


UNITED STATES BANKRUPTCY COURT <u>NORTHERN</u> DISTRICT OF <u>TEXAS</u>		PROOF OF CLAIM
Name of Debtor Opus West Corporation	Case Number 09-34356-hdh-11	FILED <i>[Signature]</i> MAY 21 2010 TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS
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): Konica Minolta Business Solutions	<input type="checkbox"/> 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. <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.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: Susan Kelly-Konica Minolta Business Solutions 100 Williams Dr. Ramsey NJ 07446 201-825-4000	Telephone number: _____	
Last four digits of account or other number by which creditor identifies debtor: 939531	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From <u>12/01/2009</u> to <u>03/01/2010</u> (date) (date)		
2. Date debt was incurred: 12/01/2009	3. If court judgment, date obtained: _____	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ <u>2784.64</u> <input type="checkbox"/> 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 c) none or only part of your claim is entitled to priority.	Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ 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)(____). *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.	
5. Total Amount of Claim at Time Case Filed: \$ <u>2784.64</u> (unsecured) (secured) (priority) (total) <u>2784.64</u> <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 interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY	
7. 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.		
8. 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.	OPUS WEST  00679	
Date 03/26/2010	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). Susan Kelly, Nat'l Credit Mgr. <i>[Signature]</i>	

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.

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Selections Dispute Case

Due date: Overdue Due Not due

999531 OPUS WEST PHOENIX TEL #
AZ FAX #

DocumentNo	DU	Doc..Date	Net due dt	Arre	DD	RCd	LC amt	PayM	Assignment	PK	Reference	Ref. key 3	Ref. key
8700405749	AS	04/28/2008	04/28/2008	697	3	2P	635.61-		KMDI OPEN ...	11	103085	28-APR-08	
8700405750	AS	03/09/2008	03/09/2008	655	3		504.14-		KMDI OPEN ...	01	105472	09-JUN-08	
8700405751	AS	01/21/2010	02/20/2010	34	3		199.92	0006	KMDI OPEN ...	01	402409178	22-JAN-10	
8700405752	AS	01/21/2010	02/20/2010	34	3		2,146.26	0006	KMDI OPEN ...	01	402409179	22-JAN-10	
8700405753	AS	01/21/2010	02/20/2010	34	3		503.72	0006	KMDI OPEN ...	01	402409180	22-JAN-10	
8700405754	AS	01/21/2010	02/20/2010	34	3		270.32	0006	KMDI OPEN ...	01	402409181	22-JAN-10	
8700405755	AS	01/21/2010	02/20/2010	34	3		479.25	0006	KMDI OPEN ...	01	402409182	22-JAN-10	
8700405756	AS	01/21/2010	02/20/2010	34	3		346.92	0006	KMDI OPEN ...	01	402409183	22-JAN-10	
8000673120	DB	03/18/2010	03/18/2010	0	3	DP	10.00-			17			70677324
8000673120	DB	03/18/2010	03/18/2010	0	3	DP	10.00-			17			70679737
8000673120	DB	03/18/2010	03/18/2010	0	3	DP	10.00-			17			70682656
* Account 999531							2,784.64						

FAX # TEL #

DocumentNo	DU	Doc..Date	Net due dt	Arre	DD	RCd	LC amt	PayM	Assignment	PK	Reference	Ref. key 3	Ref. key
**							2,784.64						

930258 ✓
939531 ✓
94114 ✓
929846 ✓
924474 ✓
143241 ✓

Clifton R. Jessup, Jr.
State Bar No. 10655020
Bruce H. White
State Bar No. 21288850
Bryan L. Elwood
State Bar No. 24029535
GREENBERG TRAURIG, LLP
2200 Ross Ave., Suite 5200
Dallas, Texas 75201
Telephone: 214-665-3600
Facsimile: 214-665-5938

Peter Franklin
State Bar No. 07378000
Doug Skierski
State Bar No. 24008046
Erin K. Lovall
State Bar No. 24032553
FRANKLIN SKIERSKI
LOVALL HAYWARD, LLP
10501 N. Central Expressway, Suite 106
Dallas, Texas 75231
Telephone: 972-755-7100
Facsimile: 972-755-7110

*Counsel for Opus West Corporation and
Opus West Construction Corporation*

Counsel for Opus West LP

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:

OPUS WEST CORPORATION, et al.,¹

Debtors.

Chapter 11

Case No. 09-34356-hdh-11

Jointly Administered

**NOTICE OF THE OCCURRENCE OF THE EFFECTIVE DATE UNDER THE
AMENDED JOINT CHAPTER 11 PLAN OF LIQUIDATION OF OPUS
WEST CORPORATION, OPUS WEST CONSTRUCTION CORPORATION,
AND OPUS WEST LP, DATED AS OF DECEMBER 2, 2009**

PLEASE TAKE NOTICE that on January 29, 2010, the Court entered that certain *Findings of Fact, Conclusions of Law and Order Confirming Joint Plan (the "Confirmation Order")*, as Docket No. 683, confirming that certain *Amended Joint Chapter 11 Plan of Liquidation of Opus West Corporation, Opus West Construction Corporation, and Opus West LP, Dated as of December 2, 2009*,² filed on December 2, 2009, as Docket No. 593 (as

¹ The Debtors in these cases, along with the last four digits of each Debtor's federal tax identification number, are: Opus West Corporation (1533); Opus West Construction Corporation (5917); Opus West LP (5535); Opus West Partners, Inc. (5537); and O.W. Commercial, Inc. (9134).

² Undefined capitalized terms used herein shall have the meaning ascribed to them in the Plan.

-and-

/s/ Peter Franklin

Peter Franklin

State Bar No. 07378000

Doug Skierski

State Bar No. 24008046

Erin K. Lovall

State Bar No. 24032553

FRANKLIN SKIERSKI LOVALL

HAYWARD, LLP

10501 N. Central Expressway, Suite 106

Dallas, Texas 75231

Telephone: 972-755-7100

Facsimile: 972-755-7110

E-mail: pfranklin@fslhlaw.com

dskierski@fslhlaw.com

elovall@fslhlaw.com

Counsel for Opus West LP