


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input checked="" 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: 	
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: 1.2em; font-family: cursive;"> Oce Imagistics Inc dba Oce North America Document Printing Systems </div>	<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: <div style="font-size: 1.2em; font-family: cursive;"> 7555 E. Hampden Ave #200 Denver CO 80231 </div> Telephone number: Email Address:	<div style="text-align: right; font-weight: bold; font-size: 1.1em;">RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.1em;">NOV 09 2009</div> <div style="text-align: right; font-weight: bold; font-size: 1.1em;">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.	
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>1405.83</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.	
2. Basis for Claim: _____ (See instruction #2 on reverse side.)	<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)().	
3. Last four digits of any number by which creditor identifies debtor: <u>149079</u> 3a. Debtor may have scheduled account as: _____ (See instruction §3a on reverse side).	Amount entitled to priority: <div style="text-align: right;">\$</div>	
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: 1.2em; font-family: cursive;">11-6-09</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: 1.2em; font-family: cursive;"> Martha H. Lawrence </div>	
<div style="text-align: right; font-weight: bold;">FOR COURT USE ONLY</div> <div style="text-align: center;"> OPUS WEST  00427 </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 (GCG) (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.

Opus West Corporation Bk Case #09-34360
Proof of Claim for Creditor, Oce Imagistics Inc., dba Oce North America Document Printing Systems

Customer Number	Customer Name	Bill Number	Trx Number	Transaction Date	Balance Due	Period Covered	Bill Type
149079	OPUS WEST CORPORATION	712861548	408847750	9-Feb-08	44.26	1/14/08 - 2/29/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	713230666	409067278	8-Mar-08	28.00	3/1/08 - 3/31/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	713598292	409313367	12-Apr-08	28.00	4/1/08 - 4/30/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	713968235	409542185	10-May-08	28.00	5/1/08 - 5/31/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	714342020	409751711	7-Jun-08	28.00	6/1/08 - 6/30/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	714718728	409999824	12-Jul-08	28.00	7/1/08 - 7/31/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	715095905	410237715	9-Aug-08	28.00	8/1/08 - 8/31/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	715480566	410458450	6-Sep-08	28.00	9/1/08 - 9/30/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	715862339	410713686	11-Oct-08	28.00	10/1/08 - 10/31/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	716247067	410956424	8-Nov-08	28.00	11/1/08 - 11/30/08	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	717805670	411925203	7-Mar-09	104.34	12/1/08 - 2/28/09	EQ MAINTENANCE AGREEMENT
149079	OPUS WEST CORPORATION	717805612	411922430	7-Mar-09	55.33	2/1/09 - 3/31/09	EQ RENTAL AGREEMENT
149079	OPUS WEST CORPORATION	718203177	412111062	11-Apr-09	111.56	4/1/09 - 4/30/09	EQ RENTAL AGREEMENT
149079	OPUS WEST CORPORATION		412278832	9-May-09	111.56	5/1/09 - 5/31/09	EQ RENTAL AGREEMENT
149079	OPUS WEST CORPORATION		412438543	6-Jun-09	111.56	6/1/09 - 6/30/09	EQ RENTAL AGREEMENT
149079	OPUS WEST CORPORATION		412438370	6-Jun-09	71.35	3/1/09 - 4/30/09	EQ RENTAL AGREEMENT
152433	OPUS WEST CORPORATION		412111076	11-Apr-09	77.00	4/1/09 - 4/30/09	EQ RENTAL AGREEMENT
152433	OPUS WEST CORPORATION		412109639	11-Apr-09	104.29	4/1/09 - 4/30/09	EQ RENTAL AGREEMENT
152433	OPUS WEST CORPORATION		412280644	9-May-09	77.00	5/1/09 - 5/30/09	EQ RENTAL AGREEMENT
152433	OPUS WEST CORPORATION		412280238	9-May-09	104.29	5/1/09 - 5/30/09	EQ RENTAL AGREEMENT
152433	OPUS WEST CORPORATION		412440847	6-Jun-09	77.00	6/1/09 - 6/30/09	EQ RENTAL AGREEMENT
152433	OPUS WEST CORPORATION		412438994	6-Jun-09	104.29	6/1/09 - 6/30/09	EQ RENTAL AGREEMENT
				Total	1,405.83		

Prepared by: Martha Harvey
November 5, 2009

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Oce Imagistics Inc.

Business name, if different from above

Oce North America Document Printing Systems

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☒ Exempt
payee

Address (number, street, and apt. or suite no.)

100 Oakview Dr.

City, state, and ZIP code

Trumbull, CT 06611

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

06 1611068

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Ran Casare Vice President Corp Tax

Date ▶ **12/23/2008**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

		RENTAL AGREEMENT		DATE SUBMITTED 1/24/06		ACD#/ORDER NUMBER 117498			
BILL TO	CUSTOMER NAME OPUS WEST CORPORATION			SHIP TO (IF DIFFERENT)	CUSTOMER NAME				
	ATTN: JANICE GREATHOUSE				ADDRESS SAME				
	ADDRESS 2535 E. CAMELBACK RD. Suite 800				CITY/STATE/ZIP				
	CITY/STATE/ZIP PHOENIX, AZ 85016								
CUSTOMER # 149079		PARTY #		EXISTING MASTER AGREEMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TAX EXEMPT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BILL TO LOCATION # 499401		BILL TO CONTACT NAME JANICE GREATHOUSE		BILL TO PHONE # 602-468-7000		TAX EXEMPT CERT ATTACHED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
SHIP TO LOCATION # 1248677		SHIP TO CONTACT NAME JANICE GREATHOUSE		SHIP TO PHONE # 602-468-7000		EMAIL ADDRESS			
PURCHASE ORDER #		PO EXP. DATE		REMOVAL FEE		REQ. INST. DATE ASAP			
						SERVICE ZONE 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>			
QTY	ITEM	EQUIP TYPE (NEW, RECON, REMAN, DEMO)	DESCRIPTION	SERIAL #	PRICELIST (Must Match Billing Frequency)	RENT TERM # OF MOS.	MTH. RENT. (PER UNIT)	ALLOW	CPC ABOVE ALLOW.
1	5000	RECON	FAXSIMILE		R FAX STANDARD	36	59.00	<input checked="" type="checkbox"/>	0
1	14129762	RECON	5005HT CASSETTE		RENTAL 17 JUN 2003	36	15.00	<input checked="" type="checkbox"/>	0
1	14129764	RECON	2ND PHONE LINE			36	29.00	<input checked="" type="checkbox"/>	0
1	3505	NEW	STARTER KIT		ONE TIME CHARGE		225.00	<input checked="" type="checkbox"/>	
1	DLEX	NEW	INSTALATRAIN		ONE TIME CHARGE		75.00	<input checked="" type="checkbox"/>	
<div style="display: flex; justify-content: space-between;"> <div> <p>THE ABOVE PRICING INCLUDES: USE SEPARATE FORMS FOR COPIER & FAX</p> <p><input type="checkbox"/> CHEMICAL SUPPLIES (EXCLUDES PAPER & STAPLES)</p> <p><input type="checkbox"/> CHEMICAL SUPPLIES & STAPLES (EXCLUDES PAPER)</p> <p><input checked="" type="checkbox"/> NO SUPPLIES</p> </div> <div> <p>BILLING REQUIREMENTS</p> <p><input checked="" type="checkbox"/> Standard (Equip. billed monthly in advance; Usage billed monthly in arrears; Based on date of install; Consolidated)</p> <p><input type="checkbox"/> Special (attach signed "Customer Billing Requirements" checklist)</p> </div> </div>									
CUSTOMER ACKNOWLEDGEMENT									
<p>YOU ACKNOWLEDGE RECEIPT OF, AND AGREE TO BE BOUND BY IMAGISTICS ADDITIONAL RENTAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN. ANY CHANGES THERETO MUST BE APPROVED IN WRITING BY IMAGISTICS CORPORATE LEGAL DEPARTMENT OR SHALL NOT BE BINDING UPON IMAGISTICS. IF A DIGITAL DEVICE IS BEING PROVIDED BUT NOT CONNECTED AT THE TIME OF THIS ORDER, AN IMAGISTICS SITE SURVEY IS REQUIRED PRIOR TO CONNECTION IN THE FUTURE.</p>									
CUSTOMER SIGNATURE 		DATE 1-27-06		PRINT SIGNER NAME Janis Greathouse			PRINT SIGNER TITLE Exec. Assistant		
SALES REP NAME KRAWCZYK		SPLIT % 100		ROLE W		REP # 709781		BRANCH NAME	
				A				ORGANIZATION	
				I				NATL <input type="checkbox"/> COMM <input checked="" type="checkbox"/>	
				P				NATL <input type="checkbox"/> COMM <input type="checkbox"/>	
								NATL <input type="checkbox"/> COMM <input type="checkbox"/>	
<p>DELIVERY INSTRUCTIONS: Business Hours: 8:00 to 5:00</p> <p>Delivery of customer equipment within the building via: Stairs <input checked="" type="checkbox"/> Elevator <input checked="" type="checkbox"/> Loading Dock Available: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>IF ORDER INCLUDES PICK-UP/TRADE IN'S, COMPLETE THE RENTAL ADDITIONAL EQUIPMENT TRADE IN FORM</p>									
SALES REP SIGNATURE 		DATE 1/24/06		BRANCH MANAGER SIGNATURE 			DATE 1/30/06		
<p>Form # I-10004 Version 08/05</p> <p style="text-align: right;">Page 1 of 1</p>									

