B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT | **PROOF OF CLAIM**

Name of Debtor: OPUS WEST CORPORATION

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. 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): ABM ENGINEERING SERVICES

Name and address where notices should be sent:
1266 14TH STREET
OAKLAND, CA 94607

Telephone number: (510) 287-5433

RECEIVED
DEC 08 2009
BMC GROUP

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

Court Claim Number: _____ (*If known*)

Filed on: _____

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

Telephone number:

☐ 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.

1. Amount of Claim as of Date Case Filed: $ 29,373.70

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 PERFORMED
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 6021

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 ☐ Other
Describe:

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 of Secured Claim: $_____ **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 of 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:

$ 1,832.44

**Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Date: 12-7-09

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.

STEVEN MITCHELL, REGIONAL VICE PRESIDENT

FOR COURT USE ONLY

OPUS WEST
00640

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.

ABM Engineering Services

Invoice

ISO 9000 Certified
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To: OPUS WEST MGMT CORP.
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job #:	17013370
Customer #:	1036021
Customer PO#:	
Invoice #:	153342
Service Thru:	05/31/09
Invoice Date:	06/05/09
Invoice Due Date:	07/05/09
Amount Due:	$3,963.05

FOI

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

ABM ENGINEERING SERVICES
Invoice #: 153342
Invoice Date: 06/05/09
(510) 287-5433

Customer #:	1036021
Job #:	17013370
Service Thru:	05/31/09
Page:	1 of 1

Description	Quantity	Rate	Amount
Labor (per attached)			$2,880.00
Payroll Costs	$2,880.00	25.00%	$720.00
Health and Welfare			$134.33
Uniforms			$40.00
			$3,774.33
Fee	$3,774.33	5.00%	$188.72

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

a subsidiary of ABM Industries Incorporated

Sales Tax	**$0.00**
Total Invoice	**$3,963.05**

ESD-100

NorthernCalifornia NC
NorthernCalifornia 17531
NorthernCal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Other
05/02/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
05/16/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
05/30/09	*****3735	TAYLOR, KENNETH T	720.00	30.00000	REGULAR	24.00				24.00	720.00		
05/30/09	*****3735	TAYLOR, KENNETH T	240.00	30.00000	VACATION EXP	8.00				8.00	240.00		
		Employee Total	2,880.00			96.00				96.00	2,880.00		
		Employee Grand Totals	2,880.00			96.00				96.00	2,880.00		

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
TAYLOR, KENNETH T	134.33	17013370.42560		T3	6902
Total of Account : 17013370.42560	134.33		Health & Welfare		
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8591185
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8598778
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8606512
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8614267
Total of Account : 17013370.47210	40.00		Uniforms		

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-89

CUSTOMER 29267008
INVOICE 517-859116
DATE 04/09/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		13120

0 - 30 DAYS	31 - 60 DAYS	OVER 60 D
5000	4120	4(

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 GL MONTH 5/14/09
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE 5/14/09 APPROVER 2 DATE

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	%
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

FINAL INVOICE 1000

ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 04/09/2009 517-8591165

AMOUNT ENCLOSED $_____

TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 383-89

CUSTOMER 29267008
INVOICE 517-8598778
DATE 04/16/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7240

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DA
1000	5120	11

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 GL MONTH 5/14/09
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AMT
17013370	47210		10.00

APPROVER 1 DATE 5/14/09

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	%
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

FINAL INVOICE 1000

ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 04/16/2009 517-8598778

AMOUNT ENCLOSED $_____

TERMS: NET 10 DAYS

1074760 31235 1841

ARAMARK Uniform Services

INVOICE

CUSTOMER 29267008
INVOICE 517-8606512
DATE 04/23/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7240

0 - 30 DAYS	31 - 60 DAYS	OVER 60 D
2000	5120	1

SERVICE	WEARER # / DR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS
	4		4900	
	1		1800	
	3		1800	
	975			

CO #: 175 GL MONTH: 5/14/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
1701337O	47210		10.00	

APPROVER 1 DATE: 5/14/09
APPROVER 2 DATE:

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE
CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 04/23/2009 517-8606512

AMOUNT ENCLOSED $_____
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-892
CUSTOMER 29267008
INVOICE 517-8614267
DATE 04/30/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		8240

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DA
3000	5120	12

SERVICE	WEARER # / DR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS
	4		4900	
	1		1800	
	3		1800	
	975			

CO #: 175 GL MONTH: 5/14/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
1701337O	47210		10.00	

APPROVER 1 DATE: 5/14/09
APPROVER 2 DATE:

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE
CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 04/30/2009 517-8614267

AMOUNT ENCLOSED $_____
TERMS: NET 10 DAYS

1074760 31236 1841

ABM Engineering Services

Invoice

ABM ENGINEERING SERVICES
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE# 52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To:

