

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

FILED

2009 JUL 27 AM 11:05

IN RE:

BUILDING MATERIALS HOLDING
CORPORATION, *et al.*,¹

Debtors.

Chapter 11

Case No. 09-12074 (KJC)

Jointly Administered

Ref. Docket No. 19

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

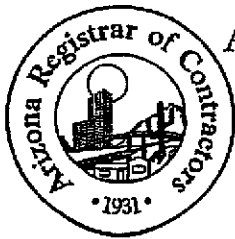
**NOTICE OF HEARING TO CONSIDER APPROVAL OF THE DISCLOSURE
STATEMENT FOR JOINT PLAN OF REORGANIZATION FOR THE DEBTORS**

PLEASE TAKE NOTICE THAT on June 16, 2009, the above-captioned debtors (collectively, the "*Debtors*") filed with the United States Bankruptcy Court for the District of Delaware (the "*Court*") (a) the *Joint Plan of Reorganization for the Debtors Under Chapter 11 of the Bankruptcy Code* (as it may be amended or modified, the "*Plan*") and (b) the *Disclosure Statement With Respect to Joint Plan of Reorganization for the Debtors Under Chapter 11 of the Bankruptcy Code* (as it may be amended or modified, the "*Disclosure Statement*") pursuant to section 1125 of title 11 of the United States Code (the "*Bankruptcy Code*").

PLEASE TAKE FURTHER NOTICE THAT a hearing (the "*Disclosure Statement Hearing*") will be held before the Honorable Kevin J. Carey, Chief United States Bankruptcy Judge, at the Court, 824 Market Street, 6th Floor, Wilmington, Delaware 19801 on **July 29, 2009 at 10:00 a.m. (prevailing Eastern Time)** to consider the entry of an order, among other things, finding that the Disclosure Statement contains "adequate information" within the meaning of section 1125 of the Bankruptcy Code, approving the Disclosure Statement and establishing procedures for the solicitation and tabulation of votes to accept or reject the Plan. The Disclosure Statement may be amended or modified at or prior to the Disclosure Statement Hearing, and the Disclosure Statement Hearing may be adjourned from time to time without further notice, except for the announcement of the adjourned date(s) at the Disclosure Statement Hearing or any continued hearing(s).

PLEASE TAKE FURTHER NOTICE THAT objections, if any, to the approval of the Disclosure Statement must be in writing and must: (a) state the name and address of the objector or entity proposing a modification to the Disclosure Statement and the amount of its claim or nature of its interest in the Debtors' chapter 11 cases; (b) specify the basis and nature of any objection and set forth the proposed modification to the Disclosure Statement, together with suggested language; (c) be filed with the [REDACTED] together with proof of service, on or before **4:00 p.m. (prevailing Eastern Time) on July 22, 2009 (the "Objection Deadline")**; and (d) be served, so as to be actually received on or before the Objection Deadline, upon (i) Gibson, Dunn & Crutcher LLP, 200 Park Ave, New York, New York 10166 (Attn: Michael A. Rosenthal and Matthew K. Kelsey) and Young Conaway Stargatt & Taylor, LLP, 1000 West Street, 17th Floor, P.O. Box 391, Wilmington, Delaware 19899-0391 (Attn: Sean M. Beach and Robert F. Poppiti, Jr.), counsel for the Debtors; (ii) Arent Fox LLP, 1050 Connecticut Ave, Washington, DC 20036-5339 (Attn: Christopher J. Giaimo and Katie A. Lane), counsel to the official committee of

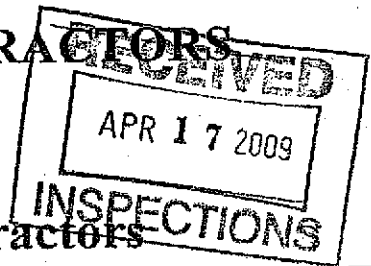
¹ The Debtors, along with the last four digits of each Debtor's tax identification number, are as follows: Building Materials Holding Corporation (4269), BMC West Corporation (0454), SelectBuild Construction, Inc. (1340), SelectBuild Northern California, Inc. (7579), Illinois Framing, Inc. (4451), C Construction, Inc. (8206), TWF Construction, Inc. (3334), H.N.R. Framing Systems, Inc. (4329), SelectBuild Southern California, Inc. (9378), SelectBuild Nevada, Inc. (8912), SelectBuild Arizona, LLC (0036), and SelectBuild Illinois, LLC (0792). The mailing address for the Debtors is 720 Park Boulevard, Suite 200, Boise, Idaho 83712.