1958560

FAX No. 6023711222

IMAGISTICS-PHOENIX

JAN-30-2006-MON 11:31 AM



imagistics RENTAL AGREEMENT

DATE PREPARED

4-28-04

19584

AGREEMENT NUMBER

Z 368500

BILL TO
FIRM NAME *Opus West Campus*
ADDRESS *Opus West Construction/Bldg.*
 2020 Main Street Suite 800
CITY/STATE/ZIP *Irvine, CA 92614*

SHIP TO IF DIFFERENT
FIRM NAME *Opus West*
ADDRESS *Opus West Const / Campus*
 1000 1/2 Scholarship Road
CITY/STATE/ZIP *Irvine, CA 92612*

CUSTOMER #

MASTER AGREEMENT
 YES ☐ NO ☒ AGR. #

TAX EXEMPT

YES ☐ NO ☐

TAX EXEMPT CERT. ATTCHD

YES ☐ NO ☒

BILL TO LOCATION #

BILL TO CONTACT NAME

LISA WYNER

BILL TO PHONE #

949-622-3451

INSTALLED AT LOCATION #

INSTALLED AT CONTACT NAME

JOEY ENNIS

INSTALLED AT PHONE #

949-250-1101

PURCHASE ORDER #

PO EXP. DATE

REMOVAL FEE

BILLING FREQUENCY/CYCLE

MONTHLY ☐ QUARTERLY ☒

PREVIOUS ORACLE CONTRACT #

REQ. INST. DATE/

5-8-04

SPECIAL BILLING INSTRUCTIONS

QTY	ITEM	EQUIP TYPE	PROD. DESC.	PRICE LIST	SERIAL #	RENT. TERM (WKS)	NTL. RENT. (PER WKT)	ALLOW	OVNG COPY PER COPY	EST. NTL. V
1	5000	New	fax	*K OPUS WESTCORP		24	59	✓		
1	6429762	New	paper drawer			24	12	✓		
1	360S		SSK				200	✓		
1	DLFX		181				50	✓		
1	824-S		1 S PAK (2) BOX	Installation & delivery Toner			520	✓		

Starter Kit and Delivery/Install charges must be added.

THE ABOVE PRICING INCLUDES:

W/CHEMICAL SUPPLIES (EXCLUDES PAPER)

W/CHEMICAL SUPPLIES & STAPLES (EXCLUDES PAPER)

NO SUPPLIES

NOTES

IS THIS EQUIPMENT REPLACING EXISTING EQUIPMENT? YES ☐ NO ☒ CUSTOMER ACKNOWLEDGEMENT

CUSTOMER APPROVAL

YOU AGREE TO BE BOUND BY IMAGISTICS' ADDITIONAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN, AND ANY CHANGES THERETO MUST BE APPROVED IN WRITING BY IMAGISTICS' CORPORATE LEGAL DEPARTMENT.

CUSTOMER SIGNATURE

DATE

PRINT SIGNER NAME

PRINT SIGNER TITLE

Lon Goforth
 SALES REP NAME/PLTW/ROLE

8-5-04

Linda Winter

K. Lee Office Administrator

Lon Goforth

☒ 100% A
☐ % W
☐ % I
☐ % P

REP #

709701

WRITING BRANCH NAME

Phoenix

ORGANIZATION

NATL ☒ COMM ☐NATL ☐ COMM ☐NATL ☐ COMM ☐NATL ☐ COMM ☐

DIRECT REPORT MANAGER

Joel Schacher

PICKUP AND DELIVERY INSTRUCTIONS

Business hours: _____ to _____

Loading Dock available YES ☐ NO ☐Movement of customer equipment within the building: Stairs ☐ Elevator ☐

EQUIPMENT INFORMATION

PICKUP

DELIVERY

TRADE-IN (COMBUSTIVE FORM MUST BE ATTACHED)

ITEM NO.

SERIAL #

INSTALLED AT LOCATION #

ITEM NO.

