPLICATION	THIS PERIOD	STORED MATERIALS	AND STORED TO DATE	%	TO FINISH	RETAINAGE
1	ALL MATERIALS	7,837.00	7,837.00	.00	.00	7,837.00	100	.00	.00
2	FRAMING LABOR	3,566.00	3,566.00	.00	.00	3,566.00	100	.00	.00
3	HANGING LABOR	3,200.00	3,200.00	.00	.00	3,200.00	100	.00	.00
4	FINISH LABOR	2,834.00	2,834.00	.00	.00	2,834.00	100	.00	.00
	Total	17,437.00	17,437.00	.00	.00	17,437.00	100	.00	.00
	Job Totals	17,437.00	17,437.00	.00	.00	17,437.00	100	.00	.00



SUBCONTRACTOR APPLICATION FOR PAYMENT

008,194

Project Name: State Farm T.I. @ Pima Center I-B
 Subcontractor: Aspen Construction, Inc.
 Supplier #: 1006750
 Address: 2317 E. Lone Cactus Drive
 Phoenix, AZ 85024
 Phone : 602-942-7879
 Remittance Address : Opus West Construction Corporation
 Attn : Accounts Payable
 2555 East Camelback Road #800
 Phoenix, AZ 85016

Project Number: 97335.23
 Date of Application: 2-25-09
 Application Number: 2
 Period From: 2-1-09 Period To: 2-28-09

(Retention)

CONTRACT INFORMATION

ITEM	SALES TAX \$(if applicable)	TOTAL (\$)
ORIGINAL CONTRACT AMOUNT		\$17,437.00
OPUS APPROVED CHANGE ORDER # 1 thru #		
CONTRACT AMOUNT TO DATE TOTAL		\$17,437.00

APPLICATION INFORMATION

A Total Completed & Stored to Date \$ 17,437.00
 B Less Retainage _____ 10 % \$ _____
 C Total Earned less Retainage (A - B) \$ 17,437.00
 D Less Previous Billings (previous req's line C) \$ 15,693.00
 E Current Payment Due (C - D) \$ 1743.70
 F Balance to Finish, Plus Retainage (H - A + B) \$ _____
 G Current Gross Amount Completed This Period \$ _____

SUBCONTRACTOR: Aspen Construction, Inc. Supplier #: 1006750
 BY: *Kim Woodward*
 DATE: 2-25-09

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				
97335.23-F10-09000.00-S	Gypsum Board Systems - Subcontract	\$14,110.00			I + G	A / H		G - K
97335.23-F10-07204.00-S	Batt Insulation - Subcontract	\$3,327.00						
	Total	\$17,437.00						
		H	I	G	A	J	K	E

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

SHADED AREA FOR OPUS ACCOUNTING USE ONLY

Vendor ID	Vendor Inv. #	Date	G/L Exp

TO: OPUS WEST CORPORATION
2555 E. CAMELBACK RD
SUITE 800
PHOENIX AZ 85016

PROJECT: OPUS-STATE FARM T.I.
PIMA CENTER 1, BUILDING B
9105 EAST DEL CAMINO
SCOTTSDALE, ARIZONA

APPLICATION NO: 1
PERIOD ENDING : 01/25/09

Distribution to:
OWNER
ARCHITECT
CONTRACTOR

FROM: Aspen Construction, Inc.
2317 E. Lone Cactus Drive
Phoenix, AZ 85024

VIA: OPUS WEST CORPORATION
2555 E. CAMELBACK RD
SUITE 800

CUST. JOB #: 97335.23

CONTRACT FOR:

CONTRACT DATE: 12/15/08

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the contract. Continuation Sheet, AIA Document G703, is attached.

CHANGE ORDER SUMMARY

Table with columns: Change Orders approved in previous months by owner, ADDITIONS, DEDUCTIONS, and Totals. Includes rows for 'Approved This Month' and 'Net change by Change Orders'.

Table with 2 columns: Description and Amount. Includes items like '1. ORIGINAL CONTRACT SUM', '2. NET CHANGE BY CHANGE ORDERS', '5. RETAINAGE', and '9. BALANCE TO FINISH, PLUS RETAINAGE'.

The undersigned contractor certifies that to the best of the contractor's knowledge, information and belief the work covered by this Application for Payment has been completed in accordance with the contract documents, that all amounts have been paid by the contractor for work for which previous Certificates for Payment were issued and payments received from the owner, and that current payment shown herein is now due.

