

UNITED STATES BANKRUPTCY COURT

DISTRICT OF Northern TX

PROOF OF CLAIM

Name of Debtor: Opus Southwest Corp.

Case Number: 09-34360-HDH11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" 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): Falcon Power, Inc.
1411 N. 27th Ave.,
Phoenix, AZ 85009-2602

- Check 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 box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

FILED

NOV 20 2009

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Name and address where notices should be sent:

Falcon Power, Inc.
P.O. Box 19250
Phoenix, AZ 85005-9250

Telephone number:

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
35527

Check here replaces if this claim amends a previously filed claim, dated: _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

RECEIVED

NOV 30 2009

BMC GROUP

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred:

06/26/09

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 733.92

(unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ 733.92

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____
Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$10,000),* 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)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)()

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

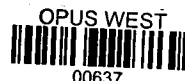
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

Date:
11/16/09

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Melinda Bliss Melinda Bliss, Credit Manager

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FALCON POWER

1411 North 27th Avenue
Phoenix, Arizona 85009
Ph:(602) 269-3221 / (800) 224-2190
Fax:(602) 269-3696

5061 E. Empire
Flagstaff, Arizona 86004
Ph:(928) 526-5991
Fax:(928) 526-5791

REMIT TO: P.O. Box 53020, Phoenix, AZ 85072

SOLD TO
35527 OPUS SOUTHWEST CORPORATION
2555 E CAMELBACK RD
SUITE 800
PHOENIX, AZ 85016

SHIP TO
ATTENTION, BILL COLEMAN
HERB
602 725 5593

CASE 1845C SN:BAE0315776 PR: 2977.0 W:00 C:
Sold By: JFC PO #: Tax #: Date 7/01/09 SERV INVOICE# PO96545
Ship By: RLH Tax #: 11745.33 Open

Tax	D	Qty	Description	Price	Amount
			03		
			SHOP SUPPLIES		
			08300N		
			EPA		50.74
			08300N		15.22
			* SEGMENT SUBTOTAL		65.96

04 PLEASE MAIL PAYMENT TO FALCON POWER. THANK YOU FOR YOUR CONTINUED BUSINESS

NOTES	Price	Amount
* SEGMENT SUBTOTAL		

TERMS AND CONDITIONS: Payment for all goods and services are due and payable on delivery by cash. Case credit card, or other creditcards accepted by FALCON POWER. Customers shall reimburse and pay FALCON POWER for all expenses, costs, and attorney's fees incurred or expended by FALCON POWER in enforcing its rights herein. The laws of the State of Arizona shall govern this transaction and any enforcement hereof shall be in the superior or federal courts of Arizona. Customer expressly waives its venue rights and consents to enforcement hereof in Maricopa County, Arizona.
PARTS RETURN POLICY: Parts may be returned up to (30) days from date of purchase provided each part is: * Unused and in saleable condition * Accompanied by packing list or invoice * Returnable to the supplier * Returned in original package or box. *** A restock charge of 15% of the purchase price shall be ducupon return.

** SUBTOTAL 728.32
** SALES TAX 5.60

Cash Sale

Phone: (602) 468-7000
Page 3 Last Page

PAY THIS AMOUNT \$733.92

Customer agrees that FALCON POWER shall have no liability for consequential damages or losses of any kind whatsoever.

FALCON POWER

SERVICE REPORT

C.O.D.

Estimated Time _____ Hrs

Warranty

Customer Opus Southwest Date 6/20/09 Customer # 35527
 Model 1845e S/N JAFD 315276 Hrs 2977 RO# 96545

DESCRIPTION

SEG <u>01</u>	PRIME PART #	TECH. <u>P050 JK</u>
CONCERN <u>Cranker but won't start</u>		
CAUSE <u>Chaffed wire across the top of the left Bellhousing</u>		
CORRECTION <u>Troubleshoot - for removed fuse holder & relay fuse holder had one fuse terminal melt down on it (lights circuit) reconnected 5 loose terminal connectors in the relay pack checked Key switch & main harness connectors - found chaffed wire across the top of the bellhousing. Replaced Bad fuse holder found good old take off on Tech) changed all fuse terminals - disconnected & put split down over the bellhousing harness - checked operation - OK lights now work. Replaced Broken Neg Batt cable end - Reconnected mass end on.</u>		

SEG <u>02</u>	PRIME PART #	TECH. <u>P050 JK</u>
CONCERN		
CAUSE		
CORRECTION <u>Cleaned air filter & pre cleaner - grind - replaced 3 ldr Buckets grease parts - cleaned out the grease passages & ground & installed missing retaining bolt/pin for Lower R-H Bucket pin.</u>		

SEG <u>03</u>	PRIME PART #	TECH. <u>P050 JK</u>
CONCERN <u>missing Bolt/pin for Bucket pin</u>		
CAUSE		
CORRECTION <u>installed missing Lower R-H Bucket pin retaining Bolt/pin.</u>		

FALCON POWER

FIELD SERVICE DAILY JOB DESCRIPTION

SERVICE DEPT.

WORK DONE BY: POSO Judson

Customer's Complaint: _____

(1st Day Only): _____

Cause of Failure: _____

Repairs Performed: Tractor

① Tractor shaft - found chipped wire across the ~~bottom~~ L.H. Bellhousing installed splined cone over the Harmonic - Repair was both collar end - Replaced free holder - Replaced - terminals at Relay - Reconnected -

Checked ignition switch & connectors - OK. put all back together couldn't get unit to run on crank mode - Traced problem to free holder - that put the connection in the free hold in the wrong place - moved them back now all worked good last about 20 min. doing that.

② Cleaned air filter & per cleaner Reel - greased roller bucket pins that were dry & not taking grease - replaced the seals & cleaned the grease passages.