SERIAL #

INSTALLED AT LOCATION #

1

2

3

1

2

3

SALES REP SIGNATURE

Lon Goforth

BRANCH MANAGER SIGNATURE

[Signature]

Form # 1-10003 Ver 3-B-04

Page 1 of 1

ORDER #
 83039.5

1958822

OCÉ MAINTENANCE AGREEMENT		DATE SUBMITTED 2-21-07		ACD# / ORDER NUMBER				
BILL TO	CUSTOMER NAME Opus West Construction Corporation		SHIP TO (IF DIFFERENT)	CUSTOMER NAME Opus West Construction Corporation				
	ADDRESS 2555 East Camelback Road, Suite 800			ADDRESS 1000 1/2 Scholarship Road				
	CITY/STATE/ZIP Phoenix, AZ 86016			CITY/STATE/ZIP Irvine, CA 92612				
CUSTOMER # 149079	PARTY # 10090527	EXISTING MASTER AGREEMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TAX EXEMPT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TAX EXEMPT CERT. ATTACHED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
BILL TO LOCATION # 1736216	BILL TO CONTACT NAME Accts Payable	BILL TO PHONE # 449 622-3451	EMAIL ADDRESS lisa.winter@opuswest.com					
SHIP TO LOCATION # 1713674	SHIP TO CONTACT NAME Crystal Rosenthal	SHIP TO PHONE # 849-240-0347 x 45	EMAIL ADDRESS crystal.rosenthal@opuswest.com					
FULL SERVICE MAINTENANCE PLAN INCLUDES (An option must be selected)		<input checked="" type="checkbox"/> CHEMICAL SUPPLIES (EXCLUDES PAPER & STAPLES) <input type="checkbox"/> CHEMICAL SUPPLIES & STAPLES (EXCLUDES PAPER) <input type="checkbox"/> NO SUPPLIES						
POINT OF SALE (Required) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MAINTENANCE TERM 36	EFFECTIVE DATE ASAP	EMA P.O. NUMBER		P.O. EXP. DATE			
EQUIPMENT TYPE COPIER <input type="checkbox"/> FAX <input checked="" type="checkbox"/>	LEASED EMA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	LEASE TERM (Mos) 36	LEASE PO NUMBER		SERVICE 269E 1 <input type="checkbox"/> 3 <input type="checkbox"/>			
Any changes to this agreement must be initiated by the customer								
QTY.	ITEM	DESCRIPTION	SERIAL #	PRICE LIST (Must Match Billing Frequency)	INSTALL. DATE	EMA CHRG	NON VOL ALLOW	CPC ABOVE MIN.
1	fx3000	New fx3000 MFP		M 2007 3000 1/1/2007 ANN	ASAP	36.00	1,000	0.0188
EMA PRICE IS ANNUAL FOR FAX EQUIPMENT, MONTHLY OR QUARTERLY FOR ALL OTHER EQUIPMENT.								
NOTES		BILLING REQUIREMENTS <input type="checkbox"/> Standard (Equip. billed monthly in advance; User billed monthly in arrears; Based on date of install; Consolidated) <input checked="" type="checkbox"/> Special (Attach signed "Customer Billing Requirements" checklist)						
CUSTOMER ACKNOWLEDGEMENT								
YOU ACKNOWLEDGE RECEIPT OF, AND AGREE TO BE BOUND BY OCÉ IMAGISTICS ADDITIONAL MAINTENANCE TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN. ANY CHANGES THERETO MUST BE APPROVED IN WRITING BY OCÉ IMAGISTICS CORPORATE LEGAL DEPARTMENT OR SHALL NOT BE BINDING UPON OCÉ IMAGISTICS.								
CUSTOMER SIGNATURE Lisa D. Winter		DATE 2/21/07	PRINT SIGNER NAME Lisa D. Winter		PRINT SIGNER TITLE Exec. Office Admin			
SALES REP NAME Sean Simmonds		TECH A 448602	ORGANIZATION NATL <input type="checkbox"/> COMM <input checked="" type="checkbox"/>		BRANCH NAME Phoenix			
SALES REP SIGNATURE		BRANCH MANAGER SIGNATURE						
Form # 1-10004 Version 2/05								
Page 1 of								

OCE		MAINTENANCE AGREEMENT		DATE SUBMITTED 6/22/07		ACD #/ORDER # 185190			
BILL TO	CUSTOMER NAME Onus West Corporation			SHIP TO (if different)	CUSTOMER NAME same				
	ADDRESS 6160 Stoneridge Mall Road				ADDRESS				
	CITY/STATE/ZIP Pleasanton, CA 94588				CITY/STATE/ZIP				
CUSTOMER #		PARTY #		EXISTING MASTER AGREEMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TAX EXEMPT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TAX EXEMPT CERT ATTACHED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
BILL TO LOCATION #		BILL TO CONTACT NAME Janine Trulwood		BILL TO PHONE # 925.463.9254		EMAIL ADDRESS			
SHIP TO LOCATION #		SHIP TO CONTACT NAME same		SHIP TO PHONE # same		EMAIL ADDRESS			
SHIP TO LOC WITHIN CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MAINTENANCE TERM 48		EFFECTIVE DATE ASAP		EMA PO NUMBER		PO EXPIRATION DT	
POINT OF SALE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		EQUIPMENT TYPE FAX <input checked="" type="checkbox"/> COPIER <input type="checkbox"/>		LEASED EMA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LEASE TERM 48 (mos)		LEASE PO NUMBER	
								SERVICE ZONE 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	
Any changes to this agreement must be initiated by the customer									
QTY	ITEM	DESCRIPTION	SERIAL #	PRICE LIST (Must Match Billing Frequency)	INSTALL DATE	EMA CHRG 20.00	ALLOW	CPC ABOVE ALLOW	
2	FX3000	FX3000		LER	ASAP	Incl.	1.000	2.020	
EMA PRICE IS ANNUAL FOR FAX EQUIPMENT, MONTHLY OR QUARTERLY FOR ALL OTHER EQUIPMENT.									
FULL SERVICE MAINTENANCE INCLUDES: (SELECTION REQUIRED)				ADDITIONAL REQUIREMENTS					
<input checked="" type="checkbox"/> CHEMICAL SUPPLIES (EXCLUDES PAPER & STAPLES)				<input checked="" type="checkbox"/> Standard (Usage billed monthly in arrears; based on date of install; Consolidated)					
<input type="checkbox"/> CHEMICAL SUPPLIES & STAPLES (EXCLUDES PAPER)				<input type="checkbox"/> Special (attach signed "Customer Billing Requirements" checklist)					
<input type="checkbox"/> NO SUPPLIES				Connect Product to Customer Network? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach signed "Site Survey")					
CREDIT CARD REQUIRED FOR BILLING? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CARDHOLDER'S NAME		CREDIT CARD #			EXPIRATION DATE		
CUSTOMER ACKNOWLEDGEMENT									
YOU ACKNOWLEDGE RECEIPT OF, AND AGREE TO BE BOUND BY OCE IMAGISTICS USA, OCE NORTH AMERICA CORPORATE PRINTING DIVISION ADDITIONAL MAINTENANCE TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN. ANY CHANGES THERETO MUST BE APPROVED IN WRITING BY OUR CORPORATE LEGAL DEPARTMENT OR SHALL NOT BE BINDING UPON US. IF A DIGITAL DEVICE IS BEING PROVIDED BUT NOT BEING CONNECTED AT THE TIME OF THIS ORDER, OUR SITE SURVEY IS REQUIRED PRIOR TO CONNECTION IN THE FUTURE.									
CUSTOMER'S SIGNATURE 			DATE 6/20/07		PRINT SIGNER'S NAME Janine Trulwood		PRINT SIGNER'S TITLE Sr. Admin. Asst.		
SALES REP'S NAME Jennifer C. Amador		REP # 501830		ORGANIZATION 100% A		BRANCH NAME Alameda			
SALES REP'S SIGNATURE 			DATE 6/20/07		BRANCH MANAGER'S SIGNATURE 			DATE 6/20/07	
FORM # 110004 VERSION 02/2007 Page 1 of									



From: Greathouse, Janis [Janis.Greathouse@opuswest.com]
To: Harvey, Martha
Cc: Hampe, Keith
Subject: RE: Opus West Corporation...***Equipment Pick Up Request

Sent: Mon 9/14/2009 1:49 PM

Hi Martha,

Please issue a pick up for serial #5001655 located at 2555 East Camelback Road, Suite 800. Thank you.

