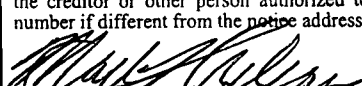


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input type="checkbox"/> Opus West Corporation <input checked="" type="checkbox"/> Opus West Construction Corporation <input type="checkbox"/> O.W. Commercial, Inc. <input type="checkbox"/> Opus West LP <input type="checkbox"/> Opus West Partners, Inc.		Case Number: 09-34356
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): OMNI GLASS, INC. <div style="text-align: center;"> RECEIVED NOV 13 2009 BMC GROUP </div>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:
Name and address where notices should be sent: OMNI GLASS, INC. / ATTN: MARK TRELEASE 5482 COMPLEX SC #107. SAN DIEGO, CA 92123 Telephone number: 858 571 2781 Email Address:		<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): SAME Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>35,803.59</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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a) (). Amount entitled to priority: \$
2. Basis for Claim: <u>MATERIALS INSTALLED BY CONTRACT</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>5917</u> 3a. Debtor may have scheduled account as: _____ (See instruction §3a on reverse side).		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Value of Property: \$ _____ Annual Interest Rate ____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: 11-4-09	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.  MARK TRELEASE PRESIDENT	FOR COURT USE ONLY

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)



Debbie Ames

From: Hall, Tammy [Tammy.Hall@opuswest.com]
Sent: Wednesday, June 17, 2009 11:53 AM
To: debbieames@sbcglobal.net
Subject: RE: Payment Status

Unfortunately, no I do not have an update to give you at this time other than what Cathy has already told you.

Tammy Hall

Controller
Opus West Corporation
Direct (602) 468-7019
Cell (480) 570-9883
Fax (602) 468-7045

From: Debbie Ames [mailto:debbieames@sbcglobal.net]
Sent: Tuesday, June 16, 2009 2:04 PM
To: Hall, Tammy
Subject: Payment Status

Hi Tammy:

I was told you are the person for checking on these past due invoices. I have talked to Cathy Chick on the various projects, she indicated things are in the works for payment. Can you give me some idea on when we can receive payment?

OPUS POINT IV – JOB #1030300
Progress Billing #6 for the amount of \$6,216.29 February Billing.
Retention for the amount of \$23,024.00 February Billing.

LOCKHEED MARTIN – JOB #11152.00
Add on Change Order #2 for the amount of \$540.00 March Billing.

AETHERCOMM – JOB #11077.10
Retention for the amount of \$1,453.30 for January Billing.

HORIZON TECH CENTER for the amount of \$4,570.00 for March Billing.

Thank you for your help Tammy.

Debbie Ames
Office Administrator
Omni Glass, Inc.
debbieames@sbcglobal.net