③ installed missing bolt/nut for lower Roll. roller bucket pins.

ENTER TIME ON APPROPRIATE LINES:	
START JOB PREP AND TRAVEL TO JOB:	<u>9.1</u>
ARRIVE AT JOB:	<u>10.0</u>
START LUNCH:	<u>11.0</u>
STOP LUNCH:	<u>11.5</u>
LEAVE JOB:	<u>15.5</u>
ARRIVE AT FALCON POWER:	<u>15.2</u>
COMPLETE WORK ON JOB TODAY:	_____
TOTAL HOURS WORKED:	_____ S.T. _____ O.T.

TOTAL MILES TO & FROM JOB: 21

FALCON POWER EQUIPMENT#: 1544

MISC. CHARGES: _____

ACCEPTED BY: _____ DATE _____

Specifications: _____

Description: _____

Service Manual Specs: _____

Actual Specs: Before: _____

After: _____

MACHINE TAGGED: <input type="checkbox"/> YES <input type="checkbox"/> NO	AS TO STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	PARTS RETURN: NEW: <input type="checkbox"/> YES <input type="checkbox"/> NO	WARRANTY: <input type="checkbox"/> YES <input type="checkbox"/> NO
REMAN. ITEMS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST ITEMS: _____	
OUTSIDE SERVICES USED: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST ITEMS: _____	

WORK ORDER NO.	CUST. EQUIP. #	MODEL	SERIAL NUMBER	METER READING	CUSTOMER	DATE
35527	OK	1845C	JAP6 315796	2972	OPUS	6-26-09
96545						

FALCON POWER

PARTS REQUISITION

NAME: OP-US

DATE: 6-26-09

CUSTOMER # 35527

P.O.# 96545

ORD.	SEG.	MFG.	PART NUMBER	REPLACED BY	DESCRIPTION	LOC.	PS.	DATE ORDERED
1	01		300855A1		Relay	VQ		
1	01		D/28310	87355337	LC	12A		6-26-09
1			300855A1	Returned 6-29	Relay	VR	DAV 6-29	6-28-
1			87355337	Returned 6-29	LC	10D		4
1	01		A119802	9804895	fuse	VIM 02		

ORDERED BY: J.K

APPROVED BY: _____

FALCON POWER

BRANCH COD

PHONE # _____

WORK ORDER REQUEST/AUTHORIZATION

FS

DATE <u>6-26-09</u>		WORK ORDER NUMBER <u>96548</u>	
CUSTOMER NAME <u>OPUS Southwest</u>		CUSTOMER NUMBER <u>35527</u>	
TELEPHONE NUMBER <u>602-725-5592</u>		OT AUTHORIZATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WARRANTY EXP. DATE _____		MAKE: <u>CASE</u>	
WARRANTY TYPE _____		MODEL: <u>1845C</u>	
CUSTOMER P.O. NUMBER _____	CUSTOMER EQUIPMENT NUMBER _____	SERIAL # _____	
HOUR METER READING _____	PROMISED BY _____	ESTIMATED BY _____	
CUSTOMER CONTACT <u>HORB</u>		MACHINE ARRIVAL DATE <input type="checkbox"/> AM <input type="checkbox"/> PM	
ACCOUNT TYPE: <input type="checkbox"/> COD <input type="checkbox"/> CASE CREDIT <input type="checkbox"/> OPEN ACCOUNT LIMIT _____		<input type="checkbox"/> CAB <input type="checkbox"/> ROPS	

SPECIAL INSTRUCTIONS 222 Mill AVE Next to Monica's parking lot

SEG	CC	AMOUNT
		LBR
JOB DESCRIPTION <u>ENGINE shut off & now it will not start.</u>		PTS
		MISC
		TOT

SEG	CC	AMOUNT
		LBR
JOB DESCRIPTION		PTS
		MISC
		TOT

SEG	CC	AMOUNT
		LBR
JOB DESCRIPTION		PTS
		MISC
		TOT

SEG	CC	AMOUNT
		LBR
JOB DESCRIPTION		PTS
		MISC
		TOT

THIS WORK AUTHORIZATION IS SUBJECT TO THE TERMS AND CONDITIONS ON THE FRONT AND REVERSE SIDE, INCLUDING DISCLAIMERS OF WARRANTIES AND LIMITATION OF REMEDIES AVAILABLE, WHICH HAVE BEEN NEGOTIATED BY THE PARTIES HERETO. CUSTOMER HAS READ, UNDERSTANDS AND AGREES TO ALL OF THE TERMS AND CONDITIONS HEREIN. CUSTOMER ACKNOWLEDGES RECEIPT OF THIS WORK AUTHORIZATION.

SUB.TOTAL	
TAX	
TOTAL	

TELEPHONE ORDERS
 NOTICE: All work and goods provided under this authorization are subject to the terms and conditions on both sides of this authorization, including LIMITED WARRANTY, DISCLAIMER AND RELEASE and EXCLUSION OF LIABILITIES.
 YOUR TELEPHONE ORDER WAS PLACED BY: HORB DATE: 6-26-09
 Customer has authorized: Rob e Ziss
 to sign this form as CUSTOMER'S AGENT.

The undersigned acknowledges he/she has read, understands and agrees to the terms and conditions of this authorization, including LIMITED WARRANTY, DISCLAIMER AND RELEASE and EXCLUSION OF LIABILITIES and represents that he/she is authorized to execute this document on behalf of Customer.
 Authorized by: _____ Customer or Agent
 Written by: _____

ADDITIONAL TERMS ON REVERSE SIDE - IMPORTANT PLEASE READ
 WHITE - FALCON POWER • YELLOW - CUSTOMER