State of: County of:
Subscribed and sworn to before me this day of
Notary Public:
My commission expires:

CONTRACTOR:
By: Date:

****BY SENDING YOUR CHECK, YOU ARE AUTHORIZING US TO USE INFORMATION ON YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC DEBIT FROM YOUR ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED ON YOUR CHECK. THIS ELECTRONIC DEBIT WILL BE FOR THE EXACT AMOUNT OF YOUR CHECK. YOUR CHECK WILL NOT BE RETURNED TO YOUR FINANCIAL INSTITUTION. PLEASE CONTACT US TO ESTABLISH A DIFFERENT PAYMENT OPTION IF YOU PREFER NOT TO HAVE YOUR CHECK USED IN THIS WAY.****

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract documents, based on on-site observations and the data comprising the above application, the architect certifies to the owner that to the best of the architect's knowledge, information and belief the work has progressed as indicated, the quality of the work is in accordance with the contract documents, and the contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$
ARCHITECT:
By: Date:
This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the owner or contractor under this contract.

ITEM NUMBER	DESCRIPTION OF WORK	SCHEDULED VALUE	---WORK COMPLETED---		STORED MATERIALS	COMPLETED AND STORED TO DATE	%	BALANCE	
			PREVIOUS APPLICATION	THIS PERIOD				TO FINISH	RETAINAGE
1	ALL MATERIALS	7,837.00	.00	7,837.00	.00	7,837.00	100	.00	783.70
2	FRAMING LABOR	3,566.00	.00	3,566.00	.00	3,566.00	100	.00	356.60
3	HANGING LABOR	3,200.00	.00	3,200.00	.00	3,200.00	100	.00	320.00
4	FINISH LABOR	2,834.00	.00	2,834.00	.00	2,834.00	100	.00	283.40
	Total	17,437.00	.00	17,437.00	.00	17,437.00	100	.00	1,743.70
	Job Totals	17,437.00	.00	17,437.00	.00	17,437.00	100	.00	1,743.70



SUBCONTRACTOR APPLICATION FOR PAYMENT

008,194

Project Name: State Farm T.I. @ Pima Center I-B
Subcontractor: Aspen Construction, Inc.
Supplier #: 1006750
Address: 2317 E. Lone Cactus Drive
Phoenix, AZ 85024
Phone: 602-942-7879

Project Number: 97335.23
Date of Application: 1-25-09
Application Number: 1
Period From: 1-1-09 Period To: 1-31-09

Remittance Address: Opus West Construction Corporation
Attn: Accounts Payable
2555 East Camelback Road #800
Phoenix, AZ 85016

CONTRACT INFORMATION

Table with 3 columns: ITEM, SALES TAX \$(if applicable), TOTAL (\$)
ORIGINAL CONTRACT AMOUNT \$17,437.00
OPUS APPROVED CHANGE ORDER # 1 thru #
CONTRACT AMOUNT TO DATE TOTAL \$17,437.00

APPLICATION INFORMATION

A Total Completed & Stored to Date \$ 17,437.00
B Less Retainage 10% \$ 1,743.70
C Total Earned less Retainage (A - B) \$ 15,693.30
D Less Previous Billings (previous req's line C) \$ -0-
E Current Payment Due (C - D) \$ 15,693.30
F Balance to Finish, Plus Retainage (H - A + B) \$ 1,743.70
G Current Gross Amount Completed This Period \$ 17,437.00

SUBCONTRACTOR: Aspen Construction, Inc. Supplier #: 1006750
BY: [Signature]
DATE: 1-20-09

APPLICATION BREAKDOWN

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

Table with 8 columns: Account Code, Description, Current Contract Amount, Work Completed (From Previous Application, This Period), Total Work Complete, Percent Complete, Retainage This Application, Net Payment. Includes rows for Gypsum Board Systems and Batt Insulation.

Entered By: Accounting Date Approved By: Project Manager Date

SHADED AREA FOR OPUS ACCOUNTING USE ONLY

Shaded area table with 4 columns: Vendor ID, Vendor Inv. #, Date, G/L Exp.