OPUS WEST MGMT CO
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job#	17013370
Tag#	
Customer#	1036021
Customer PO#	
Invoice#	95931
Service Thru:	03/31/09
Invoice Date:	04/10/09
Invoice Due Date:	05/10/09
Amount Due:	$ 3,740.85

FOLD FOLD

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

ABM ENGINEERING SERVICES
Invoice# 95931
Invoice Date: 4/10/2009
(510) 287-5433

Customer#	1036021
Job#	17013370
Tag#	
Service Thru:	3/31/2009

Description	Quantity	Rate	Amount
Labor	1.00	2640.00	2640.00
Payroll Cost	2640.00	0.2500	660.00
Health and Welfare	1.00	182.71	182.71
Uniforms	1.00	80.00	80.00
Fee	3562.71	0.0500	178.14

Late payments shall be subject to a late payment charge of the rate of 1 1/2% per month.

Total Invoice $ 3,740.85

a subsidiary of ABM Industries Incorporated

ESD-100

Invoice

ABM ENGINEERING SERVICES
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE# 52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

OPUS WEST MGMT CO
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job#		17013370
Tag#		
Customer#		1036021
Customer PO#		
Invoice#		95931
Service Thru:		03/31/09
Invoice Date:		04/10/09
Invoice Due Date:		05/10/09
Amount Due:	$	3,740.85

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

ABM ENGINEERING SERVICES
Invoice# 95931
Invoice Date: 4/10/2009
(510) 287-5433

Customer#	1036021
Job#	17013370
Tag#	
Service Thru:	3/31/2009

Description	Quantity	Rate	Amount
Labor	1.00	2640.00	2640.00
Payroll Cost	2640.00	0.2500	660.00
Health and Welfare	1.00	182.71	182.71
Uniforms	1.00	80.00	80.00
Fee	3562.71	0.0500	178.14

Late payments shall be subject to a late payment charge of the rate of 1 1/2% per month.

Total Invoice	$	3,740.85

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Other
03/07/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
03/07/09	*****3735	TAYLOR, KENNETH T	720.00	30.00000	SICK PAY EXP	24.00				24.00	720.00		
03/21/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
		Employee Total	2,640.00			88.00				88.00	2,640.00		
		Employee Grand Totals	2,640.00			88.00				88.00	2,640.00		

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
TAYLOR, KENNETH T	182.71	17013370.42560		T3	4946
Total of Account : 17013370.42560	182.71		Health & Welfare		
Health and Welfare Total:	182.71				
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8537282
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8544924
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8522063
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8529681
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8506786
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8514415
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8491400
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8499113
Total of Account : 17013370.47210	80.00		Uniforms		

ABM Engineering Services

Invoice

ISO 9000 Certified
1256 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To:
OPUS WEST MGMT CORP.
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job #:	17013370
Customer #:	1036021
Customer PO#:	
Invoice #:	198955
Service Thru:	06/30/09
Invoice Date:	07/06/09
Invoice Due Date:	08/05/09
Amount Due:	$2,704.80

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

FOI

ABM ENGINEERING SERVICES
Invoice #: 198955
Invoice Date: 07/06/09
(510) 287-5433

Customer #:	1036021
Job #:	17013370
Service Thru:	06/30/09
Page:	1 of 1

Description	Quantity	Rate	Amount
Labor (per attached)			$1,920.00
Payroll Costs	$1,920.00	25.00%	$480.00
Health and Welfare			$136.00
Uniforms			$40.00
			$2,576.00
Fee	$2,576.00	5.00%	$128.80

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	**$0.00**
Total Invoice	**$2,704.80**

4K

NorthernCalifornia NC
NorthernCalifornia 17531
NorthernCal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Other
06/13/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
06/27/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
		Employee Total	1,920.00			64.00				64.00	1,920.00		
		Employee Grand Totals	1,920.00			64.00				64.00	1,920.00		

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
TAYLOR, KENNETH T	136.00	17013370.42560		T3	9192
Total of Account : 17013370.42560	136.00		Health & Welfare		
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8622052
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8629703
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8637381
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8645016
Total of Account : 17013370.47210	40.00		Uniforms		

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-8925

CUSTOMER 29267008
INVOICE 517-8622052
DATE 05/07/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		9240

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
4000	5120	120

SERVICE	WEARER # OR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
		Preferred Customer													
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.															
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130				4		4900		
		SHRT1168	6		1	195	195				1		1800		
		SHRT1168	5		1	130	130				3		1800		
		INVOICE_MINIMUM MI			1	545	545				975				

CO #: 175 GL MONTH 6/9/09
VENDOR # 15389

BUS. UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE: AB 6/9/09 APPROVER 2 DATE:

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

FINAL INVOICE 1000

ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 05/07/2009 517-8622052

AMOUNT ENCLOSED $ 00

TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-8925

CUSTOMER 29267008
INVOICE 517-8629703
DATE 05/14/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		10000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
1000	4000	5000