ARIZONA REGISTRAR of CONTRACTORS

COMPLAINT FORM

for
Licensed and Unlicensed Contractors



LICENSE #	FEES	TYPE OF ENTITY	STATUS	COMPLAINT #
NAME OF CONTRACTOR			ASSIGNED TO	
DO NOT WRITE IN THE GREY AREA ABOVE FOR OFFICIAL USE ONLY				
1. PERSON FILING THE COMPLAINT				
Homeowner <input type="checkbox"/> Material/Equip supplier <input type="checkbox"/> Contractor <input type="checkbox"/> Commercial property owner <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Employee</u> Name <u>MARTIN URIARTE</u> Company name (if filing on behalf of a company) _____				
Mailing address <u>1017 W TAYLOR #2</u> City <u>PHOENIX</u> State <u>AZ</u> Zip <u>85007</u>				
Daytime phone <u>(602) 396-8366</u>		Home/Cell phone number <u>(602) 271-4368</u>		E-mail address _____
Attorney's name (if any) _____		Attorney's phone number _____		Attorney's address (include City, State and Zip) _____
2. CONTRACTOR FILED AGAINST				
Contractor name <u>Arizona Concrete Solutions LLC</u>		ROC license # (if known) <u>241503, 225505</u>		Phone number <u>602-531-0368</u>
Contractor's mailing address <u>P.O. Box 1114</u>		City <u>Sun City</u> State <u>AZ</u> Zip <u>85372</u>		
3. CONTRACT AND WORKSITE INFORMATION				
Date of contract <u>1-12-09</u>	Verbal <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/>	Contract amount <u>\$ 5600.00</u>	Total paid to contractor <u>\$ 1125.00</u>	Paid in-full Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The property is: Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/>		Project is a: New structure <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Remodel <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
Worksite address (where the work was performed) <u>Various</u>		City _____ State _____ Zip _____		
Briefly describe the type of work for which you contracted (Example: room addition, landscaping, concrete, painting, roofing, pool, etc.) <u>Concrete</u>				
Completion date _____	Date work last performed _____	Close of escrow date _____		Move-in date _____
Building permit Yes <input type="checkbox"/> No <input type="checkbox"/>	Plans and specifications Yes <input type="checkbox"/> No <input type="checkbox"/>	Has any of the work been repaired or completed by a new contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Important:

- Do not send originals of supporting documentation. They will not be returned to you.
- All documents submitted with this complaint may be viewed by the public.
(To protect your privacy, black out all SSN or financial account information.)
- Briefly list all complaint items in numbered order on page two of this form.
- Incomplete or unsigned complaint forms will be returned.
- Sign, date and submit the original complaint form. Make a copy for your records.

.....
"Under penalty of law, I verify that the information given in this complaint is true to the best of my knowledge"

MARTIN URIARTE
Signature (Complainant _____ or Attorney _____)

MARTIN URIARTE
Print your name

04-16-09
Date

Persons with disabilities may contact the ADA Coordinator at 602-542-1525; TDD 602-542-1588 or Toll Free 1-877-MY AZROC (1-877-692-9762).

Deliver or mail the original complaint form to the nearest Registrar of Contractors' office.

QUESTIONNAIRE FORM - UNPAID MATERIAL/SERVICES

CONTRACTOR'S BOND

IMPORTANT: In order for us to respond to your complaint in the shortest possible time and to minimize additional correspondence, kindly answer all questions. If a specific question is not applicable, so indicate with a "N/A". If you require additional space, do so on a separate sheet and so identify by question number.

General Information:

Total Amount of Claim: \$ 4,481⁰⁰

1. Claimant: Name: Martin Uriarte
 Address: 1017 West Taylor
Phoenix, AZ 85007
 Daytime Tel. No.: 602-396-8366 Daytime Fax No.: _____
 Evening Tel. No.: _____ Email Address: _____
 Contractor's License No.: _____ (if you are a licensed contractor)

2. Principal: Name: Arizona Concrete Solutions
 Address: P.O. Box 1116
San City, AZ 85372
 Daytime Tel. No.: 623-521-0368 Daytime Fax No.: _____
 Evening Tel. No.: _____ Email Address: E HeathD Roach@coxnet
 Bond No.: 100036490
 Contractor's License No.: 241503 (if known)
General Contractor is "Roche Constructors Inc."

Materials/Services Information:

3. Indicate the following information regarding all materials and/or services furnished to the principal for which you contend payment has not been received:

The date(s) on which the materials and/or services were furnished: Wages
From 1-12-09 thru 2-27-09 Worked 5 days per week
Plus overtime. I am owed 266 hours at \$18.00 per
hour is 4,788.00 plus 30.30 overtime at \$27.00 hr. is \$1,125

A brief description of the materials and/or services furnished: total owed is \$4,481.00
Worked during that time at Walmart and
Santana Village, Williams Field & Freeway

Job site: was Walmart, 59th and Bell Road, Glendale, AZ
SANTANA Village - Williams Field Rd. & 202th
2244 E. Williams Field Rd.