~ Janis

Janis Greathouse | Opus West Corporation | 602.468.7014

From: Harvey, Martha [mailto:Martha.Harvey@oce.com]
Sent: Friday, September 04, 2009 6:57 AM
To: Greathouse, Janis
Cc: Hampe, Keith
Subject: RE: Opus West Corporation...***Equipment Pick Up Request

Janis,

I will issue pick up for the unit recently located. serial #5000552.

Please e-mail me when you are ready to release serial #5001655. We are agreeable to pending the recovery of this unit with your agreement to pay for the rental charges for the period you have use of our equipment. The contract rejection order entered in July authorized the immediate pick up of our machine. I have attached August invoice #412778196 for your review.

Regards.

Martha Harvey
Tel: 303-481-7758
Fax: 303-481-7788



You replied on 9/16/2009 11:03 AM

From: Greathouse, Janis [Janis.Greathouse@opuswest.com]
To: Harvey, Martha
Cc: Bowen, Patricia
Subject: RE: Equipment Pick Up Requests for OPUS WEST CORP

Sent: Wed 9/16/2009 9:46 AM

Hi Martha,

All the equipment has been located and I have indicated below the address and contact for pick-up. I have personally talked to all these folks and verified model numbers and s/n's. I apologize for any confusion.

FX 5000 s/n 5000552 is located at 2050 Main Street and is ready to be picked up. Contact: Sean @ (949) 279-2806
FX 3000 s/n 7010351 is located at 2050 Main Street and is ready to be picked up. Contact: Sean @ (949) 279-2806
FX 3000 s/n 7010345 is located at 3000 Scholarship Road and is ready to be picked up. Contact: Matthew @ (949) 678-1126

FX 3000 s/n 7020906 is located at 180 Promenade Circle and is ready to be picked up. Contact: Carol @ (916) 928-7511
FX 3000 s/n 7020914 is located at 180 Promenade Circle and is ready to be picked up. Contact: Carol @ (916) 928-7511

~ Janis

Janis Greathouse | Opus West Corporation | 602.468.7011

From: Harvey, Martha [mailto:Martha.Harvey@oce.com]
Sent: Tuesday, September 15, 2009 6:05 AM
To: Greathouse, Janis
Cc: Bowen, Patricia
Subject: Equipment Pick Up Requests for OPUS WEST CORP

Hi Janis

Please confirm. did you locate serial #5000552 per attached e-mail.

Harvey, Martha

From: Harvey, Martha
Sent: Friday, September 04, 2009 7:57 AM
To: 'Greathouse, Janis'
Cc: Hampe, Keith
Subject: RE: Opus West Corporation....***Equipment Pick Up Request
Attachments: 412778196.pdf

Janis,

I will issue pick up for the unit recently located, serial #5000552.

Please e-mail me when you are ready to release serial #5001655. We are agreeable to pending the recovery of this unit with your agreement to pay for the rental charges for the period you have use of our equipment. The contract rejection order entered in July authorized the immediate pick up of our machine. I have attached August invoice #412778196 for your review.

Regards,

Martha Harvey
 Tel: 303-481-7759
 Fax: 303-481-7788



Timely meter reads translate to accurate invoicing. Report your meter readings effortlessly via the Internet. Océ will even send you a friendly reminder by e-mail when a reading is coming due. Click [here](#) to register for monthly email reminders.

From: Greathouse, Janis [mailto:Janis.Greathouse@opuswest.com]
Sent: Thursday, September 03, 2009 1:40 PM
To: Harvey, Martha
Cc: Hampe, Keith
Subject: RE: Opus West Corporation....***Equipment Pick Up Request

OK! I've located the machine and it is at the address as you indicated. For some reason the list I am looking at doesn't show it. There is someone there left on site who can meet whoever is going to pick it up. However, I will be the contact coordinating **all pick-ups** on our end and can be reached @ (602) 468-7014, so please call me first.

Thank you.

Janis Greathouse | Opus West Corporation | 602.468.7014

From: Greathouse, Janis
Sent: Thursday, September 03, 2009 10:15 AM
To: 'Harvey, Martha'
Cc: Hampe, Keith
Subject: RE: Opus West Corporation....***Equipment Pick Up Request

Ok, thanks. I will check it out and get back with you.

Janis Greathouse | Opus West Corporation | 602.468.7014

From: Harvey, Martha [mailto:Martha.Harvey@oce.com]
Sent: Thursday, September 03, 2009 8:46 AM
To: Greathouse, Janis
Cc: Hampe, Keith
Subject: RE: Opus West Corporation....***Equipment Pick Up Request

This unit shows last serviced in 2007, but never picked up.

Incident Date	Serial Number	Contract Number	Party Name	Contact	Contact Phone	Incident Address
01/17/07	5000	5000552	OKS-57631 Supply Order	PUS WEST CORPORATION	LINDA CHASE 1-949-2501101 X	CONSTRUCTION CAMPUS;1000 1/2 SCHOLARS

Regards,

Martha Harvey
 Tel: 303-481-7759
 Fax: 303-481-7788

11/6/2009



Timely meter reads translate to accurate invoicing. Report your meter readings effortlessly via the Internet. Océ will even send you a friendly reminder by e-mail when a reading is coming due. Click [here](#) to register for monthly email reminders.

From: Greathouse, Janis [mailto:Janis.Greathouse@opuswest.com]
Sent: Thursday, September 03, 2009 9:36 AM
To: Harvey, Martha
Cc: Hampe, Keith; Vara, Philip
Subject: RE: Opus West Corporation....***Equipment Pick Up Request

Martha,

Thank you for your response and arranging the recovery of our two model 5000 rental units in Phoenix. However, we only have one 5000 rental unit left in Phoenix and we are still using it – S/N 5001655. I don't have an active record for S/N 5000552. Where do you show that equipment is located?

Janis Greathouse | Opus West Corporation | 602.468.7014

From: Harvey, Martha [mailto:Martha.Harvey@oce.com]
Sent: Thursday, September 03, 2009 8:14 AM
To: Greathouse, Janis
Cc: Hampe, Keith; Vara, Philip
Subject: RE: Opus West Corporation....***Equipment Pick Up Request

Janis,

I had arranged for the recent recovery of 2 of the model 5000s rental units, both are now back in our warehouse. I'm not sure if it was you or Laura Haasch, but I was waiting to hear back from one of you about recovery of the 2 remaining 5000 model rentals ? Please confirm to me, the equipment model/serial, location, & contact person to arrange for the pick up.

As for the other Océ equipment you are referring, I am forwarding this email to supervisor Phil Vara in our Florida office to advise of your request.