SERVICE	WEARER # OR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
		Preferred Customer													
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.															
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130				4		4900		
		SHRT1168	6		1	195	195				1		1800		
		SHRT1168	5		1	130	130				3		1800		
		INVOICE_MINIMUM MI			1	545	545				975				

CO #: 175 GL MONTH 6/9/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE: AB 6/9/09 APPROVER 2 DATE:

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

FINAL INVOICE 1000

ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 05/14/2009 517-8629703

AMOUNT ENCLOSED $ 00

TERMS: NET 10 DAYS

192369 23346 2019

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-8925
CUSTOMER 29267008
INVOICE 517-8637381
DATE 05/21/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
2000	4000	1000

SERVICE	WEARER # / LR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
		Preferred Customer													
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.															
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130				4		4900		
		SHRT1168	6		1	195	195				1		1800		
		SHRT1168	5		1	130	130				3		1800		
		INVOICE_MINIMUM MI			1	545	545				975				

CO # 175 GL MONTH 6/9/09
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE 6/9/09
APPROVER 2 DATE

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 05/21/2009 517-8637381

AMOUNT ENCLOSED $ 00
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824
CUSTOMER 29267008
INVOICE 517-8645016
DATE 05/28/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		8000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
3000	4000	1000

SERVICE	WEARER # / LR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
		Preferred Customer													
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.															
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130				4		4900		
		SHRT1168	6		1	195	195				1		1800		
		SHRT1168	5		1	130	130				3		1800		
		INVOICE_MINIMUM MI			1	545	545				975				

CO # 175 GL MONTH 6/9/09
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE 6/9/09
APPROVER 2 DATE

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 05/28/2009 517-8645016

AMOUNT ENCLOSED $ 00
TERMS: NET 10 DAYS

Invoice

ABM Engineering Services

ISO 9000 Certified
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To:
OPUS WEST MGMT CORP.
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job #:	17013370
Customer #:	1036021
Customer PO#:	
Invoice #:	235697
Service Thru:	07/31/09
Invoice Date:	08/05/09
Invoice Due Date:	09/04/09
Amount Due:	$2,701.02

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

FOI

ABM ENGINEERING SERVICES
Invoice #: 235697
Invoice Date: 08/05/09
(510) 287-5433

Customer #:	1036021
Job #:	17013370
Service Thru:	07/31/09
Page:	1 of 1

Description	Quantity	Rate	Amount
Labor (per attached)			$1,920.00
Payroll Costs	$1,920.00	25.00%	$480.00
Health and Welfare			$122.40
Uniforms			$50.00
			$2,572.40
Fee	$2,572.40	5.00%	$128.62

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	**$0.00**
Total Invoice	**$2,701.02**

a subsidiary of ABM Industries Incorporated

K

NorthernCalifornia NC
NorthernCalifornia 17531
NorthernCal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Other
07/11/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
07/25/09	*****3735	TAYLOR, KENNETH T	720.00	30.00000	REGULAR	24.00				24.00	720.00		
07/25/09	*****3735	TAYLOR, KENNETH T	240.00	30.00000	VACATION EXP	8.00				8.00	240.00		
		Employee Total	1,920.00			64.00				64.00	1,920.00		
		Employee Grand Totals	1,920.00			64.00				64.00	1,920.00		

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
TAYLOR, KENNETH T	122.40	17013370.42560		T3	10549
Total of Account : 17013370.42560	122.40		Health & Welfare		
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8652888
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8660516
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8668106
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8675694
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8683334
Total of Account : 17013370.47210	50.00		Uniforms		

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

CUSTOMER 29267008
INVOICE 517-8652888
DATE 06/04/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		8000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
4000	4000	00

SERVICE	WEARER # / LOC	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM			CUSTOMER	LOCATION.					
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 SIGNATURE 7/22/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	
17013370	47210		10.00

APPROVER'S SIGNATURE / DATE 7/22/09

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

ADJUSTED AMOUNT DUE 1000

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 06/04/2009 517-8652888

AMOUNT ENCLOSED $_____00

TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

CUSTOMER 29267008
INVOICE 517-8660516
DATE 06/11/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		9000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
1000	4000	4000

SERVICE	WEARER # / LOC	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM			CUSTOMER	LOCATION.					
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 SIGNATURE 7/22/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	
17013370	47210		10.00

APPROVER'S SIGNATURE / DATE 7/22/09

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

ADJUSTED AMOUNT DUE 1000

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 06/11/2009 517-8660516

AMOUNT ENCLOSED $_____00

TERMS: NET 10 DAYS

59289 14324 844

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

CUSTOMER 29267008
INVOICE 517-8668106
DATE 06/18/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09

A/R INV	SERVICE DAY	PREV BALANCE
1	.....H.	8000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
2000	4000	2000

