


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; font-family: cursive;">09-34360</div>
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-size: 24px; font-family: cursive;">DIRT Pro Contracting, Inc</div>		<div style="text-align: center; font-weight: bold; font-size: 18px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 18px;">NOV 09 2009</div> <div style="text-align: center; font-weight: bold; font-size: 18px;">BMC GROUP</div>
Name and address where notices should be sent: <div style="font-size: 18px; font-family: cursive;">DIRT Pro Contracting Inc PO Box 42208 Phoenix, AZ, 85080-2208</div> Telephone number: <div style="font-size: 18px; font-family: cursive;">623-780-1771</div> Email Address:		<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 payment should be sent (if different from above): Telephone number:		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>5,583.00</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 checked="" 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: center; font-weight: bold; font-size: 18px;">\$</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: <u>Dirt Pro inc</u> (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: 24px; font-family: cursive;">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; font-family: cursive;">Paula R Stealy (owner DIRT Pro)</div>	<div style="text-align: center; font-weight: bold; font-size: 12px;">FOR COURT USE ONLY</div> <div style="text-align: center; font-weight: bold; font-size: 10px;">OPUS WEST</div> <div style="text-align: center;">  <small>00424</small> </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 (CGG) (12/08)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent (The BMC Group) are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: OPUS WEST CORPORATION, et al C/O BMC GROUP, PO BOX 3020, CHANHASSEN, MN, 55317-3020. IF BY HAND OR OVERNIGHT COURIER: OPUS WEST CORPORATION, et al C/O BMC GROUP, 18750 LAKE DRIVE EAST, CHANHASSEN, MN, 55317. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS November 9, 2009

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Northern District of Texas on July 6, 2009. You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4 and/or 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the debtor, trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the Debtor, if any.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories; check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the BMC Group as described in the instructions above and in the Bar Date Notice.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing from the BMC Group, please provide a self-addressed stamped envelope and a copy of this proof of claim when you submit the original claim to the BMC Group.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Maricopa County Justice Courts, State of Arizona

ARCADIA BILTMORE JUSTICE COURT, Room 500, 620 W. Jackson St., Ste. 1046, PHX, AZ 85003 602-372-6300

CASE NUMBER: CC 2009405319 RC

Dirt Pro Contracting Inc
PO Box 42208
Phoenix AZ 85080
623-780-1771
Plaintiff(s) Name / Address / Phone

Opus West Construction Corp.
Stat agent: 2338 W. Royal Palm #
Phoenix AZ 85021
602-448-7000
Defendant(s) Name / Address / Phone

APPLICATION FOR ENTRY OF DEFAULT

NOTICE IS GIVEN TO

Defendant(s): Opus West Construction Corp [] Whereabouts unknown

Defendant(s) counsel: [] Identity unknown

At the last known address indicated herein.

If you do not answer or file a responsive pleading with this court within ten (10) working days of the filing of this application, default will be effective and a default judgment will be entered against you.

- 1. The above named defendant(s) has failed to plead or otherwise defend in this action within the time allowed by law.
2. No defendant(s) named herein is engaged in active military service.
3. This application is made for the purpose of entering default against the defendant(s).

Date: 8/5/09 Paula R. Stultz
Plaintiff

MOTION / AFFIDAVIT FOR JUDGMENT BY DEFAULT

Plaintiff moves for judgment against the defendant(s) named above, because the named defendant(s) has failed to plead or otherwise defend in this action within the time allowed by law.

I incorporate the application for entry of default made herein. An affidavit is made a part of this motion.

- 1. I am the plaintiff in this action.
2. No defendant(s) named herein is engaged in active military service.
3. The following amount is due and owing on plaintiff's claim as of this date.

All just set-offs, payments and credits have been allowed: \$ 5428.00

Attorney fees: \$ 155.00

Costs: \$

TOTAL: \$ 5583.00

- 4. [X] The claim is for a sum certain (an amount that can be substantiated by clear computation).
5. [] I am attaching documentation evidencing that the defendant owes what is claimed.
6. [] There are no exhibits.

I state under penalty of perjury that the foregoing is true and correct.

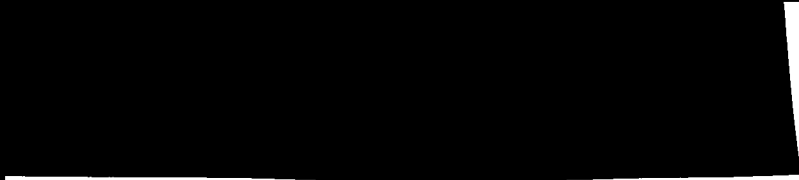
Date: 8/5/09 Paula R. Stultz
Plaintiff

I CERTIFY that I mailed a copy of this APPLICATION FOR ENTRY OF DEFAULT and MOTION FOR JUDGMENT BY DEFAULT to:

[] Plaintiff at the above address or [] Plaintiff's attorney [X] Defendant at the above address or [] Defendant's attorney

Date: 8/6/09 By: Paula R. Stultz

ARCADIA BILTMORE JUSTICE COURT
2009 AUG -5 PM 4:18



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Maricopa County Justice Courts, State of Arizona

East Phoenix 2 Region

Arcadia Biltmore Justice Court

620 W. Jackson Street, Courtroom 500

Phoenix, AZ 85003

(602) 372-6300

<http://www.superiorcourt.maricopa.gov/justiceCourts/>

RECEIPT

Transaction #: 1721524
Date: Jul 01, 2009 at 12:30:33 PM
Cashier ID: 5021

Type	Case #	Party Name	Balance Due	Payer Name	Amount Paid
Credit	CC2009405319	DIRT PRO CONTRACT	\$0.00	PAULA STULZ	80.00
					<u>\$80.00</u>
				Amount Tendered:	80.00
				Payment:	80.00
				Change Due:	\$0.00



Maricopa County Justice Courts, State of Arizona

ARCADIA BILTMORE JUSTICE COURT, Room 500, 620 W. Jackson St., Ste. 1046, PHX, AZ 85003 602-372-6300

REQUESTS FOR REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF ANY SCHEDULED HEARING.

DIRT Pro Contracting Inc
PO Box 42208
Phoenix AZ 85080-2208
603-780-1771

Plaintiff(s) Name / Address / Phone

CASE NUMBER: CC2009405319RC

OPUS WEST Construction Corp.
2555 East Camelback Rd #80
Phoenix AZ 85016-4201
402-468-7000

Defendant(s) Name / Address / Phone

Serve on:

Attorney

Statutory Agent

Address

CIVIL SUMMONS

Replacement Summons

THE STATE OF ARIZONA TO THE ABOVE-NAMED DEFENDANT(S):

- 1. YOU ARE SUMMONED to appear and answer this complaint in the court named above by filing a written ANSWER and paying the required fee. The court will provide an answer form.
2. You must file an answer within twenty (20) calendar days, not counting the day you were served.
3. If the 20th day is a Saturday, Sunday, or legal holiday, the time to answer runs until the end of the next working day.
4. If you are served outside of Arizona you must file an answer within thirty (30) calendar days, not counting the day you were served.
5. IF YOU FAIL TO ANSWER, judgment maybe entered against you as requested in the complaint.
6. The attorney for the plaintiff (or the plaintiff, if not represented by an attorney) must e given a copy of your answer.

The address is:

Paula R Stultz for DIRT Pro Contracting Inc
Plaintiff or Attorney for Plaintiff
PO Box 42208, Phoenix AZ 85080-2208
Address

Date: 7/1/09

SEAL
Justice of the Peace

You are required to keep the court advised of your current address and contact phone number. The clerk can provide you with a Notice of Change of Address form.



THE OPUS GROUP
 ARCHITECTS
 CONTRACTORS
 DEVELOPERS
 Dirt Pro Contracting Inc

OPUS WEST CORPORATION
 A member of The Opus Group
 2555 East Camelback Road, Suite 800
 Phoenix, AZ 85016
 Phone: 602-468-7000
 Fax: 602-468-7045
 www.opuscorp.com

OPUS WEST CONSTRUCTION CORPORATION CREDIT APPLICATION INFORMATION

Opus West Construction Corporation is a wholly-owned subsidiary of Opus West Corporation, which is an affiliate of Opus Corporation, headquartered in Minneapolis, MN and in business since November of 1953, with offices in Chicago, Milwaukee, Tampa, Pensacola, Denver, Seattle, Washington D.C., Columbus, Dallas, Pleasanton, Sacramento, and Irvine.

Address: 2555 East Camelback Road, Suite 800 Phone #: (602) 468-7000
 Phoenix, Arizona 85016 Fax #: (602) 468-7010

Nature of Business: General Contractor/Buildings - Commercial

Year Business Started: 1953

State of Incorporation: Minnesota Federal Tax ID #: 51-0278211

Contractor's License #: 070830-010 Resale #: 07-294590-C

P.O. Required: Yes

President: Thomas W. Roberts Senior V.P., Construction: James C. Fritcher

V.P., Construction: Jeff Dickerson Corporate Secretary: Vickie M. Sixta

BANK REFERENCE

LaSalle Bank, N.A.
 Danelle Taylor
 135 S LaSalle Street
 Chicago, IL 60603
 (312) 904-7212
 Acct #: 5800425893

CREDIT REFERENCES

Rinker Materials
 PO Box 905875
 Charlotte, NC 28290
 Ref. provided by NACM
 (602) 252-8866
 (602) 257-5188 - Fax

Techniprint
 2545 N 7th St
 Phoenix, AZ 85006
 (602) 257-0686
 (602) 256-0620 - Fax
 Acct 04825

