


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS DALLAS DIVISION		ADMINISTRATIVE EXPENSE CLAIM REQUEST	
Debtor against which claim is asserted: OPUS WEST CORPORATION		Case Name and Number CHAPTER 11 09-34356-HDH-11	
<small>Note: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtor's prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case pursuant to 11 U.S.C. § 503.</small>			
Name of Creditor <small>(The person or other entity to whom the debtor owes money or property)</small> ALAMEDA COUNTY TAX COLLECTOR		<input type="checkbox"/> Check box if you are aware that anyone else has file a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where Notices Should Be Sent ALAMEDA COUNTY TAX COLLECTOR 1221 OAK STREET, ROOM 131 OAKLAND, CA 94612		FILED APR 05 2010 <small>TAWANA C. WINDSOR, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</small>	
Telephone No. 510-272-6847		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES THE DEBTOR: 00-211379-00-000-10-00-00		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Good sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)			
RECEIVED MAY 06 2010 BMC GROUP		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED CALIFORNIA LIEN DATE		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ \$4,050.00 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
5. Brief Description of Claim (attach any additional information) THIS IS TAX BILL FOR PERSONAL PROPERTY AND/ OR TRADE FIXTURES. THE CLAIM FOR \$4,050.00 WILL CONTINUE TO INCREASE . \$4,050.00 TAX PLUS ADDITIONAL AMOUNTS IF NOT TIMELY PAID. THE CLAIM AMOUNT IS SUBJECT TO CHANGE RESULTING FROM TAX AUDIT, ESCAPE BILLS, AND OTHER AMOUNT TO BE DETERMINED FOR ALL TAX YEARS FOR WHICH STATUTE OF LIMITATIONS HAS NOT RUN. THE CLAIM IS SUBJECT TO INTEREST UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 4103, 11 U.S.C. SECTION 506(B) AND 11 U.S.C. SECTION 511 AS WELL AS COSTS, FEES AND ATTORNEYS' FEES.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing, claimant has deducted all amounts that claimant owes to the debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		OPUS WEST  00677	
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 04/01/10	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) <i>Jack Wong</i> JACK WONG, DEPUTY		



Alameda County
Office of the Treasurer
and Tax Collector

Donald R. White
Treasurer-Tax Collector

Brenda L. Guess, Chief Deputy
Teresita M. Lauigan, Assistant Treasurer

04/01/10

OPUS WEST CORPORATION
SITUS: 6160 STONERIDGE MALL RD
PLEASANTON, CA
ACCOUNT NO: 00-211379-00-000-10-00-00

Re: QUICK BILL
2010-11

ESTIMATED PERSONAL PROPERTY FULL VALUE:		\$356,095.00
TAX RATE	X	1.1372%
ESTIMATED TOTAL TAX DUE:		\$4,050.00