


UNITED STATES BANKRUPTCY COURT      Northern District of Texas		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Opus West Corporation</b>		Case Number: <b>3:09-bk-34356-HDH</b>
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): <b>Maricopa County</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: <b>85</b> <i>(if known)</i>  Filed on: <b>12/15/2009</b>
Name and address where notices should be sent: Barbara Lee Caldwell Alken Schenk Hawkins & Ricciardi P.C. 4742 North 24th Street, Suite 100 Phoenix, Arizona 85018  Telephone number: (602) 248-8203		
Name and address where payment should be sent (if different from above):   Telephone number:		<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.
1. Amount of Claim as of Date Case Filed:      \$ <u>102.42</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 checked="" 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: \$ _____  *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.
2. Basis for Claim: <u>Real Property Taxes</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>015B</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 checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <u>1999 real property taxes</u>  Value of Property: \$ _____ Annual Interest Rate <u>16.000</u> %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ <u>102.42</u> Basis for perfection: <u>A.R.S. 42-17153</u>  Amount of Secured Claim: \$ <u>102.42</u> Amount Unsecured: \$ <u>0.00</u>		
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:		
Date: <u>1/25/10</u>	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.  /s/ Barbara Lee Caldwell #003246, Attorney for Claimant	
		FOR COURT USE ONLY  OPUS WEST  00664

**RECEIVED**  
  
**JAN 29 2010**  
  
**BMC GROUP**

**Debtor: Opus West Corporation**  
**Case No. 3:09-bk-34356-HDH**

**ATTACHMENT TO PROOF OF CLAIM**

The property tax amounts, if not timely paid, accrue interest at the statutory rate of 16% per annum. See, 11 U.S.C. § 511 and A.R.S. § 42-18053.

Maricopa County - Treasurer's Office (602) 506-8511  
Charles "Hos" Hoskins, Treasurer  
Tax Summary (Duplicate) for: 301-90-015B 0  
<http://treasurer.maricopa.gov>

OPUS WEST CORPORATION  
4742 N 24TH ST STE 100  
PHOENIX AZ 850164859

Tax Year	Status	Assessed Tax	Tax Paid	Amount Due
1999	CP - Assignment	\$124.88	\$124.88	\$102.42
<b>Total Due:</b>				<b>\$102.42</b>

Total Due is \$102.42 if paid by January 31, 2010. THIS IS AN ESTIMATE. Amount may change based on activity to this Parcel. If you have any further questions, please call us at (602) 506-8511.

Thank you,  
Charles "Hos" Hoskins, Treasurer