The dollar value of each category of materials and/or services furnished:

1-12-09 thru 2-27-09 3 days per week 266 hrs.
at \$18.00 hr. O.V.T. 30.3 at 27 Total \$4,481

4. State the date(s) when payment(s) for these materials and/or services was/were due and payable:

Weeks ending 1-16-09, 1-24-09, 1-30-09, 2-6-09
2-13-09, 2-20-09, 2-27-09.

5. Identify by street address, location or job description the particular project(s) where the materials for which you claim payment was/were utilized:

Walmart at 59th Ave & Bell Rd. Glendale of
Santa Anita Village Williamsfield & Greenfield Rd.

6. If the materials were delivered to a place other than the construction site, state the location and manner of delivery of these materials (for example, picked up at the claimant's store or yard, delivered to the principal's place of business, etc.):

n/a

7. If any portion of your claim is for late charges, interest, accounting fees, liquidated damages, attorney's fees or similar charges, indicate the source and the amount for each of these charges:

n/a

8. Do you contend that the principal has willfully and deliberately failed to pay for these materials and/or services while having the capacity to pay? If so, provide all the information and documentation upon which you base your contention.

We called him the owner of Arizona Concrete Solutions
and the General Roche. Roche had not paid
him, when we went to Roche, he said he had paid him

9. Is it your contention that the principal received sufficient payment on this/these project(s) and had the capacity to pay for the materials and/or services furnished? If so, state all facts upon which you base your contention:

Roche state he had paid them
they had a small office at the job site

10. Have you or any agent on your behalf, received from the principal, his agent, a project owner or general contractor, any complaints regarding the quality, condition, timeliness of delivery or fitness of their intended purpose of any of the materials which you are making claim for? If so, specify the nature of the complaint:

n/a

11. Have you recorded a Mechanic's Lien for any of the material and/or services included in this claim or on any of the project(s) giving rise to your claim? If so, specify the following:

n/a

The date of recordation: _____

County of recordation: _____

The recording document number: _____

A general description of the property against which the Lien has been recorded:

no

12. Have you made a claim against any labor and/or material bond posted on any job on which any of the materials and/or services were furnished? If so, indicate the bond number, surety name and the dollar amount of each such claim:

no

13. Attach a copy of the credit application or other documents provided to you pertaining to your extension of credit to the principal.

n/a

14. Briefly state any additional information relating to the circumstances of your claim which you feel may be of assistance to the investigation of your claim:

n/a

15. Attach copies of all documents which you feel may be of assistance to the investigation of your claim.

Miscellaneous Questions:

16. Describe all efforts you have made to resolve the contract dispute directly with the principal:

None called him numerous times
Saw him personally kept saying next week
and next week, never came.

17. Describe all contact you have had with the principal, oral or written, regarding this claim as of the date of your answers to this Proof of Claim form.

we contacted Heath D. Roach
no *saw him personally, asked him many times*
kept saying next week and next week
Attach copies of all correspondence and notes relating to any such contact.

18. Have you contacted any other person who represents the principal regarding this claim? If so, please give the name, address and telephone number of said person:

only you sent cert letter to Roche C. Inc.
and ARK Concrete Solutions

19. Has any individual or entity guaranteed the performance of the subject contract or contracts of the principal which are the subject of your claim? If so, state the name, address and telephone number of the individual or entity and describe specifically what was guaranteed:

20. State whether you have presented a claim to your states Contractor's State License Board:

Yes ☐ No ☒

Please attach copies of the complaint form (front and back), as well as any industry expert reports, citations or accusations resulting from your claim.

21. State whether you have pursued any legal action against the principal. Yes ☐ No ☐

Please attach copies of all papers filed in the legal action, including any judgment.

WARNING

If you do not provide the above information requested as a result of your presenting a complaint against the contractor's license bond within sixty (60) days from the date of the cover letter accompanying this questionnaire, we may deem your complaint resolved or withdrawn and close its file subject to reopening upon receipt of the above requested information.

FOR YOUR PROTECTION

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in State Prison.

CERTIFICATION

The answers to this Proof of Claim form being the basis for a claim for payment of money under the terms and provisions of the bond, and the undersigned hereby certifies and declares under penalty of perjury that the foregoing is true and correct.

Dated: March 19, 2009
(Month - Day) (Year)

Place of Execution:

Phoenix Arizona
(City) (State)

Signature of Complainant:

MARTIN URIARTE

2669

UriarteM Juan Martin Uriarte

xxx-xx-6657 1/10/09 - 1/23/09 3/2/09

Regular 18.00
Overtime 27.00

Gross 800.00
Fed Income
Soc Sec -49.60
MEDICARE -11.60
St Income
Advance3

2 800.00

\$738.80 2669

ARIZONA CONCRETE SOLUTIONS, LLC

2565

Martin Uriarte
Date 2/13/2009 Type Bill Reference Advance

Original Amt.
325.00

Balance Due 325.00
Discount
Check Amount

Payment
325.00
325.00

Checking-Genl Acct

325.00