TO: OPUS WEST CORPORATION PROJECT: OPUS-PREMIERE ONCOLOGY APPLICATION NO: 8 Distribution to:
 2555 E. CAMELBACK RD 9055 E. DEL CAMINO PERIOD ENDING : 01/25/09 OWNER
 SUITE 800 SCOTTSDALE, ARIZONA ARCHITECT
 PHOENIX AZ 85016 CONTRACTOR

FROM: Aspen Construction, Inc. VIA: OPUS WEST CORPORATION CUST. JOB #: 97335.13
 2317 E. Lone Cactus Drive 2555 E. CAMELBACK RD
 Phoenix, AZ 85024 SUITE 800

CONTRACT FOR: WRNTY 12/01/08, CONTRACT DATE: 01/21/08

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the contract. Continuation Sheet, AIA Document G703, is attached.

CHANGE ORDER SUMMARY				
Change Orders approved	ADDITIONS	DEDUCTIONS		
in previous months by				
owner Total	13,278.00	375.00		
Approved This Month				
Number Date				
Totals	13,278.00	375.00		
Net change by Change Orders		12,903.00		

1. ORIGINAL CONTRACT SUM	\$	206,610.00
2. NET CHANGE BY CHANGE ORDERS	\$	12,903.00
3. CONTRACT SUM TO DATE (Line 1+2)	\$	219,513.00
4. TOTAL COMPLETED & STORED TO DATE	\$	219,513.00
(Column G on G703)		
5. RETAINAGE		
a. .00 % of Completed Work		
(Column D+E on G703)		
b. .00 % of Stored Material		
(Column F on G703)		
Total Retainage (Line 5a + 5b or		
Total in Column I of G703)	\$.00
6. TOTAL EARNED LESS RETAINAGE	\$	219,513.00
(Line 4 less Line 5 total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$	197,561.70
(Line 6 from prior Certificate)		
8. CURRENT PAYMENT DUE \$		21,951.30
9. BALANCE TO FINISH, PLUS RETAINAGE	\$.00

The undersigned contractor certifies that to the best of the contractor's knowledge, information and belief the work covered by this Application for Payment has been completed in accordance with the contract documents, that all amounts have been paid by the contractor for work for which previous Certificates for Payment were issued and payments received from the owner, and that current payment shown herein is now due.

State of: _____ County of: _____
 Subscribed and sworn to before me this _____ day of _____
 Notary Public:
 My commission expires: _____

CONTRACTOR:
 By: _____ Date: _____

****BY SENDING YOUR CHECK, YOU ARE AUTHORIZING US TO USE INFORMATION ON YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC DEBIT FROM YOUR ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED ON YOUR CHECK. THIS ELECTRONIC DEBIT WILL BE FOR THE EXACT AMOUNT OF YOUR CHECK. YOUR CHECK WILL NOT BE RETURNED TO YOUR FINANCIAL INSTITUTION. PLEASE CONTACT US TO ESTABLISH A DIFFERENT PAYMENT OPTION IF YOU PREFER NOT TO HAVE YOUR CHECK USED IN THIS WAY.****

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract documents, based on on-site observations and the data comprising the above application, the architect certifies to the owner that to the best of the architect's knowledge, information and belief the work has progressed as indicated, the quality of the work is in accordance with the contract documents, and the contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____
 ARCHITECT:
 By: _____ Date: _____
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the owner or contractor under this contract.

ITEM NUMBER	DESCRIPTION OF WORK	SCHEDULED VALUE	---WORK COMPLETED---		STORED MATERIALS	COMPLETED AND STORED TO DATE	%	BALANCE	
			PREVIOUS APPLICATION	THIS PERIOD				TO FINISH	RETAINAGE
1	ALL MATERIALS	105,175.00	105,175.00	.00	.00	105,175.00	100	.00	.00
2	FRAMING LABOR	31,781.00	31,781.00	.00	.00	31,781.00	100	.00	.00
3	HANGING LABOR	33,372.00	33,372.00	.00	.00	33,372.00	100	.00	.00
4	FINISH LABOR	36,282.00	36,282.00	.00	.00	36,282.00	100	.00	.00
5	CHANGE ORDER #1	3,721.00	3,721.00	.00	.00	3,721.00	100	.00	.00
6	CHANGE ORDER #2	5,870.00	5,870.00	.00	.00	5,870.00	100	.00	.00
7	BACKCHARGE-SPRINKLER HEAD	375.00-	375.00-	.00	.00	375.00-	100	.00	.00
8	FIELD CHG 15806-NO CHARGE	.00	.00	.00	.00	.00	100	.00	.00
9	CHANGE ORDER #3	3,312.00	3,312.00	.00	.00	3,312.00	100	.00	.00
10	REVERSE BACKCHG SPRINKLER	375.00	375.00	.00	.00	375.00	100	.00	.00
	Total	219,513.00	219,513.00	.00	.00	219,513.00	100	.00	.00
	Job Totals	219,513.00	219,513.00	.00	.00	219,513.00	100	.00	.00



