

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Debtor against which claim is asserted: (Check only ONE debtor below)		PROOF OF CLAIM
<input checked="" type="checkbox"/> On-Site Sourcing, Inc. 09-10816-RGM	<input type="checkbox"/> DocuForce Financial Corp. 09-10817-RGM	<input type="checkbox"/> On-Site LA, Inc. 09-10818-RGM
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) GEORGIA DUPLICATING PRODUCTS		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: PO Box 3547 MACON GA 31205		Court Claim Number: _____ (if known)
Telephone number: 478 781 8991		Filed on: _____
Name and address where payment should be sent (if different from above):		<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.
Telephone number:		<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: \$ 2775.01		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.
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.		
2. Basis for Claim: SERVICE and supplies (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 1152		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<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).
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.		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5)
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<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)
Value of Property: \$ _____ Annual Interest Rate: _____ %		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		Amount entitled to priority: \$ _____
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		*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.
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: 3-5-09	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. Sue Jean Hall, SUE JEAN HALL, A/R Bkky	FOR COURT USE ONLY

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.

FILED
~~MAR 09 2010~~
BMC GROUP

FILED
MAR 09 2009
BMC GROUP

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.nsc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Georgia Duplicating Products, Inc.

P.O. Box 3547 • Macon, GA 31205 • (478) 781-8991
 1-800-521-8005 • Fax (478) 788-5459

CUSTOMER NO.

AT1152

INVOICE NO

290122 1

INVOICE DATE

08/27/08

**TERMS: NET 10 DAYS
 FROM INVOICE DATE**

TOTAL INVOICE AMOUNT

553.43

Payment Amount Enclosed

\$ _____

LOCATION

ACCOUNTS PAYABLE

ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA
 22202-3709

CUSTOMER NO.	MODEL AND SERIAL NO.	LEASE ID	REP	PROGRAM TYPE	INVOICE NO
AT1152	ZSYST 09178G	MM		7EM DI	290122 1

DATE	PREVIOUS METER	DATE	CURRENT METER
		TO 09/14/08	
INVOICE PERIOD 08/14/08			

QUANTITY	CODE NO.	DESCRIPTION	AMOUNT
1	4ZZKZZ	COMBINED EQUIP MTHLY BASE	553.43
NO RESPONSE FROM CUSTOMER-METERS ESTIMATED			
AA600 NLE12327, ID# A2153			
TOTAL BLACK			
Meters: Previous 2136501 Current 2164057			
AA600 NLE12626, ID# A2316			
TOTAL BLACK			
Meters: Previous 1544141 Current 1546437			
MONTHLY CMBD COPIER (GRP) MAINT			
INCL LABOR, PARTS, DRUM, DEV & TONER			
40000 Contracted			

SUBTOTAL
553.43

TOTAL DUE
553.43

BILL TO

ACCOUNTS PAYABLE
 ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA 22202-3709

REMIT TO

GEORGIA DUPLICATING
 PRODUCTS
 P.O. BOX 3547
 MACON GA 31205

COMMENTS:

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 1.5% PER MONTH OR TO THE
 EXTENT OF THE LAW

Georgia Duplicating Products, Inc.

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 1-800-521-8005 • Fax (478) 788-5459

CUSTOMER NO.

AT1152

INVOICE NO

298004 1

INVOICE DATE

10/21/08

**TERMS: NET 10 DAYS
 FROM INVOICE DATE**

TOTAL INVOICE AMOUNT

976.76

Payment Amount Enclosed

\$ _____

LOCATION

IT DEPARTMENT

ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA
 22202-3709

CUSTOMER NO.	MODEL AND SERIAL NO.	LEASE ID	REP	PROGRAM TYPE	INVOICE NO
AT1152	ZSYST 09178G	MM		7EM DI	298004 1

DATE	PREVIOUS METER	DATE	CURRENT METER
	INVOICE PERIOD 10/14/08	TO 11/14/08	

QUANTITY	CODE NO.	DESCRIPTION	AMOUNT
1	4ZZKZZ	COMBINED EQUIP MTHLY BASE	553.43
29135	4ZZLZZ	COMBINED EQUIP MTHLY OVGS	423.33
	AA600 NLE12327, ID# A2153		