Owner Party Name	all Site I	Contract Number	Contract Alias	em Number	Serial Number	Equipment Po Number	ier Or f	Contract Description
OPUS WEST CORPORA	2835538	OKS-331855		FX3000	7010345	13995*200-5010752-001	COPIER	Lease Maintenance
OPUS WEST CORPORA	1184408	OKS-331691		FX3000	7010351	13995*200-5010752-000	COPIER	Lease Maintenance
OPUS WEST CORPORA	1184403	OKS-352720		FX3000	7020906	24840432	COPIER	Lease Maintenance
OPUS WEST CORPORA	1184403	OKS-352720		FX3000	7020914	24840432	COPIER	Lease Maintenance
OPUS WEST CORPORA	2419023	OKS-57631		5000	5000552	CONTRACT	FAX	Rental
OPUS WEST CORPORA	1204997	OKS-245734		5000	5001655		FAX	Rental

Regards,

Martha Harvey
 Tel: 303-481-7759
 Fax: 303-481-7788



Timely meter reads translate to accurate invoicing. Report your meter readings effortlessly via the Internet. Océ will even send you a friendly reminder by e-mail when a reading is coming due. Click [here](#) to register for monthly email reminders.

From: Hampe, Keith
Sent: Thursday, September 03, 2009 8:51 AM
To: Greathouse, Janis; Harvey, Martha
Subject: RE: Opus West Corporation
Importance: High

Hi Martha,

Our customer below OPUS WEST Corp has filed for bankruptcy recently and all the docs had been sent back to legal for processing. Janis from Opus is having a hard time getting some of the remaining equipment picked up at their locations that were closing. Is this something that you can help us with?

Regards,

Keith P. Hampe
 Branch General Manager
 ph: 602-351-7475

From: Greathouse, Janis [mailto:Janis.Greathouse@opuswest.com]
Sent: Monday, August 31, 2009 12:16 PM
To: Hampe, Keith

11/6/2009

Subject: FW: Opus West Corporation

Hi Keith,

I hope your weekend was good.

The Phoenix equipment less one FAX machine (that we needed to keep) was picked up – **thank you!** Any luck in finding out when any of our other locations will be getting picked up? Or, if you have a name of someone in your bankruptcy division I could contact? That who is I have been dealing with for all our other vendors and they seem to move things right along. Or, any other suggestions?

All offices are closed (except Phoenix) with NO remaining employees, so we are now dealing with property management companies and NEW owners coming in as a result of the sale of the buildings. There will be LOTS of movement happening with new owners taking over and I would hate for the FAX machines to get lost in the shuffle.....

~ Janis

Janis Greathouse | Opus West Corporation | 602.468.7014

From: Hampe, Keith [mailto:keith.hampe@oce.com]
Sent: Monday, August 10, 2009 3:54 PM
To: Greathouse, Janis
Subject: RE: Opus West Corporation

Hi Janis,

Don't worry your not being a pest. I just haven't heard anything regarding the p/u of those devices. I will ask our legal department what the hold up is. If I could I would just schedule it but I have to make sure its OK. Sorry for the wait.

Regards,

Keith P. Hampe
Branch General Manager
ph: 602-351-7475

From: Greathouse, Janis [mailto:Janis.Greathouse@opuswest.com]
Sent: Monday, August 10, 2009 9:07 AM
To: Hampe, Keith
Subject: FW: Opus West Corporation

Hi Keith,

Hope you had a nice weekend. I hate to be a pest, but any update? Oce is the only company left that has not arranged to get their equipment picked up. Any information would be greatly appreciated.

~ Janis

Janis Greathouse | Opus West Corporation | 602.468.7014

From: Greathouse, Janis
Sent: Thursday, July 30, 2009 11:32 AM
To: 'Hampe, Keith'
Subject: Opus West Corporation

Hi Keith,

Any update on when Oce will start picking up the FAX machines in our various locations as it relates to the leases that have been rejected? As I mentioned, most of the offices are closed or are closing this week. We have people helping us temporarily store the equipment to keep it safe from damage or theft, but they are asking when it will be picked up.

Any information would be greatly appreciated.

~ Janis

Janis Greathouse | Executive Office Administrator
OPUS WEST CORPORATION
2555 E. Camelback Road, Suite 800 | Phoenix, AZ 85016
Phone: 602.468.7014 | Fax: 866.371.8318 | www.opuscorp.com

11/6/2009

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OCE IMAGISTICS INC.
7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

PLEASE DIRECT INQUIRIES TO:

Ordering Supplies 800-462-6797
Requests for Service 800-243-5556
Billing Inquiries 800-677-7711
www.imagistics.com

42000000149079300071286154800000000000044268

☐ Please check box for address change and complete on the back.

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 712861548

INVOICE DATE: 02/12/2008
TOTAL AMOUNT DUE: \$44.26
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	02/12/2008	712861548

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	2	44.26	
FAX MAINTENANCE TOTAL:					44.26
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$44.26

CHARGES	\$44.26
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$44.26
TOTAL DUE	\$44.26

Enter copier readings online at <https://extranet.imagistics.com/readings>

1082301

We certify that the goods or services covered by this invoice were produced and - or performed
in compliance with the Fair Labor Standards Act of 1938, as amended.

OCE IMAGISTICS INC.
7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

PLEASE PRINT ANY BILLING ADDRESS CHANGES BELOW

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	02/12/2008	712861548

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	408847750-1	FOR PERIOD 01/14/2008 - 01/31/2008				
		2600	MAINTENANCE NO SUPPLIES	18 Days		16.26
		2601036				
		PO: 5707765302				
	408847750-2	FOR PERIOD 02/01/2008 - 02/29/2008				
		2600	MAINTENANCE NO SUPPLIES	1 Mth		28.00
		2601036				
		PO: 5707765302				
						\$44.26
	TOTAL:					\$44.26

Enter copier readings online at <https://extranet.imagistics.com/readings>

1082301

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in compliance with the Fair Labor Standards Act of 1938, as amended.



OCE IMAGISTICS INC.
7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

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Ordering Supplies 800-462-6797
Requests for Service 800-243-5556
Billing Inquiries 800-677-7711
www.imagistics.com

42000000149079300071323066600000000000028001

☐ Please check box for address change and complete on the back.

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 713230666

INVOICE DATE: 03/12/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	03/12/2008	713230666

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

Enter copier readings online at <https://extranet.imagistics.com/readings>

1082301

We certify that the goods or services covered by this invoice were produced and - or performed
in compliance with the Fair Labor Standards Act of 1938, as amended.

