


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input checked="" type="checkbox"/> Opus West Corporation <input 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:
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): Carl Warren & Company. Insurance Adjusters. P.O. Box 25161 Santa Ana, CA 92799-5161		RECEIVED MAR 15 2010 BMC GROUP
Name and address where notices should be sent: Carl Warren & Company. P.O. Box 25161, Santa Ana, CA 92799-5161 Telephone number: (714)-572-5223 Email Address: ahana@carlwarren.com		<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 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>2,562.50</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.
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		<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: \$
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input checked="" 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: 3/10/10	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. <i>Amy Huma</i>	FOR COURT USE ONLY OPUS WEST  00670

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)

ACCOUNTS RECEIVABLE AGED INVOICE REPORT

ALL OPEN INVOICES - AGED AS OF: 03/10/10

DIVISION NO: 20 NATIONAL ACCOUNT - SIR

CUSTOMER/ INV DATE	INVOICE INVOICE NO	INVOICE DUE DATE	DISCOUNT DUE DATE	DISCOUNT AMOUNT	BALANCE	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	DAYS DELQ
0004325	OPUS WEST CORPORATION			CONTACT:			PHONE:		EXT:		
07/24/09	1142000	- IN	08/23/09	.00	105.00					105.00	199
07/24/09	1142001	- IN	08/23/09	.00	493.50					493.50	199
08/26/09	1148019	- IN	09/25/09	.00	310.00					310.00	166
10/26/09	1154726	- IN	11/25/09	.00	1,202.50					1,202.50	105
10/26/09	1154832	- IN	11/25/09	.00	451.50					451.50	105
CUSTOMER 0004325 TOTALS:				.00	2,562.50	.00	.00	.00	.00	2,562.50	
DIVISION 20 TOTALS:				.00	2,562.50	.00	.00	.00	.00	2,562.50	
NUMBER OF CUSTOMERS:					1						
REPORT TOTALS:				.00	2,562.50	.00	.00	.00	.00	2,562.50	
NUMBER OF CUSTOMERS:					1						



Carl Warren & Co.

An Employee-Owned Company

P.O. Box 25161
Santa Ana, CA 92799-5161
714-572-5200
Tax ID No. 95-2917562

Invoice No 1142000
Page 1 of 1
Invoice Date Jul 24, 2009
CWC Office National Account
Terms Net 30 Days

To: **OPUS WEST CORPORATION**

ATTN: DANIEL HAUG
2555 E. CAMELBACK RD., SUITE 800
PHOENIX, AZ 85018

Billing Period Jun. 26, 2009 to Jul. 24, 2009 Interim
Client ID 4325
Client Name OWR CONSTRUCTION, INC. AKA OPUS
Insured
Lead Claimant DOE # 480, JOHN
Comment

CWC File Number 1476883 Occurrence Number 1476883 Date of Loss 5/9/2008 Client File Number Policy Number

Construction Defect.....	105.00
	<hr/>
SubTotal	105.00
Tax	0.00
Total	\$105.00

To ensure that your payment is properly credited please return this portion of the invoice with your payment and reference this invoice number on your remittance.

Return to:

Carl Warren & Co.
P.O. Box 25161
Santa Ana, CA 92799-5161

Invoice No 1142000
Invoice Date Jul 24, 2009
CWC Office National Account
Client ID 4325

Total \$ 105.00



Carl Warren & Co.

An Employee-Owned Company

P.O. Box 25161
Santa Ana, CA 92799-5161
714-572-5200
Tax ID No. 95-2917562

Invoice No 1142001
Page 1 of 1
Invoice Date Jul 24, 2009
CWC Office National Account
Terms Net 30 Days

To:

OPUS WEST CORPORATION

ATTN: DANIEL HAUG
2555 E. CAMELBACK RD., SUITE 800
PHOENIX, AZ 85018

Billing Period May. 21, 2009 to Jul. 24, 2009 Interim
Client ID 4325
Client Name OWR CONSTRUCTION, INC. AKA OPUS
Insured
Lead Claimant SCOTTSDALE WATERFRON, RESIDENCES CA
Comment

CWC File Number 1493725 Occurrence Number 1493725 Date of Loss 10/1/2008 Client File Number 1323578 Policy Number

Construction Defect.....	493.50
	SubTotal 493.50
	Tax 0.00
	Total \$493.50

To ensure that your payment is properly credited please return this portion of the invoice with your payment and reference this invoice number on your remittance.

