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| UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Texas</u> | | PROOF OF CLAIM |
| Name of Debtor: DBA: OPUS WEST CORPORATION; | | Case Number: 09 34356 |
| <i>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.</i> | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): County Of San Bernardino | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. |
| Name and address where notices should be sent: COUNTY OF SAN BERNARDINO OFFICE OF THE TAX COLLECTOR 172 WEST THIRD STREET SAN BERNARDINO, CA 92415 Telephone number: (909) 387-8308 | | Court Claim Number: _____ <i>(If known)</i> |
| Name and address where payment should be sent (if different from above): Telephone number: | | Filed on: _____ |
| | | <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. |
| 1. Amount of Claim as of Date Case Filed: \$ _____ 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. | | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. |
| 2. Basis for Claim: <u>TAXES</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.) | | 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)(). |
| 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"/> 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: \$ <u>11488.95*</u> Amount Unsecured: \$ _____ | | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | | Amount entitled to priority: \$ _____ <i>*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.</i> |
| 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 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: 10/6/2009 | 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. Diane C McKenzie Deputy Tax Collector <i>Diane C McKenzie</i> | |

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.
*These taxes will continue to increase as long as they remain unpaid

Statutory interest on the base amount



Attachment

Parcel #

1025471071000

Number of Parcels: 1



172 West Third Street, First Floor
San Bernardino, CA 92415-0360
(909) 387-8308

DICK LARSEN
Treasurer-Tax Collector

ANNETTE KERBER
Assistant Treasurer-Tax Collector

CLAIM ATTACHMENT

This claim is a secured tax secured by a statutory lien under California state law. The claim is secured under 11 U.S.C. Section 506(b).

The claim is subject to interest under California Revenue and Taxation Code Section 4103, 11 U.S.C. Section 5069(b) and 11 U.S.C. Section 511, at 18% per annum, as well as costs, fees and attorneys' fees.

The claim will continue to increase and interest will continue to accrue until it is paid.

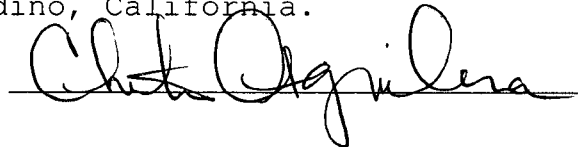
PROOF OF SERVICE BY MAIL

I am a citizen of the United States and am employed in the County of San Bernardino. I am over the age of eighteen years and not a party to the within action; my business address is 172 W. Third Street, 1st Floor, San Bernardino, California 92415.

On _____, I served the within PROOF OF CLAIM on the interested parties in said action by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States mail at San Bernardino, California addressed to those parties on the attached sheet.

X **BY REGULAR MAIL:** I am "readily familiar" with the county's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on the same day with postage thereon fully prepaid at San Bernardino, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

I, Christine Aguilera, declare that I am employed in the office of the Tax Collector, a creditor in the matter, at whose direction the service was made. Executed on October 6, 2009 at San Bernardino, California.



Clifton R. Jessup, Jr
Greenburg Traurig, LLC
2200 Ross Ave, Ste 5200
Dallas TX 75201

United States Trustee
1100 Commerce Street, Room 976
Dallas TX 75252