SERVICE	WEARER # I/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
		Preferred Customer													
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.															
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130				4		4900		
		SHRT1168	6		1	195	195				1		1800		
		SHRT1168	5		1	130	130				3		1800		
		INVOICE_MINIMUM MI			1	545	545				975				

CO #: 175 CLOSING: 7/22/09
VENDOR #: 15389
BUS UNIT | OBJECT | SUB | | | |
17013370 | 47210 | | 10.00
APPROVED BY: AB DATE: 7/22/09

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 06/18/2009 517-8668106

AMOUNT ENCLOSED $ 00

TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

CUSTOMER 29267008
INVOICE 517-8675694
DATE 06/25/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09

A/R INV	SERVICE DAY	PREV BALANCE
1	.....H.	8000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
3000	4000	1000

SERVICE	WEARER # I/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
		Preferred Customer													
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.															
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130				4		4900		
		SHRT1168	6		1	195	195				1		1800		
		SHRT1168	5		1	130	130				3		1800		
		INVOICE_MINIMUM MI			1	545	545				975				

CO #: 175 CLOSING: 7/22/09
VENDOR #: 15389
BUS UNIT | OBJECT | SUB | | | |
17013570 | 47210 | | 10.00
APPROVED BY: AB DATE: 7/22/09

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 06/25/2009 517-8675694

AMOUNT ENCLOSED $ 00

TERMS: NET 10 DAYS

59289 14325 844

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

CUSTOMER 29267008
INVOICE 517-8683334
DATE 07/02/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		9000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
4000	4000	1000

SERVICE	WEARER # I/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN	OTHR1785	2	1	130	130		
			SHRT1168	6	1	195	195		
			SHRT1168	5	1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00

TOTAL ADJUSTMENT

1000

ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 07/02/2009 517-8683334

AMOUNT ENCLOSED $_____ 00

TERMS: NET 10 DAYS

CO #: 175 GL MONTH 7/22/09
VENDOR #: 15389

BUS. UNIT	OBJECT	SUB		
1701 3370	47210		10.00	

APPROVED / DATE 7/22/09

159289 14326 844

ABM Engineering Services
Certified
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To: OPUS WEST MGMT CORP.
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job #:	17013370
Customer #:	1036021
Customer PO#:	
Invoice #:	341788
Service Thru:	08/31/09
Invoice Date:	09/08/09
Invoice Due Date:	10/08/09
Amount Due:	$2,731.58

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

FOLD

ABM ENGINEERING SERVICES
Invoice #: 341788
Invoice Date: 09/08/09
(510) 287-5433

Customer #:	1036021
Job #:	17013370
Service Thru:	08/31/09
Page:	1 of 1

FO

Description	Quantity	Rate	Amount
Labor (per attached)			$1,920.00
Payroll Costs	$1,920.00	25.00%	$480.00
Health and Welfare			$161.50
Uniforms			$40.00
			$2,601.50
Fee	$2,601.50	5.00%	$130.08

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	**$0.00**
Total Invoice	**$2,731.58**

AK

NorthernCalifornia NC
NorthernCalifornia 17531
NorthernCal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Other
08/08/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
08/22/09	*****3735	TAYLOR, KENNETH T	960.00	30.00000	REGULAR	32.00				32.00	960.00		
		Employee Total	1,920.00			64.00				64.00	1,920.00		
		Employee Grand Totals	1,920.00			64.00				64.00	1,920.00		

NorthernCalifornia NC
NorthernCalifornia 17531
NorthernCal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * PAYROLL RECAP BY PDBA * * *

PDBA	Gross Pay	Hrs Reg	Hrs Ovrt	Hrs Dbl	Hrs Oth	Total Hrs	Amt Reg	Amt Ovr/Dbl	Amt Other
REGULAR	1,920.00	64.00				64.00	1,920.00		
Total	1,920.00	64.00				64.00	1,920.00		

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
TAYLOR, KENNETH T	161.50	17013370.42560		T3	12323
Total of Account : 17013370.42560	161.50		Health & Welfare		
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8690889
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8698553
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8706130
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8713715
Total of Account : 17013370.47210	40.00		Uniforms		

Uniform Services

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		9000

INVOICE 517-8690889
DATE 07/09/2009
PAGE 1 of 1

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
5000	4000	00

SERVICE	WEARER # / DR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 GL MONTH: 8/20/09
VEN: 15389
BU | OBJ | SUB | LOC
1701 | 3370 | 47210 | | 10.00

MELICIA COLES
AUG 24 2009
REVIEWED

APPROVER / DATE
8/20/09

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 07/09/2009 517-8690889

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824
CUSTOMER 29267008
INVOICE 517-8698553
DATE 07/16/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
1000	5000	1000

SERVICE	WEARER # / DR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 GL MONTH: 8/20/09
VENDOR # 15389
BUS UNIT | OBJECT | SUB | LOC
1701 | 3370 | 47210 | | 10.00