OCE IMAGISTICS INC.
7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

PLEASE PRINT ANY BILLING ADDRESS CHANGES BELOW

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	03/12/2008	713230666

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	409067278-1	2600 2601036 PO: 5707765302	FOR PERIOD 03/01/2008 - 03/31/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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DENVER, CO 80231-4834

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Requests for Service 800-243-5556
Billing Inquiries 800-677-7711
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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 713598292

INVOICE DATE: 04/16/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	04/16/2008	713598292

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	04/16/2008	713598292

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	409313367-1	2600 2601036 PO: 5707765302	FOR PERIOD 04/01/2008 - 04/30/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

CUSTOMER NUMBER:	149079
INVOICE NUMBER:	713968235
INVOICE DATE:	05/14/2008
TOTAL AMOUNT DUE:	\$28.00
TERMS:	PAYABLE UPON RECEIPT
P.O. NUMBER:	SEE ATTACHED

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
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AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	05/14/2008	713968235

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	05/14/2008	713968235

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	409542185-1	2600 2601036 PO: 5707765302	FOR PERIOD 05/01/2008 - 05/31/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 714342020

INVOICE DATE: 06/11/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	06/11/2008	714342020

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	06/11/2008	714342020

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	409751711-1	2600 2601036 PO: 5707765302	FOR PERIOD 06/01/2008 - 06/30/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 714718728

INVOICE DATE: 07/16/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	07/16/2008	714718728

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	07/16/2008	714718728

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	409999824-1	2600 2601036 PO: 5707765302	FOR PERIOD 07/01/2008 - 07/31/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 715095905

INVOICE DATE: 08/13/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	08/13/2008	715095905

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	08/13/2008	715095905

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	410237715-1	2600 2601036 PO: 5707765302	FOR PERIOD 08/01/2008 - 08/31/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
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DUNS: 03-363-1461
TAX ID: 06-1611068

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P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 715480566

INVOICE DATE: 09/10/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: **PAYABLE UPON RECEIPT**
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	09/10/2008	715480566

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	09/10/2008	715480566

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	410458450-1	2600 2601036 PO: 5707765302	FOR PERIOD 09/01/2008 - 09/30/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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2150 RIVER PLAZA DR STE 255
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DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 715862339

INVOICE DATE: 10/15/2008
TOTAL AMOUNT DUE: \$28.00
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	10/15/2008	715862339

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	10/15/2008	715862339

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	410713686-1	2600 2601036 PO: 5707765302	FOR PERIOD 10/01/2008 - 10/31/2008 MAINTENANCE NO SUPPLIES	1 Mth		28.00
						\$28.00
TOTAL:						\$28.00

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OPUS WEST CORPORATION
2150 RIVER PLAZA DR STE 255
SACRAMENTO CA 95833-4140

CUSTOMER NUMBER:	149079
INVOICE NUMBER:	716247067
INVOICE DATE:	11/12/2008
TOTAL AMOUNT DUE:	\$28.00
TERMS:	PAYABLE UPON RECEIPT
P.O. NUMBER:	SEE ATTACHED

DUNS: 03-363-1461
TAX ID: 06-1611068

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P.O. BOX 856193
LOUISVILLE, KY 40285-6193

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	11/12/2008	716247067

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	FAX	MAINTENANCE SERVICE	1	28.00	
FAX MAINTENANCE TOTAL:					28.00
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$28.00

CHARGES	\$28.00
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$28.00
TOTAL DUE	\$28.00

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P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0504	11/12/2008	716247067

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION MAIN OFFICES 180 PROMENADE CIR STE 115 SACRAMENTO CA 95834-2930 SITE ID: 2865430	410956424-1	2600 2601036 PO: 5707765302	FOR PERIOD 11/01/2008 - 11/30/2008 MAINTENANCE NO SUPPLIES	1	Mth	28.00
						\$28.00
TOTAL:						\$28.00

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7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

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Billing Inquiries 800-677-7711
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OPUS WEST CORPORATION
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 717805670

INVOICE DATE: 03/11/2009
TOTAL AMOUNT DUE: \$208.68
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0502	03/11/2009	717805670

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
MAINTENANCE	COPIER	USAGE	2	208.68	
COPIER MAINTENANCE TOTAL:					208.68
TAXES:	STATE: \$0.00	COUNTY: \$0.00	CITY: \$0.00	TOTAL TAX:	\$0.00
TOTAL AMOUNT DUE:					\$208.68

CHARGES	\$208.68
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$208.68
TOTAL DUE	\$208.68

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LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0502	03/11/2009	717805670

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 2020 MAIN ST STE 800 IRVINE CA 92614-8201 SITE ID: 1184408	411925203-1	FX3000 7010351 PO: 13995*200-5010752-000	FOR PERIOD 12/01/2008 - 02/28/2009 MAINTENANCE USAGE WITH 5550 Copies SUPPLIES Black & White Copies 8550 Copies - 3000 Allowed = 5550 Billable Copies READINGS USED TO CALCULATE USAGE - BW 47424 (02/28/2009) - 38874 (12/01/2008) = 8550 Copies		0.0188	104.34
						\$104.34
TOTAL:						\$104.34

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0502	03/11/2009	717805670

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 1000 1/2 SCHOLARSHIP RD IRVINE CA 92612-5622 SITE ID: 2835538	411926186-1	FX3000 7010345 PO: 13995*200-5010752-001	FOR PERIOD 12/01/2008 - 02/28/2009 MAINTENANCE USAGE WITH 5550 Copies SUPPLIES		0.0188	104.34
		Black & White Copies 8550 Copies - 3000 Allowed = 5550 Billable Copies				
		READINGS USED TO CALCULATE USAGE - BW 34686 (02/28/2009) - 26136 (12/01/2008) = 8550 Copies				
						\$104.34
					TOTAL:	\$104.34

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0502	03/11/2009	717805670

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OPUS WEST CORPORATION
10375 RICHMOND AVE STE 550
HOUSTON TX 77042-4143

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 717805612

INVOICE DATE: 03/11/2009
TOTAL AMOUNT DUE: \$55.33
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	4302	03/11/2009	717805612

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
RENTAL	COPIER	RENTAL SERVICE USAGE	1	32.52	
			1	0.00	
			COPIER RENTAL TOTAL:	32.52	
	FAX	ATTACHMENTS	3	18.58	
					FAX RENTAL TOTAL:
	TAXES:	STATE: \$3.21	COUNTY: \$0.00	CITY: \$1.02	TOTAL TAX:
TOTAL AMOUNT DUE:					\$55.33

CHARGES	\$51.10
OTHER FEES	\$0.00
STATE TAX	\$3.21
COUNTY TAX	\$0.00
CITY TAX	\$1.02
GRAND TOTAL	\$55.33
TOTAL DUE	\$55.33

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DENVER, CO 80231-4834

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OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	4302	03/11/2009	717805612

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 10375 RICHMOND AVE STE 550 HOUSTON TX 77042-4143 SITE ID: 2515413		FOR PERIOD 03/01/2009 - 03/31/2009				
	411922430-4	2700 4079752 PO: N/A	RENTAL WITH SUPPLIES	1 Mth	63.00	32.52
		FOR PERIOD 03/01/2009 - 03/31/2009				
	411922430-1	6429880	RENTAL FAX PERIPHERAL	1 Mth	14.00	7.23
	411922430-2	6429882	RENTAL FAX PERIPHERAL	1 Mth	12.00	6.19
	411922430-3	6429779	RENTAL FAX PERIPHERAL	1 Mth	10.00	5.16
		FOR PERIOD 02/01/2009 - 02/28/2009				
	411922430-5	2700 4079752 PO: N/A	RENTAL USAGE WITH SUPPLIES	0 Copies	0.0175	0.00
		Black & White Copies 0 Copies - 1000 Allowed = 0 Billable Copies				
		READINGS USED TO CALCULATE USAGE - BW 19394 (02/28/2009) - 19394 (02/01/2009) = 0 Copies				
						\$51.10
TAXES:	STATE: \$3.21	COUNTY: \$0.00	CITY: \$1.02	TOTAL TAX:	\$4.23	
TOTAL:						\$55.33