TOTAL BLACK

Meters: Previous 2166840 Current 2235860
 AA600 NLE12626, ID# A2316

TOTAL BLACK

Meters: Previous 1546912 Current 1547027

MONTHLY CMBD COPIER (GRP) MAINT
 INCL LABOR, PARTS, DRUM, DEV & TONER
 40000 Contracted Excess at .01453

SUBTOTAL
 976.76

TOTAL DUE
 976.76

BILL TO

IT DEPARTMENT
 ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA 22202-3709

REMIT TO

GEORGIA DUPLICATING
 PRODUCTS
 P.O. BOX 3547
 MACON GA 31205

COMMENTS:

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 1-800-521-8005 • Fax (478) 788-5459

CUSTOMER NO.

AT1152
INVOICE NO
 301060 1

INVOICE DATE
 11/10/08

TERMS: NET 10 DAYS
FROM INVOICE DATE

TOTAL INVOICE AMOUNT

691.39

Payment Amount Enclosed

\$ _____

LOCATION

IT DEPARTMENT
 ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA
 22202-3709

CUSTOMER NO.	MODEL AND SERIAL NO.	LEASE ID	REP	PROGRAM TYPE	INVOICE NO
AT1152	ZSYST 09178G	MM		7EM DI	301060 1

DATE	PREVIOUS METER	DATE	CURRENT METER
	INVOICE PERIOD 11/14/08	TO 12/14/08	

QUANTITY	CODE NO.	DESCRIPTION	AMOUNT
1	4ZZKZZ	COMBINED EQUIP MTHLY BASE	553.43
9495	4ZZLZZ	COMBINED EQUIP MTHLY OVGS	137.96
	AA600 NLE12327, ID# A2153		

TOTAL BLACK

Meters: Previous 2235860 Current 2285138
 AA600 NLE12626, ID# A2316

TOTAL BLACK

Meters: Previous 1547027 Current 1547244

MONTHLY CMBD COPIER (GRP) MAINT
 INCL LABOR, PARTS, DRUM, DEV & TONER
 40000 Contracted Excess at .01453

SUBTOTAL
 691.39

TOTAL DUE
 691.39

BILL TO

IT DEPARTMENT
 ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA 22202-3709

REMIT TO

GEORGIA DUPLICATING
 PRODUCTS
 P.O. BOX 3547
 MACON GA 31205

COMMENTS:

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 1-800-521-8005 • Fax (478) 788-5459

CUSTOMER NO.

AT1152
INVOICE NO
 305554 1

INVOICE DATE
 12/10/08

TERMS: NET 10 DAYS
FROM INVOICE DATE

TOTAL INVOICE AMOUNT

553.43

Payment Amount Enclosed

\$ _____

LOCATION

IT DEPARTMENT
 ON-SITE SOURCING
 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA
 22202-3709

CUSTOMER NO.	MODEL AND SERIAL NO.	LEASE ID	REP	PROGRAM TYPE	INVOICE NO
AT1152	ZSYST 09178G	MM		7EM DI	305554 1

DATE	PREVIOUS METER	DATE	CURRENT METER
	INVOICE PERIOD 12/14/08	TO 01/14/09	

QUANTITY	CODE NO.	DESCRIPTION	AMOUNT
1	4ZZKZZ	COMBINED EQUIP MTHLY BASE	553.43
	AA600 NLE12327, ID# A2153		
TOTAL BLACK			
	Meters: Previous	2285138 Current	2307799
	AA600 NLE12626, ID# A2316		
TOTAL BLACK			
	Meters: Previous	1547027 Current	1547027

MONTHLY CMBD COPIER (GRP) MAINT
 INCL LABOR, PARTS, DRUM, DEV & TONER
 40000 Contracted

SUBTOTAL
 553.43

TOTAL DUE
 553.43

BILL TO

IT DEPARTMENT
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 SUITE 200
 2011 CRYSTAL DRIVE
 ARLINGTON VA 22202-3709

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