MELICIA COLES
AUG 24 2009
REVIEWED

APPROVER / DATE
8/20/09

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 07/16/2009 517-8698553

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

1126659 32223 2008

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7000

CUSTOMER 29267008
INVOICE 517-8706130
DATE 07/23/2009
PAGE 1 of 1

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
2000	5000	00

SERVICE	WEARER # / I.D.	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO #: 175 GL MONTH: 8/20/09
VENDOR # 15389
BUS UNIT | OBJECT | SUB | | |
17013370 | 47210 | | 10-00 |

MELICIA COLES
AUG 24 2009
REVIEWED

8/20/09

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
FINAL INVOICE 1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 07/23/2009 517-8706130

AMOUNT ENCLOSED $ 00
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		8000

CUSTOMER 29267008
INVOICE 517-8713715
DATE 07/30/2009
PAGE 1 of 1

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
3000	5000	00

SERVICE	WEARER # / I.D.	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM CUSTOMER LOCATION.									
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO #: 175 GL MONTH: 8/20/09
VENDOR # 15389
BUS UNIT | OBJECT | SUB | | |
17013370 | 47210 | | 10-00

APPROVER 1 DATE 8/20/09 APPROVER 2 DATE

MELICIA COLES
AUG 24 2009
REVIEWED

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
FINAL INVOICE 1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 07/30/2009 517-8713715

AMOUNT ENCLOSED $ 00
TERMS: NET 10 DAYS

1126659 32224 2008

ABM Engineering Services

INVOICE

ISO 9000 Certified
5300 S. Eastern Ave. Ste 100
Los Angeles CA 90040
(323) 234-2001

Remit to:
ABM Engineering Services
File #52609
Los Angeles CA 90074-2609

Service Location:
Park Terrace
325 Berry St

San Francisco CA
941580000

To:
Opus West Mgmt Corp.
2555 E. Camelback Rd.
Suite 580
Phoenix AZ 85016

Job #:	17013370
Customer #:	1036021
Invoice #:	5634187
Service Thru:	12/31/08
Invoice Date:	01/09/09
Amount due:	6,757.80

FOLD

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

FOLD

ABM Engineering Services
Invoice #: 5634187
Invoice Date: 01/09/09
(323) 234-2001

Cust #: 1036021
Job #: 17013370
Service Thru: 12/31/08

Labor (per attached)			$	4,560.00
Payroll Costs	4,560.00	25.00 %	$	1,140.00
Health & Welfare			$	696.00
Uniforms			$	40.00
			$	6,436.00
Fee	6,436.00	5.00 %	$	321.80
Invoice Total			$	6,757.80

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address
1036021	Opus West Mgmt Corp.	17013370		Park Terrace	Suite 580

* * * LABOR DETAILS * * *

Mo	PPED	Employee	Employee Name	Gross	Rate	Job	PDBA	Reg Hours	Ovr Hours	Dbl Hours	Other Hours	Total Hours	Regular Amount	Over/Dbl Amount	Other Amount	Typ
12	12/13	*****3735	Taylor, Ken	1680.00	30.0000	409	401	56.00				56.00	1680.00			REG
12	12/13	*****3735	Taylor, Ken	2400.00	30.0000	409	401	80.00				80.00	2400.00			REG
12	12/13	*****3735	Taylor, Ken	720.00	30.0000	409	401	24.00				24.00	720.00			REG
12	12/27	*****3735	Taylor, Ken	2400.00-	30.0000	409	401	80.00-				80.00-	2400.00-			REG
12	12/27	*****3735	Taylor, Ken	960.00	30.0000	409	401	32.00				32.00	960.00			REG
12	12/27	*****3735	Taylor, Ken	720.00	30.0000	409	401	24.00				24.00	720.00			REG
12	12/27	*****3735	Taylor, Ken	240.00	30.0000	409	415	8.00				8.00	240.00			HNW
12	12/27	*****3735	Taylor, Ken	240.00	30.0000	409	416	8.00				8.00	240.00			SPE
		Employee Totals		4560.00				152.00				152.00	4560.00			

* * * LABOR TOTALS RECAP * * *

	Gross Pay	Regular Hours	Overtime Hours	Double Hours	Other Hours	Total Hrs	Regular Amount	Over/Double Amount	Other Amount
Actual Labor:	4080.00	136.00	.00	.00	.00	136.00	4080.00	.00	.00
P/R Burden	480.00	16.00	.00	.00	.00	16.00	480.00	.00	.00
Total Labor:	4560.00	152.00	.00	.00	.00	152.00	4560.00	.00	.00

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address
1036021	Opus West Mgmt Corp.	17013370		Park Terrace	Suite 580

* * * HEALTH & WELFARE * * *

Mo	Employee	Employee Name	Invoice Amt	GL Acct ID	Description	Document
12		Taylor, Kenneth	696.00	17013370.42560	Health & Welfare	6413
			696.00			
			696.00			

