


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: <div style="font-size: 24px; text-align: center;">09-34360</div>
<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>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <div style="font-size: 24px; text-align: center;"> LAURA S. HAASCH RECEIVED NOV 05 2009 BMC GROUP </div>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <small>(If known)</small> Filed on: _____
Name and address where notices should be sent: <div style="text-align: center; font-size: 18px;"> 5539 E. WINDROSE DR SCOTTSDALE AZ 85254 </div> Telephone number: _____ Email Address: <u>haaschaz@cox.net</u>		<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): <div style="text-align: center; font-size: 18px;"> SAME AS ABOVE </div> Telephone number: <u>602-757-8552</u>		
1. Amount of Claim as of Date Case Filed: \$ <u>750.00</u> <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> <small>If all or part of your claim is entitled to priority, complete item 5.</small> <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. <small>Specify the priority of the claim.</small> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input checked="" 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; font-size: 24px;">\$ 750.00</div>
2. Basis for Claim: <u>UNPAID COMPENSATION</u> <small>(See instruction #2 on reverse side.)</small>		
3. Last four digits of any number by which creditor identifies debtor: <u>1388</u> 3a. Debtor may have scheduled account as: _____ <small>(See instruction §3a on reverse side.)</small>		
4. Secured Claim (See instruction #4 on reverse side.) <small>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</small> 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. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> <small>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</small> <small>If the documents are not available, please explain:</small> _____		
Date: <div style="font-size: 24px;">11/4/09</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: 24px; text-align: center;"> Laura S. Haasch </div>	
		FOR COURT USE ONLY <div style="text-align: center;">  OPUS WEST 00374 </div>

2008 Incentive

Attached is the final calculation of your 2008 incentive incorporating final company results for 2008. Since the company recorded a loss for 2008, the return on equity component (if applicable) is zero. In most cases, employees received approximately 50% of the 2008 incentive on March 13, 2009.

Opus West Construction Corporation
Year End Incentive Worksheet

Location: Phoenix
Title: Sr Admin

laura haasch

Incentive Target:		\$ -
	<u>weight</u>	<u>factor</u>
Opus West Corporation vs. Business Plan		FBD 0%
OWCC regional net revenue vs. plan		
Safety Accountability Program		NA
Individual Performance Modifier		NA
Incentive Total:		\$ -
Other:		\$1,500
Total		\$ 1,500

~~Please contact your local Sr. Director or VP of Construction with any questions. 2008 ROE calculations for Opus West Corporation are not yet finalized. As a result, ROE related amounts are not currently included in above.~~

3/9/2009

Opus West Construction Corp

Debtor In Possession

2555 East Camelback Road, Suite 500

Phoenix AZ 85016

Earnings Statement

Pay Period: 3/1/2009 to 3/15/2009

Route: 1-ONLINE Pay Date: 3/13/2009

Employee# 1018276

Haasch, Laura S.

5539 E Windrose Dr
Scottsdale, AZ 85254

Earnings	Hours	Rate	This Period	Year to Date	Deductions -		
					Statutory and Other	This Period	Year to Date
Regular Pay				9,623.41	Gross Wages	750.00	11,166.65
PTO Taken				793.24	FIT	187.50	511.41
Bonus-Disc			750.00	750.00	FICA-EE	46.50	653.55
					Medi - EE	10.88	152.85
					AZ SIT	35.63	97.16
					EE-Med-S	0.00	375.00
					EE-Dental-S	0.00	175.00
					EE-Vision-S	0.00	75.55
					401k	0.00	416.65
					United Way	0.00	10.00
				Total Gross Pay		Total Deductions	
				750.00		280.51	
				PTO Balance:	154.62 hrs	* Net Pay	469.49



Opus West Construction Corp
Debtor In Possession
2555 East Camelback Road, Suite 500
Phoenix AZ 85016

Payment Distribution	Advice/Check #	Bank Name	Account #	Transit #	Amount
Auto Deposit	33918	WELLS FARGO-AZ	XXXXXX5224	122105278	469.49

Mail To: Haasch, Laura S.
5539 E Windrose Dr
Scottsdale, AZ 85254

Non-Negotiable



The Opus Group
www.opuscorp.com

OPUS WEST CORPORATION

2555 E. Camelback Road, Suite 580, Phoenix, AZ 85016
Phone 602-468-7000 Fax 602-468-7045

October 15, 2009

Laura S. Haasch
5539 E Windrose Dr
Scottsdale, AZ 85254

Re: *2008 Opus Compensation Plan Statements*

Dear Laura:

The attached statement(s) summarize the activity for the 2008 Opus incentive compensation plan(s) in which you were a participant. Please review them thoroughly.

These statements are intended to inform you of the balance of your Compensation Accounts as of June 30, 2009. They are not intended to be a summary of the Plans, nor an amendment or modification thereof. You must consult the Plan Documents for an interpretation of your rights under the Plans.

The aggregate amounts on the statements have been submitted on schedules to the U.S. Bankruptcy Court. If you disagree with the numbers, you may file a proof of claim with the Court. You may also choose to file a proof of claim even if you agree with these numbers. Please note that the claim must be received no later than November 9, 2009.

If you have any questions on these statements, please call Vickie Sixta at 602-468-7095.

Sincerely,

Claire C. Janssen
Chief Financial Officer

Attachments