008,507

SUBCONTRACTOR APPLICATION FOR PAYMENT

Project Name: Premiere Oncology @ Pima Center I
 Subcontractor: Aspen Construction, Inc.
 Supplier #: 1006750
 Address: 2317 E. Lone Cactus Drive
Phoenix, AZ 85024
 Phone: 602-942-7879

Project Number: 97335.13
 Date of Application: 1-25-09
 Application Number: 8
 Period From: 1-1-09 Period To: 1-31-09

Remittance Address : OPUS West Construction Corporation
Attn : Accounts Payable
2555 East Camelback Road #800
Phoenix, AZ 85016

(RETENTION)

CONTRACT INFORMATION

ITEM	SALES TAX \$(if applicable)	TOTAL (\$)
ORIGINAL CONTRACT AMOUNT		\$206,610.00
OPUS APPROVED CHANGE ORDER thru # 3		\$12,903.00
CONTRACT AMOUNT TO DATE TOTAL		\$219,513.00

APPLICATION INFORMATION

A Total Completed & Stored to Date \$ 219,513.00
 B Less Retainage 10 % \$ _____
 C Total Earned less Retainage (A - B) \$ 219,513.00
 D Less Previous Billings (previous req's line C) \$ 197,561.70
 E Current Payment Due (C - D) \$ 21,951.30
 F Balance to Finish, Plus Retainage (H - A + B) \$ -0-
 G Current Gross Amount Completed This Period \$ -0-

SUBCONTRACTOR: Aspen Construction, Inc. Supplier #: 1006750
 BY: Kim Woodward
 DATE: 1-20-09

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				
97335.13-F10-09000.00-S	Gypsum Board Systems - Subcontract	\$219,513.00	<u>197,561.70</u>	<u>21,951.30</u>	<u>100%</u>	<u>0</u>	<u>21,951.30</u>	
	Total	\$219,513.00						
		H	I	G	A	J	K	E

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

SHADED AREA FOR OPUS ACCOUNTING USE ONLY

Vendor ID	Vendor Inv #	Date	G/E Exp

Aspen Construction, Inc.
 2317 E. Lone Cactus Drive
 Phoenix, AZ 85024

Invoice No.	8841
Page	1

B I L L T O	OPUS WEST CORPORATION 2555 E. CAMELBACK RD SUITE 800 PHOENIX AZ 85016	J O B N O	REPAIRS TIME & MATERIALS
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Invoice Date	Invoice No.	Customer No.	Payment Terms	Contract No.
03/31/09	8841	OPUS20	NO TERMS	

Quantity	Description	Unit Price	Extended Price
	FIELD CHANGE # 16897		184.00
	PREMIERE ONCOLOGY PROJECT		

By sending your check, you are authorizing us to use information on your check to make a one-time electronic debit from your account at the financial institution indicated on your check. This electronic debit will be for the exact amount of your check. Your check will not be returned to your financial institution. Please contact us to establish a different payment option if you prefer not to have your check used in this way.

Gross	Retainage	Tax	Net Amount
184.00	.00	.00	184.00



INVOICE
No. 033109

BILL TO:

Opus West Construction Corp.
2555 E. Camelback Road
Suite 800
Phoenix, AZ 85016
(602) 468-7035 – Telephone
(602) 468-7010

SHIP TO:

Opus West Construction Corp.
2555 E. Camelback Road
Suite 800
Phoenix, AZ 85016

Attn: Glenn Frey

DATE	DESCRIPTION	PRICE
3/31/09	FIELD CHANGE #16897	\$ 184.00
	Premiere Oncology Project 9055 E. Del Camino	

TOTAL DUE \$ 184.00
UPON RECEIPT