RSC Rental Service
 John Frkovich
 215 E. Baseline
 Gilbert, AZ 85299
 (480) 281-3393
 (480) 281-3427 - Fa x

Tammy R. Hall
 Tammy R. Hall, Controller

1/29/08
 Date

BILLING INFORMATION REQUEST

FROM: Dirt Pro Contracting, Inc.
PO Box 42208 Phoenix AZ 85080-2208
623-780-1771
623-780-3093 fax

COMPANY NAME: Opns West Construction Corporation

DBA: _____

BILLING ADDRESS: _____
CORPORATION _____ **STATE OF INCORP.** _____
CITY _____
STATE _____ **ZIP** _____

PHONE: _____
FAX: _____

E-MAIL _____

FEDERAL I.D. # _____
RESALE # _____

PRINCIPLES OF BUSINESS:

NAME: _____	TITLE: _____
NAME: _____	TITLE: _____
NAME: _____	TITLE: _____
NAME: _____	TITLE: _____

TERMS OF SALE ARE DUE UPON RECEIPT FROM DATE OF INVOICE UNLESS OTHER TERMS HAVE BEEN AGREED TO PRIOR TO PURCHASE. THE UNDERSIGNED AGREES TO PAY WITHIN THE TERMS OF SALE OF DIRT PRO CONTRACTING, INC., ANY PAST DUE AMOUNTS ARE SUBJECT TO A 1-1/2 % FINANCE CHARGES PER MONTH. THE APPLICANT AGREES TO PAY ALL LEGAL FEES, COURT COSTS, AND COLLECTIONS COSTS INCURRED IN COLLECTING THE PAST DUE ACCOUNT. ALL PAYMENT TO BE MADE TO DIRT PRO CONTRACTING, INC AND REMITTED TO P.O. BOX 42208, PHOENIX, AZ 85080-2208.

<u>Tommy R Hall</u>	<u>Tommy R Hall</u>	<u>Controller 12/9/08</u>
SIGNATURE	NAME	TITLE & DATE

PERSONAL GUARANTEE:

THE UNDERSIGNED DO(ES) HEREBY PERSONLLY GUARANTEE PAYMENT IN FULL, WITHOUT RESERVATION, ALL THE PAST, PRESENT AND FUTURE ACCOUNTS, CHARGES, OBLIGATIONS OR DEBTS DUE INCURRED BY THE COMPANY OR BUSINESS NAMED IN THIS APPLICATION TO GIVE THE COMPANY, AND I/WE HEREBY GUARANTEE PAYMENT OF ANY AMOUNT OF CREDIT AND VARYING AMOUNTS OF

JHall



Arizona Department of Revenue

Prime Contractor's Certificate

**ARIZONA FORM
5005**

The purpose of this form is to provide a subcontractor with the validation required for tax exemption of a particular project, for a period of time, or until revoked. This certificate establishes responsibility for the transaction privilege tax; therefore, it must be completed by the prime contractor assuming the contracting transaction privilege tax liability for the contracting project(s). The asterisked (*) items must be completed, otherwise the certificate is not valid. The Department may disregard this certificate pursuant to ARS § 42-5075.E if the certificate is incomplete or erroneous. If disregarded, the entity accepting the certificate (subcontractor) will have the burden of proving (pursuant to ARS § 42-5075.D), that it is not subject to transaction privilege tax as a taxable prime contractor.

A. Prime Contractor	
* NAME: Opus West Construction Co	* TRANSACTION PRIVILEGE LICENSE #:
* ADDRESS: 2555 E Camelback Rd, Ste 800	07-294590-C
Phoenix, AZ 85016-4021	AZ Contractor License #: ROC070830
	Telephone #: 602-468-7000

B. Subcontractor	
* NAME: Dirt Pro Contracting	* TRANSACTION PRIVILEGE LICENSE #:
* ADDRESS: P.O. Box 42208	
Phoenix, AZ 85080-2208	AZ Contractor License #:
	Telephone #:

C. Type of Certificate (check one and provide requested information)		
<input checked="" type="checkbox"/> Single Project Certificate PROJECT DESCRIPTION Opus Pima III- C <hr/> <hr/> <hr/> <hr/> <p>** (For example; Building Permit #, Address, Subdivision, Book/Map/Parcel #s, and/or Legal Description)</p>	OR	<input type="checkbox"/> Blanket Certificate (check applicable box and fill in requested information). <input type="checkbox"/> Period From: _____ Through: _____ <input type="checkbox"/> Until revoked <input type="checkbox"/> Specific Exceptions: _____ _____

I hereby certify that I have authority to sign this Certificate on behalf of Prime Contractor. I understand that by excuting this Certificate, Prime Contractor is assuming the prime contracting transaction privilege tax liability applicable to the above referenced project(s).

Elaine Deines
SIGNATURE

J.V. and Compliance Manger
TITLE

Elaine Deines
PRINT NAME

12/10/08
DATE SIGNED