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address
1036021	Opus West Mgmt Corp.	17013370		Park Terrace	Suite 580

* * * OTHER DETAIL * * *

Mo	Vendor	Vendor Name	Invoice Amt	GL Acct ID	Description	Document
12	15389	Aramark Uniform Services, Inc.	10.00	17013370.47210	Uniforms	5338495
12	15389	Aramark Uniform Services, Inc.	10.00	17013370.47210	Uniforms	5338496
12	15389	Aramark Uniform Services, Inc.	10.00	17013370.47210	Uniforms	5338498
12	15389	Aramark Uniform Services, Inc.	10.00	17013370.47210	Uniforms	5338499
			40.00			
			40.00			

ARAMARK
Uniform Services

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

CUSTOMER 29267008
INVOICE 517-8421525
DATE 11/06/2008
PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
06	01	209	
A/R INV	SERVICE DAY	PREV BALANCE	
1	.....H.	10000	

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
4000	6000	00

SERVICE	WEARER # OR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
WKLY	1	TAYLOR KEN	OTHR1785	2	1	130	130		
			SHRT1168	6	1	195	195		
			SHRT1168	5	1	130	130		
		INVOICE MINIMUM MI			1	545	545		

COMBINE NON-SKID STABILITY WITH A CLEAN, PROFESSIONAL IMAGE. SAMPLE AN ARAMARK STEADY STEP MAT, TODAY! ASK YOUR ARAMARK REPRESENTATIVE FOR MORE DETAILS.

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO # 175 GL MONTH 12/10/08
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE 12/10/08 APPROVER 2 DATE

RETURNED

AMOUNT DUE	1000	00
* Minimum bill quantity		1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Visit us at: www.ARAMARK-Uniform.com

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 11/06/2008 517-8421525

AMOUNT ENCLOSED $_____00

TERMS: NET 10 DAYS

ARAMARK
Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-8925

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

CUSTOMER 29267008
INVOICE 517-8429479
DATE 11/13/2008
PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
06	01	209	
A/R INV	SERVICE DAY	PREV BALANCE	
1	.....H.	11000	

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
1000	4000	6000

SERVICE	WEARER # OR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
WKLY	1	TAYLOR KEN	OTHR1785	2	1	130	130		
			SHRT1168	6	1	195	195		
			SHRT1168	5	1	130	130		
		INVOICE MINIMUM MI			1	545	545		

COMBINE NON-SKID STABILITY WITH A CLEAN, PROFESSIONAL IMAGE. SAMPLE AN ARAMARK STEADY STEP MAT, TODAY! ASK YOUR ARAMARK REPRESENTATIVE FOR MORE DETAILS.

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO # 175 GL MONTH 12/10/08
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE 12/10/08 APPROVER 2 DATE

RETURNED

AMOUNT DUE	1000	00
* Minimum bill quantity		1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Visit us at: www.ARAMARK-Uniform.com

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 11/13/2008 517-8429479

AMOUNT ENCLOSED $_____00

TERMS: NET 10 DAYS

252975 35160 2055

ARAMARK Uniform Services

INVOICE

CUSTOMER 29267008
INVOICE 517-8437335
DATE 11/20/2008
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		8000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
2000	4000	2000

SERVICE	WEAR/ITEM LR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE MINIMUM MI			1	545	545		
COMBINE NON-SKID STABILITY WITH A CLEAN, PROFESSIONAL IMAGE. SAMPLE AN ARAMARK STEADY STEP MAT, TODAY! ASK YOUR ARAMARK REPRESENTATIVE FOR MORE DETAILS.									

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO # 175 GL MONTH 12/10/08
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AM	TAG
17013370	47210		10.00	

APPROVER 1 DATE 12/10/08 APPROVER 2 DATE

AMOUNT DUE	1000	00
		1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 11/20/2008 517-8437335

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (415) 883-8925
CUSTOMER 29267008
INVOICE 517-8445080
DATE 11/27/2008
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	01	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
3000	4000	00

SERVICE	WEAR/ITEM LR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE MINIMUM MI			1	545	545		
COMBINE NON-SKID STABILITY WITH A CLEAN, PROFESSIONAL IMAGE. SAMPLE AN ARAMARK STEADY STEP MAT, TODAY! ASK YOUR ARAMARK REPRESENTATIVE FOR MORE DETAILS.									