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OPUS WEST CORPORATION
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 718203177

INVOICE DATE: 04/15/2009
TOTAL AMOUNT DUE: \$111.56
TERMS: PAYABLE UPON RECEIPT
P.O. NUMBER: SEE ATTACHED

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0301	04/15/2009	718203177

ORDER TYPE	PRODUCT TYPE	PRODUCT GROUP	QTY	AMOUNT	TOTAL
RENTAL	COPIER	USAGE	1	0.00	
			COPIER RENTAL TOTAL:		0.00
	FAX	ATTACHMENTS	2	44.00	
		RENTAL SERVICE	1	59.00	
			FAX RENTAL TOTAL:		103.00
TAXES:	STATE: \$5.78	COUNTY: \$0.72	CITY: \$2.06	TOTAL TAX:	\$8.56
TOTAL AMOUNT DUE:					\$111.56

CHARGES	\$103.00
OTHER FEES	\$0.00
STATE TAX	\$5.78
COUNTY TAX	\$0.72
CITY TAX	\$2.06
GRAND TOTAL	\$111.56
TOTAL DUE	\$111.56

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0301	04/15/2009	718203177

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 2406388		FOR PERIOD 04/01/2009 - 04/30/2009				
	412111062-3	5000 5000055	RENTAL NO SUPPLIES	1 Mth		59.00
		FOR PERIOD 04/01/2009 - 04/30/2009				
	412111062-1	6429762	RENTAL FAX PERIPHERAL	1 Mth		15.00
	412111062-2	6429764	RENTAL FAX PERIPHERAL	1 Mth		29.00
						\$103.00
TAXES:	STATE: \$5.78	COUNTY: \$0.72	CITY: \$2.06	TOTAL TAX:		\$8.56
TOTAL:						\$111.56

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	4302	04/15/2009	718203177

INSTALLED AT	REF	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 10375 RICHMOND AVE STE 550 HOUSTON TX 77042-4143 SITE ID: 2515413	412109202-1	2700 4079752 PO: N/A	FOR PERIOD 03/01/2009 - 03/16/2009 RENTAL USAGE WITH SUPPLIES	0 Copies	0.0175	0.00
		Black & White Copies 0 Copies - 516 Allowed = 0 Billable Copies				
		READINGS USED TO CALCULATE USAGE - BW 0 (03/16/2009) - 19394 (03/01/2009) = 0 Copies				
						\$0.00
					TOTAL:	\$0.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	4302	04/15/2009	718203177

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OPUS WEST CORPORATION
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 412278832

INVOICE DATE: 05/09/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$111.56
TERMS: PAYABLE UPON RECEIPT

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
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LOUISVILLE, KY 40285-6193

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0301	05/09/2009	412278832

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 2406388						
		FOR PERIOD 05/01/2009 - 05/31/2009				
	3	5000 5000055	RENTAL NO SUPPLIES	1 Mth		59.00
		FOR PERIOD 05/01/2009 - 05/31/2009				
	1	6429762	RENTAL FAX PERIPHERAL	1 Mth		15.00
	2	6429764	RENTAL FAX PERIPHERAL	1 Mth		29.00
						\$103.00
TAXES:		STATE: \$5.78	COUNTY: \$0.72	CITY: \$2.06	TOTAL TAX:	\$8.56
					TOTAL LOCATION AMT:	\$111.56

CHARGES	\$103.00
OTHER FEES	\$0.00
STATE TAX	\$5.78
COUNTY TAX	\$0.72
CITY TAX	\$2.06
GRAND TOTAL	\$111.56
TOTAL DUE	\$111.56

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0301	05/09/2009	412278832

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OPUS WEST CORPORATION
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 412438543

INVOICE DATE: 06/06/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$111.56
TERMS: PAYABLE UPON RECEIPT

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

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LOUISVILLE, KY 40285-6193

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0301	06/06/2009	412438543

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 2406388	3	5000 5000055	FOR PERIOD 06/01/2009 - 06/30/2009 RENTAL NO SUPPLIES	1 Mth		59.00
	1	6429762	FOR PERIOD 06/01/2009 - 06/30/2009 RENTAL FAX PERIPHERAL	1 Mth		15.00
	2	6429764	RENTAL FAX PERIPHERAL	1 Mth		29.00
						\$103.00
TAXES:	STATE:	\$5.78	COUNTY:	\$0.72	CITY:	\$2.06
					TOTAL TAX:	\$8.56
					TOTAL LOCATION AMT:	\$111.56

CHARGES	\$103.00
OTHER FEES	\$0.00
STATE TAX	\$5.78
COUNTY TAX	\$0.72
CITY TAX	\$2.06
GRAND TOTAL	\$111.56
TOTAL DUE	\$111.56

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LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0301	06/06/2009	412438543

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OPUS WEST CORPORATION
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

CUSTOMER NUMBER: 149079
INVOICE NUMBER: 412438370

INVOICE DATE: 06/06/2009
P.O. NUMBER: SEE DETAILS
TOTAL AMOUNT DUE: \$71.35
TERMS: PAYABLE UPON RECEIPT

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0502	06/06/2009	412438370

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION 1000 1/2 SCHOLARSHIP RD IRVINE CA 92612-5622 SITE ID: 2835538	1	FX3000 7010345 PO: 13995*200-5010752-001	MAINTENANCE USAGE WITH SUPPLIES	3795 Copies	0.0188	71.35

Black & White Copies
5795 Copies - 2000 Allowed = 3795 Billable Copies

READINGS USED TO CALCULATE USAGE - BW
40481 (04/30/2009) - 34686 (03/01/2009) = 5795 Copies

\$71.35

TOTAL LOCATION AMT: \$71.35

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P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
149079	0502	06/06/2009	412438370

CHARGES	\$71.35
OTHER FEES	\$0.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
CITY TAX	\$0.00
GRAND TOTAL	\$71.35
TOTAL DUE	\$71.35

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OPUS WEST CORPORATION
JANICE GREATHOUSE
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 152433
INVOICE NUMBER: 412111076

INVOICE DATE: 04/11/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$77.00
TERMS: PAYABLE UPON RECEIPT

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	04/11/2009	412111076

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION JANIS GREATHOUSE PROPERTY MGMT 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 1204996	1	5000 5001020	FOR PERIOD 04/01/2009 - 04/30/2009 RENTAL NO SUPPLIES	1 Mth		71.10

TAXES: STATE: \$3.98 COUNTY: \$0.50 CITY: \$1.42 TOTAL TAX: \$5.90

TOTAL LOCATION AMT: \$77.00

CHARGES	\$71.10
OTHER FEES	\$0.00
STATE TAX	\$3.98
COUNTY TAX	\$0.50
CITY TAX	\$1.42
GRAND TOTAL	\$77.00
TOTAL DUE	\$77.00

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OCE IMAGISTICS INC.
7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

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MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	04/11/2009	412111076

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7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

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Ordering Supplies 800-462-6797
Requests for Service 800-243-5556
Billing Inquiries 800-677-7711
www.imagistics.com

