
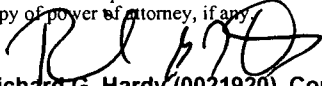


United States Bankruptcy Court - Northern District of Texas		PROOF OF CLAIM
Name of Debtor: Opus West Corporation		Case Number: 09-34356-hdh-11
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative 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): Progressive Casualty Insurance Company		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where notices should be sent: Progressive Casualty Insurance Company c/o Richard G. Hardy Ulmer & Berne LLP 1660 West 2nd Street, Suite 1100 Cleveland, OH 44113-1448 Telephone number: 216-758-7108; 216-583-7109 Fax; rhardy@ulmer.com		
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.2em;">RECEIVED NOV 05 2009 BMC GROUP</div>		<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.
Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>Unknown</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: \$ _____ <small>* 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.</small>
2. Basis for Claim: <u>Tenant Charges Incurred</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"/> 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: \$ _____		
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:		FOR COURT USE ONLY 
Date: November 4, 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.  Richard G. Hardy (0021920), Counsel for Creditor	

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.

**In re Opus West Corporation
United States Bankruptcy Court
Northern District of Texas
Chapter 11 Case No. 09-34356-hdh-11**

**SUMMARY OF PROOF OF CLAIM OF
PROGRESSIVE CASUALTY INSURANCE COMPANY (“CLAIMANT”)**

Claimant's claims arise out of a lease with Opus West Corporation (“Opus”) under which Claimant is the tenant. Claimant has incurred two charges of \$60.00 each as a result of Opus' cleaning crew setting off an alarm on tenants' premises and the Carlsbad, CA police being called as a result of such false alarms. The first charge was incurred prior to the bankruptcy filing by Opus. The second charge was incurred subsequent to the bankruptcy filing by Opus. The invoices for these charges are attached.

Wells Fargo obtained relief from stay in these bankruptcy proceedings. A non-judicial foreclosure has been filed by Wells Fargo on the property containing Claimant's premises. A foreclosure sale is scheduled for Thursday, November 5, 2009, and Claimant will suffer additional damages if its Lease with Opus is terminated and it is removed from the premises as a result of this foreclosure sale.

1805169v1
06478.00123



CITY OF CARLSBAD - ACCOUNTS RECEIVABLE

1635 FARADAY AVENUE., CARLSBAD, CA 92008

(760) 602-2403

Tax ID - 95-6004793

CARLSBAD CLAIMS

JUL 18 2009

RECEIVED

DUE DATE	INVOICE #	ACCOUNT ID #	AMOUNT
08/31/09	AR187327	CB9131	60.00

MASTERCARD OR VISA ACCEPTED:

CARD # _____

EXP DATE _____

SIGNATURE _____

PROGRESSIVE INSURANCE
3115 MELROSE DR
CARLSBAD, CA 92081

MAKE CHECK PAYABLE TO: THE CITY OF CARLSBAD

0012120 4927 60.00

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE IN THE ENVELOPE ENCLOSED.

CITY OF CARLSBAD INVOICE

INVOICE DATE	DESCRIPTION	AMOUNT
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City of Carlsbad Municipal Code Chapter 8.50 states in part that false alarms shall be considered excessive when they exceed one activation in any twelve month period. Alarm users shall pay a penalty assessment for each false alarm in excess of one activation in a twelve month period as follows: The second false intrusion/459 alarm is \$30.00. The third and all subsequent false intrusion/459 alarm is \$60.00. If the false activation is a panic/211 alarm, alarm users shall pay a penalty assessment for each false alarm in excess of one activation in a twelve month period as follows: The second and all subsequent false activation/211 alarm is \$100.00. For information on false alarm appeals, please call (760) 602-2403. This invoice may be appealed within 10 days of notice.

INVOICE TOTAL

60.00

07/17/09

7/03/09 #04 FALSE ALARM

60.00

IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE, PLEASE CONTACT THE CITY OF CARLSBAD AT (760) 602-2403.

CITY OF CARLSBAD - ACCOUNTS RECEIVABLE

1635 FARADAY AVENUE., CARLSBAD, CA 92008

(760) 602-2403

Tax ID - 95-6004793



DUE DATE	INVOICE #	ACCOUNT ID #	AMOUNT DUE
09/30/09	AR187629	CB9131	60.00

MASTERCARD OR VISA ACCEPTED:

CARD # _____ EXP DATE _____

PROGRESSIVE INSURANCE
3115 MELROSE DR
CARLSBAD, CA 92081

RECEIVED

SEP 11 2009

SIGNATURE _____

MAKE CHECK PAYABLE TO: THE CITY OF CARLSBAD

CARLSBAD CLAIMS

stephie is the acct manager wrg 10/28

0012120 4927 60.00

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE IN THE ENVELOPE ENCLOSED

CITY OF CARLSBAD INVOICE

INVOICE DATE	DESCRIPTION	AMOUNT
	<p>City of Carlsbad Municipal Code Chapter 8.50 states in part that false alarms shall be considered excessive when they exceed one activation in any twelve month period. Alarm users shall pay a penalty assessment for each false alarm in excess of one activation in a twelve month period as follows: The second false intrusion/459 alarm is \$30.00. The third and all subsequent false intrusion/459 alarm is \$60.00. If the false activation is a panic/211 alarm, alarm users shall pay a penalty assessment for each false alarm in excess of one activation in a twelve month period as follows: The second and all subsequent false activation/211 alarm is \$100.00. For information on false alarm appeals, please call (760) 602-2403. This invoice may be appealed within 10 days of notice.</p>	
	INVOICE TOTAL	60.00

08/31/09

8/19/09 #05 FALSE ALARM

60.00

IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE, PLEASE CONTACT THE CITY OF CARLSBAD AT (760) 602-2403.

November 4, 2009

FEDERAL EXPRESS
7970 7860 1116

BMC Group Inc.
Attn: Opus West Corporation Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Re: Opus West Corporation
Chapter 11 Case No. 09-34356-hdh-11
Creditor: Progressive Casualty Insurance Company

Dear Sir/Madam:

Enclosed are the original and two copies of the Proof of Claim in connection with the above-captioned matter. Please file the original in your usual manner and return a time-stamped copy to the undersigned in the business reply envelope which is provided for your convenience.

Thank you for your prompt assistance in this matter.

Sincerely,


Richard G. Hardy

53:lab/1805431v1
06478.00123
Enclosures