

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 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: 09-34354
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): Access Information Management RECEIVED NOV 06 2009 BMC GROUP		<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: Access Information Management P.O. Box 4837 Telephone number: 925-441-5352 Email Address: ar@accesscorp.com WAYWARD, CA 94540-4837		<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: \$ 1,447.00 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: \$
2. Basis for Claim: Service performed (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 0148 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: 11/3/09	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. Michelle Quintz-Gill AR Specialist	FOR COURT USE ONLY OPUS WEST  00402

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)

Access Information Management
 P.O. Box 4837 · Hayward, CA 94540-4837
 (925) 373-1122 · Fax (925) 373-1130



INVOICE 27518
 Services through 9/30/2008
 Terms: Net 10 Days

Accounts Payable
 OPUS WEST - SACRAMENTO
 180 Promenade Circle
 Suite 115
 Sacramento, CA 95834

Amount Due: \$970.00

Cost Center	Building/Room	Description	Tkt	Date	Qty	Price	Tax
	180 Promenade Circle						
		2 40" Consoles - Service; Shred on-site	40485	09/10/08	2.00	\$65.00	
		2 40" Consoles - Service; Shred on-site	41025	09/24/08	2.00	\$65.00	
	Folsom Blvd Self Storage						
		210 Standard Bankers Boxes (10" x 12" x 16" long) \$4 ea	40808	09/11/08	210.00	\$840.00	
							\$970.00

✂ ----- Please detach and return this portion with your payment -----

Invoice# 27518 09/30/08

OPUS WEST - SACRAMENTO

Amount Due: \$970.00

Remit to:
 Please make checks payable to:
 Access Information Management
 P.O. BOX 4837
 Hayward, CA 94540-4837

Bill to:
 Accounts Payable
 OPUS WEST - SACRAMENTO
 180 Promenade Circle
 Suite 115
 Sacramento, CA 95834

Access Information Management
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DataShred, Inc.
Certified Document Destruction

Access
Information Management

INVOICE 27518
Services through 9/30/2008
Terms: Net 10 Days

Accounts Payable
OPUS WEST - SACRAMENTO
180 Promenade Circle
Suite 115
Sacramento, CA 95834

Amount Due: \$970.00

Cost Center	Building/Room	Description	Tkt	Date	Qty	Price	Tax
						TOTAL	\$970.00

Certificate of Destruction

Access Information Management hereby certifies that all materials received for confidential destruction throughout the preceding schedule of services were confidentially handled, completely destroyed beyond recognition and recycled.

✂ -----
Please detach and return this portion with your payment

Invoice# 27518 09/30/08

OPUS WEST - SACRAMENTO

Amount Due: \$970.00

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Please make checks payable to:
Access Information Management
P.O. BOX 4837
Hayward, CA 94540-4837

Bill to:
Accounts Payable
OPUS WEST - SACRAMENTO
180 Promenade Circle
Suite 115
Sacramento, CA 95834

Reprint from Archive - 03/01/2009

Access Information Management
6785 Las Positas Road
Livermore, CA 94550
(925) 373-1122



Please remit payment to:
PO Box 4837
Hayward, CA 94540-4837

OPUS WEST - SACRAMENTO Accounts Payable 180 Promenade Circle Suite 115 Sacramento CA 95834	A0148-000001
	Invoice No.: N032377
	Invoice Date: 03/01/2009
	Order No.:
	Terms: NET 10
	Print Date: 11/03/2009 # 377

	Amount	Tax	Subtotal
02/01/2009 - 02/28/2009 Services:	65.00	0.00	65.00
Total Services:			65.00
PLEASE PAY THIS AMOUNT			\$ 65.00

Date: 02/13/2009	W/O: N004617	S/O: AAAAMRA	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO	40-40" SECURITY CONSOLES (19"		15.0000	1.000		15.00	0.00	15.00
OPUS WEST - SACRAMENTO	40-40" SECURITY CONSOLES (19"		50.0000	1.000		50.00	0.00	50.00
Work Order Total:						65.00	0.00	65.00

Access Information Management
 5785 Las Positas Road
 Livermore, CA 94550
 (925) 373-1122