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO # 175 GL MONTH 12/10/08
VENDOR # 15389

BUS UNIT	OBJECT	SUB	AM	TAG
17013370	47210		10.00	

APPROVER 1 DATE 12/10/08 APPROVER 2 DATE

AMOUNT DUE	1000	00
		1000

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

FINAL INVOICE

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 11/27/2008 517-8445080

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

1252975 35181 2055

ABM Engineering Services

ISO 9000 Certified
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Remit to:
ABM ENGINEERING SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To: OPUS WEST MGMT CORP.
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job #:	17013370
Customer #:	1036021
Customer PO#:	
Invoice #:	463154
Service Thru:	09/30/09
Invoice Date:	10/05/09
Invoice Due Date:	11/04/09
Amount Due:	$1,904.70

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

ABM ENGINEERING SERVICES
Invoice #: 463154
Invoice Date: 10/05/09
(510) 287-5433

Customer #:	1036021
Job #:	17013370
Service Thru:	09/30/09
Page:	1 of 1

Description	Quantity	Rate	Amount
Labor (per attached)			$1,290.00
Payroll Costs	$1,290.00	25.00%	$322.50
Health and Welfare			$17.48
Medical			$144.02
Uniforms			$40.00
			$1,814.00
Fee	$1,814.00	5.00%	$90.70

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	$0.00
Total Invoice	$1,904.70

a subsidiary of ABM Industries Incorporated

ABM0004

CSV Version

From 9/1/2009 9/30/2009

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370	Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl
9/5/2009	*****3735	TAYLOR, KENNETH T	480.00		30 REGULAR	16				16	480.00	
9/5/2009	*****3735	TAYLOR, KENNETH T	810.00		30 VAC ACC PY	27				27	810.00	
		Employee Total	1,290.00			43				43	1,290.00	

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
	144.02	17013370.42560.751	TAYLOR, KENNETH T Medical Co	JE	503011
TAYLOR, KENNETH T	15.32	17013370.42560.751		T3	13345
Total of Account : 17013370.42560.751	159.34		Medical		
TAYLOR, KENNETH T	2.16	17013370.42560.753		T3	13345
Total of Account : 17013370.42560.753	2.16		Dental		
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8721411
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8729105
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8736780
ARAMARK UNIFORM SERVICES, INC.	10.00	17013370.47210		PV	517-8744527
Total of Account : 17013370.47210	40.00		Uniforms		

ARAMARK Uniform Services

INVOICE

CUSTOMER 29267008
INVOICE 517-8721411
DATE 08/06/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		9000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
4000	5000	00

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM			CUSTOMER	LOCATION.					
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 SUBMITTED 9/22/09
VENDOR # 15389

BUS UNIT	OBJECT	SUB	
17013370	47210		10.00

APPROVER 1 DATE 9/22/09 APPROVER 2 DATE

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 08/06/2009 517-8721411

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824
CUSTOMER 29267008
INVOICE 517-8729105
DATE 08/13/2009
PAGE 1 of 1

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		10000

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
1000	4000	5000

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM			CUSTOMER	LOCATION.					
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

CO #: 175 SUBMITTED 9/22/09
VENDOR # 15389

BUS UNIT	OBJECT	SUB	
17013370	47210		10.00

APPROVER 1 DATE 9/22/09 APPROVER 2 DATE

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 08/13/2009 517-8729105

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

1263984 36469 2283

ARAMARK Uniform Services

ABM ENG/325 BERRY ST.
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7000

CUSTOMER 29267008
INVOICE 517-8736780
DATE 08/20/2009
PAGE 1 of 1

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
2000	4000	1000

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM			CUSTOMER	LOCATION.					
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO #: 175 GL MONTH: 9/22/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE: 9/22/09 APPROVER 2 DATE:

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 08/20/2009 517-8736780

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

ARAMARK Uniform Services

INVOICE

CUSTOMER SERVICE (800) 280-9824

ABM ENG/325 BERRY ST.
BU17013370
325 BERRY STREET
SAN FRANCISCO, CA 94607

ROUTE	STOP	TERMS	GARMENT ID
06	80	2	09
A/R INV	SERVICE DAY		PREV BALANCE
1	.....H.		7000

CUSTOMER 29267008
INVOICE 517-8744527
DATE 08/27/2009
PAGE 1 of 1

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
3000	4000	00

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
		Preferred Customer							
DO NOT LEAVE SIGNED INVOICE COPY AT ABM			CUSTOMER	LOCATION.					
WKLY	1	TAYLOR KEN OTHR1785	2		1	130	130		
		SHRT1168	6		1	195	195		
		SHRT1168	5		1	130	130		
		INVOICE_MINIMUM MI			1	545	545		

ADJ CODE	LINE NO	TR CD	REPLACE RATE	INV ADJ NEXT THIS	% OF INV
	4		4900		
	1		1800		
	3		1800		
	975				

CO #: 175 GL MONTH: 9/22/09
VENDOR #: 15389

BUS UNIT	OBJECT	SUB	AMT	TAG
17013370	47210		10.00	

APPROVER 1 DATE: 9/22/09 APPROVER 2 DATE:

Visit us at: www.ARAMARK-Uniform.com * Minimum bill quantity

AMOUNT DUE 1000 00
TOTAL ADJUSTMENT
FINAL INVOICE 1000
ADJUSTED AMOUNT DUE

Payable To

ARAMARK UNIFORM SERVICES
PO BOX 5826
CONCORD, CA 94524

CUSTOMER NAME ABM ENG/325 BERRY ST.
CUSTOMER / MASTER 29267008 / 29267000
INVOICE 08/27/2009 517-8744527

AMOUNT ENCLOSED $_____00
TERMS: NET 10 DAYS

1263984 36470 2283

[redacted] Services Employee Time Sheet

EMPLOYEE: Kenneth Taylor Opus West Job# 17013370

Pay Roll Period [redacted] to 8/28

Date	Day	Shift	In	Out	Hours Worked					Comments
					REG	OT	DT	VS/F/H	Unpaid	
	Sun									
8/24	Mon	1								
8/25	Tue	1	730	400	8.0					
8/26	Wed	1								
8/27	Thu	1	730	400	8.0					
8/28	Fri	1								
	Sat									
	Sun									
	Mon	1								
	Tue	1								
	Wed	1								
	Thu	1								
	Fri	1								
	Sat									

Kenneth Taylor
Employee Signature

Management Approval

	Rate	Reg	OT	DT	VAC	HOL	SCK	FLT	UnPd	Fun/Jur/Fam
1		16.0								
2										
3										
Totals		16.0								

*Note: Other hours include: Jury Duty, Personal Leave, and any other time taken off.

Office Number:(510) 287-5433 Fax Number:(510) 287-5424

ABM Engineering Services

Invoice

Remit to:
ABM ENGINEERING SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

ABM ENGINEERING SERVICES
1266 14TH ST.
OAKLAND, CA 94607
(510) 287-5433

Service Location:
PARK TERRACE
325 BERRY ST
SAN FRANCISCO, CA 94158

To: OPUS WEST MGMT CORP.
APM FOR PARK TERRACE
PO BOX 1476
MINNEAPOLIS, MN 55440-1476

Job # :	17013370
Customer #:	1036021
Customer PO#:	
Invoice #:	45200
Service Thru:	01/31/09
Invoice Date:	02/16/09
Invoice Due Date:	03/18/09
Amount Due:	$4,869.90

OLD

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

FOLI

ABM ENGINEERING SERVICES
Invoice #: 45200
Invoice Date: 02/16/09
(510) 287-5433

Customer #:	1036021
Job #:	17013370
Tag #:	00021670
Service Thru:	01/31/09

Description	Quantity	Rate	Amount
Labor	3480.00	1.0000	$3,480.00
Payroll Costs	3480.00	0.2500	$870.00
Health and Welfare	238.00	1.0000	$238.00
Uniforms	50.00	1.0000	$50.00
Fee	4638.00	0.0500	$231.90

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

AK

Sales Tax	**$0.00**
Total Invoice	**$4,869.90**

Northern California NC
Northern California 17531
Northern Cal - Booth 1701

Cust #	Customer Name	Job Number	Tag #	Job Name	Service Address	City	State
1036021	OPUS WEST MGMT CORP.	17013370		Park Terrace	325 BERRY ST	SAN FRANCISCO	CA

* * * LABOR DETAILS * * *

Pay / Dt.	Employee	Employee Name	Gross Amount	PDBA Desc.	Hrs Reg	Hrs Ovr	Hours Dbl	Hours Oth	Hrs Total	Amt Regular	Amt Over	Amt Other
01/11/09	*****	TAYLOR, KENNETH T	1,920.00	REGULAR	64.00				64.00	1,920.00		
01/11/09	*****	TAYLOR, KENNETH T	360.00	OVERTIME		8.00			8.00		360.00	
01/11/09	*****	TAYLOR, KENNETH T	240.00	HOLIDAY PAY	8.00				8.00	240.00		
01/24/09	*****	TAYLOR, KENNETH T	960.00	REGULAR	32.00				32.00	960.00		
01/31/09	*****	TAYLOR, KENNETH T		REGULAR								
		Employee Total	3,480.00		104.00	8.00			112.00	3,120.00	360.00	
		Employee Grand Totals	3,480.00		104.00	8.00			112.00	3,120.00	360.00	

**********G/L Detail Section**********

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
TAYLOR, KENNETH T	238.00	17013370.42560		T3	3328
Total of Account : 17013370.42560	238.00		Health & Welfare		
	50.00	17013370.47210	Aramark	JE	99056
Total of Account : 17013370.47210	50.00		Uniforms		

Health & Welfare Medicare

0.00 *

134.33 +
182.71 +
136.00 +
122.40 +
161.50 +
696.00 +
17.48 +
144.02 +
238.00 +
1,832.44 *

Total for Section 5

0.00 *

.00

134.33 +
182.71 +
136.00 +
122.40 +
161.50 +
696.00 +
17.48 +
144.02 +
238.00 +
1,832.44 *