Return to:

Carl Warren & Co.
P.O. Box 25161
Santa Ana, CA 92799-5161

Invoice No 1142001
Invoice Date Jul 24, 2009
CWC Office National Account
Client ID 4325

Total \$ 493.50



Carl Warren & Co.

An Employee-Owned Company

P.O. Box 25161
Santa Ana, CA 92799-5161
714-572-5200
Tax ID No. 95-2917562

Invoice No 1148019
Page 1 of 1
Invoice Date Aug 26, 2009
CWC Office National Account
Terms Net 30 Days

To:

OPUS WEST CORPORATION

ATTN: DANIEL HAUG
2555 E. CAMELBACK RD., SUITE 800
PHOENIX, AZ 85016

Billing Period Jul. 23, 2009 to Aug. 26, 2009 Interim
Client ID 4325
Client Name OWR CONSTRUCTION, INC. AKA OPUS
Insured
Lead Claimant SCOTTSDALE WATERFRON, RESIDENCES CA
Comment

CWC File Number 1493725 Occurrence Number 1493725 Date of Loss 10/1/2008 Client File Number 1323578 Policy Number

Hours 16.00
Construction Defect 294.00

SubTotal 310.00
Tax 0.00
Total **\$310.00**

To ensure that your payment is properly credited please return this portion of the invoice with your payment and reference this invoice number on your remittance.

Return to:

Carl Warren & Co.
P.O. Box 25161
Santa Ana, CA 92799-5161

Invoice No 1148019
Invoice Date Aug 26, 2009
CWC Office National Account
Client ID 4325
Total **\$ 310.00**



Carl Warren & Co.

An Employee-Owned Company

P.O. Box 25161
Santa Ana, CA 92799-5161
714-572-5200
Tax ID No. 95-2917562

Invoice No 1154726
Page 1 of 1
Invoice Date Oct 26, 2009
CWC Office National Account
Terms Net 30 Days

To:

OPUS WEST CORPORATION

ATTN: DANIEL HAUG
2555 E. CAMELBACK RD., SUITE 800
PHOENIX, AZ 85016

Billing Period Aug. 27, 2009 to Oct. 26, 2009 CLOSING
Client ID 4325
Client Name OWR CONSTRUCTION, INC. AKA OPUS
Insured
Lead Claimant SCOTTSDALE WATERFRON, RESIDENCES CA
Comment

CWC File Number 1493725 Occurrence Number 1493725 Date of Loss 10/1/2008 Client File Number 1323578 Policy Number

Hours.....	16.00
Construction Defect.....	1,186.50
	SubTotal 1,202.50
	Tax 0.00
	Total \$1,202.50

To ensure that your payment is properly credited please return this portion of the invoice with your payment and reference this invoice number on your remittance.

Return to:

Carl Warren & Co.
P.O. Box 25161
Santa Ana, CA 92799-5161

Invoice No 1154726
Invoice Date Oct 26, 2009
CWC Office National Account
Client ID 4325

Total \$ 1,202.50



Carl Warren & Co.

An Employee-Owned Company

P.O. Box 25161
Santa Ana, CA 92799-5161
714-572-5200
Tax ID No. 95-2917562

Invoice No 1154832
Page 1 of 1
Invoice Date Oct 26, 2009
CWC Office National Account
Terms Net 30 Days

To:

OPUS WEST CORPORATION

ATTN: DANIEL HAUG
2555 E. CAMELBACK RD., SUITE 800
PHOENIX, AZ 85016

Billing Period Aug. 20, 2009 to Oct. 26, 2009 CLOSING
Client ID 4325
Client Name OWR CONSTRUCTION, INC. AKA OPUS
Insured
Lead Claimant VARIOUS, .
Comment

CWC File Number 1493292 Occurrence Number 1493292 Date of Loss 4/1/2008 Client File Number Policy Number 1323578

Hours.....	0.00
Construction Defect.....	451.50
	SubTotal 451.50
	Tax 0.00
	Total \$451.50

To ensure that your payment is properly credited please return this portion of the invoice with your payment and reference this invoice number on your remittance.

Return to:

Carl Warren & Co.

P.O. Box 25161
Santa Ana, CA 92799-5161

Invoice No 1154832
Invoice Date Oct 26, 2009
CWC Office National Account
Client ID 4325

Total \$ 451.50