Please remit payment to:
 PO Box 4837
 Hayward, CA 94540-4837

OPUS WEST - SACRAMENTO Accounts Payable 180 Promenade Circle Suite 115 Sacramento CA 95834	A0148-000001 Invoice No.: N037852 Invoice Date: 04/01/2009 Order No.: Terms: NET 10 Print Date: 11/03/2009 # 852
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	Amount	Tax	Subtotal
03/01/2009 - 03/31/2009 Services:	65.00	0.00	65.00
Total Services:			65.00
PLEASE PAY THIS AMOUNT			\$ 65.00

Date: 03/25/2009	W/O: N005575	S/O: AAAAAOWM	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO	40-40" SECURITY CONSOLES (19"		15.0000	1.000		15.00	0.00	15.00
OPUS WEST - SACRAMENTO	40-40" SECURITY CONSOLES (19"		50.0000	1.000		50.00	0.00	50.00
Work Order Total:						65.00	0.00	65.00

Reprint from Archive - 05/01/2009

Access Information Management
5785 Las Positas Road
Livermore, CA 94550
(925) 373-1122



Please remit payment to:
PO Box 4837
Hayward, CA 94540-4837

OPUS WEST - SACRAMENTO
Accounts Payable
180 Promenade Circle
Suite 115
Sacramento CA 95834

A0148-000001
Invoice No.: N039679
Invoice Date: 05/01/2009
Order No.:
Terms: NET 10
Print Date: 11/03/2009 # 679

	Amount	Tax	Subtotal
04/01/2009 - 04/30/2009 Services:	30.00	0.00	30.00
Total Services:			30.00
PLEASE PAY THIS AMOUNT			\$ 30.00

Date: 04/22/2009	W/O: N006042	S/O: AAAAARNG	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO		40-40" SECURITY CONSOLES (19"	15.0000	2.000		30.00	0.00	30.00
Work Order Total:						30.00	0.00	30.00

Access Information Management
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OPUS WEST - SACRAMENTO
 Accounts Payable
 180 Promenade Circle
 Suite 115
 Sacramento CA 95834

A0148-000001
 Invoice No.: N043345
 Invoice Date: 08/01/2009
 Order No.:
 Terms: NET 10
 Print Date: 11/03/2009 # 345

	Amount	Tax	Subtotal
05/01/2009 - 05/31/2009 Services:	102.00	0.00	102.00
Total Services:			102.00
PLEASE PAY THIS AMOUNT			102.00

Date: 05/14/2009	W/O: N006806	S/O: AAAATJG	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO	02-2.4 CUBIC FT. LEGAL		6.0000	7.000		42.00	0.00	42.00
OPUS WEST - SACRAMENTO	40-40" SECURITY CONSOLES (19"		15.0000	2.000		30.00	0.00	30.00
Work Order Total:						72.00	0.00	72.00

Date: 05/27/2008	W/O: N006898	S/O: AAAATTC	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO	40-40" SECURITY CONSOLES (19"		15.0000	2.000		30.00	0.00	30.00
Work Order Total:						30.00	0.00	30.00

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OPUS WEST - SACRAMENTO
 Accounts Payable
 180 Promenade Circle
 Suite 115
 Sacramento CA 95834

A0148-000001
 Invoice No.: N045180
 Invoice Date: 07/01/2009
 Order No.:
 Terms: NET 10
 Print Date: 11/03/2009 # 180

	Amount	Tax	Subtotal
06/01/2009 - 06/30/2009 Services:	215.00	0.00	215.00
Total Services:			215.00

PLEASE PAY THIS AMOUNT 215.00

Date: 06/11/2009	W/O: N007170	S/O: AAAAAUTR	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO		40-40" SECURITY CONSOLES (19"	15.0000	11.000		165.00	0.00	165.00
Work Order Total:						165.00	0.00	165.00

Date: 06/24/2009	W/O: N007325	S/O: AAAAAUVZ	Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO		01-1.2 CUBIC FT. STANDARD	4.7500	0.000		0.00	0.00	0.00
OPUS WEST - SACRAMENTO		02-2.4 CUBIC FT. LEGAL	6.0000	0.000		0.00	0.00	0.00
OPUS WEST - SACRAMENTO		40-40" SECURITY CONSOLES (19"	50.0000	0.000		0.00	0.00	0.00
Work Order Total:						0.00	0.00	0.00

Date: 06/30/2009	W/O: N007326		Rate	Qty	Units	Amount	Tax	Total Amount
OPUS WEST - SACRAMENTO		40-40" SECURITY CONSOLES (19"	50.0000	1.000		50.00	0.00	50.00
Work Order Total:						50.00	0.00	50.00