

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS

PROOF OF CLAIM

Name of Debtor: (Check Only One):

- Opus West Corporation
- Opus West Construction Corporation
- O.W. Commercial, Inc.
- Opus West LP
- Opus West Partners, Inc.

Case Number:

09-34356-hdhl1

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):

H.C Interior LLC
6862 W Pinnacle Pk Rd
Peoria AZ 85383

RECEIVED
NOV 09 2009

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:
(If known)

Filed on:

Name and address where notices should be sent:

BMC GROUP

Telephone number:

623 772 8540

Email Address:

SKcolliso@KC-Interior.com

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.

Check this box if you are the debtor or trustee in this case.

Name and address where payment should be sent (if different from above):

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 1,030.80
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.

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.

2. Basis for Claim: Services Provided
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction §3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Equipment 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: _____

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.

- Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
- 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).
- Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
- 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).
- Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

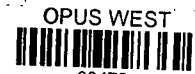
\$

Date: 10-20-09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Am Collis Member

FOR COURT USE ONLY



00476



CONTRACTOR APPLICATION FOR PAYMENT

Project Name: Spec Suite #180 @ Pima Center V (III) - Building A
Subcontractor: K-C Interior LLC
Supplier #: 1043909
Address: 8550 N. 91st Ave, Peoria, AZ 85345
Phone: (623) 772-8540
Remittance Address: OPUS West Construction Corporation, Attn: Accounts Payable, 2555 E. Camelback Road, # 800, Phoenix, AZ 85016

Project Number: 97352.19
Date of Application: 11-20-08
Application Number: 8130-3
Period From: 11-1-08 Period To: 11-30-08

CONTRACT INFORMATION

Table with 3 columns: ITEM, SALES TAX (\$)(if applicable), TOTAL (\$). Rows include ORIGINAL CONTRACT AMOUNT (\$15,492.00), OPUS APPROVED CHANGE ORDER # 1 thru # (251.00), and CONTRACT AMOUNT TO DATE TOTAL (15,743.00).

APPLICATION INFORMATION

A Total Completed & Stored to Date: \$ 15,743.00
B Less Retainage 10%: \$ 0
C Total Earned less Retainage (A - B): \$ 15,743.00
D Less Previous Billings (previous req's line C): \$ 15,492.00
E Current Payment Due (C - D): \$ 251.00
F Balance to Finish, Plus Retainage (H - A + B): \$ 0
G Current Gross Amount Completed This Period: \$ 251.00

SUBCONTRACTOR: K-C Interior LLC Supplier #: 1043909
BY: Casie Brown
DATE: 11-20-08

APPLICATION BREAKDOWN

THIS SECTION MUST BE COMPLETED IN ORDER FOR THIS PAYMENT TO BE PROCESSED BY OPUS

Table with 9 columns: Account Code, Description, Current Contract Amount, Work Completed (From Previous Application, This Period), Total Work Complete, Percent Complete, Retainage This Application, Net Payment. Includes rows for Gypsum Board Systems and Painting subcontracts.

Entered By: Accounting Date Approved By: Project Manager Date

SHADED AREA FOR OPUS ACCOUNTING USE ONLY

Shaded area with columns: Vendor ID, Vendor Inv, Date, G/LC Inv.

Att. Ryan



KC INTERIOR, LLC

8550 N. 91st Ave. H95
Peoria, AZ 85345
OFF 623-772-8540
FAX 623-772-8171

OLD WORK ORDER

Job#	1147
Date	9-29-08

No. 1147

Job Name: 9000 NORTH PIMA CENTER EX F Contractor: OPUS
 Address: 9000 N PIMA CENTER PARKWAY Job No. _____
 Floor# 1-2 Suite# _____ Change No. _____

Description of Work patch holes from water damage
2 Each floor at S stair well

- 1) 1st Floor Patch 2- 3'x2 1/2' - Tape 3 coat Finish smooth
- 2) 2nd Floor Patch 2- 3'x2 1/2' - Tape 3 coat Finish smooth
- 3) chip out loose paint on all floors + Refinish caused from water damage

TOTAL
\$608.00

KC Interior Foreman: Jorge Marceda Work Authorized by: Scott S

TRADE	HOURS	RATE*	TOTAL*	MATERIAL	QUAN.	SIZE	PRICE*	TOTAL*
Carpenter				DWS				
Framer	2	\$45.00	\$90.00	DWT				
Hanger	2	\$45.00	\$90.00	Insulation				
Taper	8	\$45.00	\$360.00	D/W				
Travel				D/W Mud	2	BOXES		\$20.00
Supervision				D/W Tape				
Clean up				HOT mix	2	BAGS		\$20.00
Stocking				Frames				
Demo				Backing				
Administrative				Masking	1 Roll	48"	PLASTIC	\$18.00
*Office use only				Masking Tape	1 Roll	1 1/2"	MASKING	\$10.00
	12 hrs		\$540.00					\$68.00