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OPUS WEST CORPORATION
JANICE GREATHOUSE
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 152433
INVOICE NUMBER: 412109639

INVOICE DATE: 04/11/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$104.29
TERMS: PAYABLE UPON RECEIPT

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	04/11/2009	412109639

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION JANICE GREATHOUSE 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 1204997		FOR PERIOD 04/01/2009 - 04/30/2009				
	3	5000	RENTAL NO SUPPLIES	1 Mth		71.10
		5001655				
		FOR PERIOD 04/01/2009 - 04/30/2009				
	1	6429762	RENTAL FAX PERIPHERAL	1 Mth		7.20
	2	6429764	RENTAL FAX PERIPHERAL	1 Mth		18.00
						<hr/> \$96.30
TAXES:	STATE:	\$5.39	COUNTY:	\$0.68	CITY:	\$1.92
				TOTAL TAX:		\$7.99
TOTAL LOCATION AMT:						<hr/> \$104.29

CHARGES	\$96.30
OTHER FEES	\$0.00
STATE TAX	\$5.39
COUNTY TAX	\$0.68
CITY TAX	\$1.92
<hr/> GRAND TOTAL	<hr/> \$104.29
TOTAL DUE	\$104.29

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7555 E. HAMPDEN AVE. STE 200
DENVER, CO 80231-4834

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MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	04/11/2009	412109639

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DENVER, CO 80231-4834

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Requests for Service 800-243-5556
Billing Inquiries 800-677-7711

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OPUS WEST CORPORATION
JANICE GREATHOUSE
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 152433
INVOICE NUMBER: 412280644

INVOICE DATE: 05/09/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$77.00
TERMS: PAYABLE UPON RECEIPT

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	05/09/2009	412280644

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION JANIS GREATHOUSE PROPERTY MGMT 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 1204996	1	5000 5001020	FOR PERIOD 05/01/2009 - 05/31/2009 RENTAL NO SUPPLIES	1 Mth		71.10
						\$71.10
TAXES:	STATE:	\$3.98	COUNTY:	\$0.50	CITY:	\$1.42
					TOTAL TAX:	\$5.90
TOTAL LOCATION AMT:						\$77.00

CHARGES	\$71.10
OTHER FEES	\$0.00
STATE TAX	\$3.98
COUNTY TAX	\$0.50
CITY TAX	\$1.42
GRAND TOTAL	\$77.00
TOTAL DUE	\$77.00

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OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	05/09/2009	412280644

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Billing Inquiries 800-677-7711
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OPUS WEST CORPORATION
JANICE GREATHOUSE
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

CUSTOMER NUMBER: 152433
INVOICE NUMBER: 412280238

INVOICE DATE: 05/09/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$104.29
TERMS: PAYABLE UPON RECEIPT

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

AMOUNT ENCLOSED

DUNS: 03-363-1461
TAX ID: 06-1611068

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	05/09/2009	412280238

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION JANICE GREATHOUSE 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 1204997			FOR PERIOD 05/01/2009 - 05/31/2009			
	3	5000 5001655	RENTAL NO SUPPLIES	1 Mth		71.10
			FOR PERIOD 05/01/2009 - 05/31/2009			
	1	6429762	RENTAL FAX PERIPHERAL	1 Mth		7.20
	2	6429764	RENTAL FAX PERIPHERAL	1 Mth		18.00
						\$96.30
TAXES:	STATE:	\$5.39	COUNTY:	\$0.68	CITY:	\$1.92
					TOTAL TAX:	\$7.99
					TOTAL LOCATION AMT:	\$104.29

CHARGES	\$96.30
OTHER FEES	\$0.00
STATE TAX	\$5.39
COUNTY TAX	\$0.68
CITY TAX	\$1.92
GRAND TOTAL	\$104.29
TOTAL DUE	\$104.29

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DENVER, CO 80231-4834

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MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	05/09/2009	412280238

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OPUS WEST CORPORATION
JANICE GREATHOUSE
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:

OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

CUSTOMER NUMBER: 152433
INVOICE NUMBER: 412440847

INVOICE DATE: 06/06/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$77.00
TERMS: PAYABLE UPON RECEIPT

AMOUNT ENCLOSED

PLEASE MAKE CHECK PAYABLE TO OCE IMAGISTICS INC.
PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR REMITTANCE CHECK

TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	06/06/2009	412440847

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION JANIS GREATHOUSE PROPERTY MGMT 2555 E CAMELBACK RD STE 800 PHOENIX AZ 85016-9267 SITE ID: 1204996	1	5000 5001020	FOR PERIOD 06/01/2009 - 06/30/2009 RENTAL NO SUPPLIES	1	Mth	71.10

TAXES: STATE: \$3.98 COUNTY: \$0.50 CITY: \$1.42 TOTAL TAX: \$5.90
TOTAL LOCATION AMT: \$77.00

CHARGES	\$71.10
OTHER FEES	\$0.00
STATE TAX	\$3.98
COUNTY TAX	\$0.50
CITY TAX	\$1.42
GRAND TOTAL	\$77.00
TOTAL DUE	\$77.00

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	06/06/2009	412440847

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OPUS WEST CORPORATION
JANICE GREATHOUSE
2555 E CAMELBACK RD STE 800
PHOENIX AZ 85016-9267

CUSTOMER NUMBER: 152433
INVOICE NUMBER: 412438994

INVOICE DATE: 06/06/2009
P.O. NUMBER:
TOTAL AMOUNT DUE: \$104.29
TERMS: PAYABLE UPON RECEIPT

DUNS: 03-363-1461
TAX ID: 06-1611068

MAIL PAYMENT TO:
OCE IMAGISTICS INC.
P.O. BOX 856193
LOUISVILLE, KY 40285-6193

AMOUNT ENCLOSED

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TERMS: PAYABLE UPON RECEIPT

CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	06/06/2009	412438994

INSTALLED AT	LINE	ITEM SERIAL	DESCRIPTION	QTY	UNIT CHARGE	AMOUNT
OPUS WEST CORPORATION			FOR PERIOD 06/01/2009 - 06/30/2009			
JANICE GREATHOUSE	3	5000	RENTAL NO SUPPLIES	1 Mth		71.10
2555 E CAMELBACK RD STE 800		5001655				
PHOENIX AZ 85016-9267			FOR PERIOD 06/01/2009 - 06/30/2009			
SITE ID: 1204997	1	6429762	RENTAL FAX PERIPHERAL	1 Mth		7.20
	2	6429764	RENTAL FAX PERIPHERAL	1 Mth		18.00
						\$96.30
TAXES:	STATE:	\$5.39	COUNTY:	\$0.68	CITY:	\$1.92
					TOTAL TAX:	\$7.99
					TOTAL LOCATION AMT:	\$104.29

CHARGES	\$96.30
OTHER FEES	\$0.00
STATE TAX	\$5.39
COUNTY TAX	\$0.68
CITY TAX	\$1.92
GRAND TOTAL	\$104.29
TOTAL DUE	\$104.29

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CUSTOMER NUMBER	BRANCH	INVOICE DATE	INVOICE NUMBER
152433	0301	06/06/2009	412438994

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