

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Debtor against which claim is asserted: (Check only ONE debtor below)		PROOF OF CLAIM
On-Site Sourcing, Inc. 09-10816-RGM	DocuForce Financial Corp. 09-10817-RGM	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) SPARKS PERSONNEL SERVICES INC.		<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 notices should be sent: SPARKS PERSONNEL SERVICES, INC. 700 KING FARM BLVD Telephone number: ROCKVILLE MD 20850 301-279-2300		
Name and address where payment should be sent (if different from above): SPARKS PERSONNEL SERVICES, INC. PO BOX 37256 Telephone number: ROCKVILLE MD 21297-3256 301-279-2300		<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: \$ 1,287.12 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. <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: \$ _____ *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.
2. Basis for Claim: TEMPORARY WORKERS PROVIDED SERVICES (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 8000 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"/> Other Describe: 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 of Secured Claim: \$ _____ 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 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: 3-4-09	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. Paula Jones Paula Jones Collector	

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 2009
BMC GROUP

On-Site Sourcing, Inc.

 00020

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

INFORMATION

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.

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.psc.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.



Invoice Date
9/27/2008

Customer ID	Department
46748000	

ONSITE3
 2011 CRYSTAL DRIVE
 SUITE 200
 ARLINGTON, VA 22202

TERMS: Net 10 days. A service charge of 1 1/2% per month (18% Annual Finance Charge) will be imposed on all charges not paid within 30 days of invoice date. All collection expenses, including attorney fees of 33% and/or collection agency fees will also be charged. This invoice is considered accepted by customer 15 days from invoice date, unless customer contacts Sparks.

W/E Date	Employee	Type	Unit/Hrs	Rate/Cost	Amount
9/27/2008	CLAY, ROSALIND Release# KILPATRICK STOCKTON DC	RG	6.75	20.76	140.13
9/27/2008	CLAY, ROSALIND Release# KILPATRICK STOCKTON DC	AD	-6.75	20.76	-140.13
9/27/2008	JOHNSON, SHAWN Release# KILPATRICK STOCKTON DC	RG	27.00	20.76	560.52
Total Amount Due					560.52

Phone: (301) 279-2300 Fax: (301) 948-5890 FEIN: 52-0965469

Please Return this portion with your payment.

Customer ID	Invoice Date	Invoice #
46748000	9/27/2008	00497572

REMIT TO:

Sparks Personnel Services Inc
 P.O. Box 37256
 Baltimore, MD 21297-3256

Invoice Total	560.52
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97572

9/27/2008

46748000

ONSITE3

TIME RECORD

EMPLOYEE NAME (PLEASE PRINT)
Shawn Johnson
 EMPLOYEE SOCIAL SECURITY NUMBER
21161714121215

WEEK ENDING DATE (SATURDAY)
9/27/08

CHECK IF ASSIGNMENT ENDS THIS WEEK



ASSIGNMENT # **LD5983-002**

CALCULATE TIME TO NEAREST 1/4 HOUR

DAY	DATE	START	FINISH	LESS LUNCH	REGULAR HOURS	OVER-TIME
SUN						
MON						
TUE	9-23	8:00	8:00	-	0.0	
WED	9-24	8:00	8:00	1.0	7.0	
THUR	9-25	8:00	8:00	1.0	7.0	
FRI	9-26	8:00	8:00	1.0	7.0	
SAT						
WEEKLY TOTALS						27

EMPLOYEE'S SIGNATURE
Shawn B. Johnson

I CERTIFY THESE HOURS ARE CORRECT

P.O. / REL #

CUSTOMER NAME
Onsite 3

ADDRESS

CITY STATE ZIP

SUPERVISOR/DEPARTMENT

IT IS UNDERSTOOD THAT THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE CUSTOMER AND HEREBY CERTIFIES THAT THE HOURS RECORDED ARE CORRECT AND THAT THE WORK WAS PERFORMED SATISFACTORILY. BY SIGNING BELOW, THE CUSTOMER AGREES TO THE TERMS ON THE REVERSE SIDE OF THIS TIME RECORD.

SUPERVISOR'S SIGNATURE/TITLE
[Signature]

SUPERVISOR: PLEASE WRITE TOTAL HOURS WORKED

ORIGINAL RETURN TO SPARKS

700 King Farm Boulevard #100 Rockville, MD 20850 4426 Montgomery Avenue #250 Bethesda, MD 20814 6280 Greensboro Drive, Suite 140, McLean, VA 22102
 7701 Greenbelt Road #103 Greenbelt, MD 20770 8 East Street #4100 Frederick, MD 21701 1490 Cornerstone Park Drive #100 Reston, VA 20187
 World Parkway, Suite 202, Columbia, MD 21044 1287 J Street, N.W., #1 Washington, D.C. 20005 5400 Shermans Road, Suite 110, Alexandria, VA 22312



Invoice Date
10/11/2008

Customer ID	Department
46748000	

ONSITE3
 2011 CRYSTAL DRIVE
 SUITE 200
 ARLINGTON, VA 22202

TERMS: Net 10 days. A service charge of 1 1/2% per month (18% Annual Finance Charge) will be imposed on all charges not paid within 30 days of invoice date. All collection expenses, including attorney fees of 33% and/or collection agency fees will also be charged. This invoice is considered accepted by customer 15 days from invoice date, unless customer contacts Sparks.

W/E Date	Employee	Type	Unit/Hrs	Rate/Cost	Amount
10/4/2008	JOHNSON, SHAWN Release# KILPATRICK STOCKTON DC	RG	35.00	20.76	726.60
Total Amount Due					726.60

Phone: (301) 279-2300 Fax: (301) 948-5890 FEIN: 52-0965469

Please Return this portion with your payment.

Customer ID	Invoice Date	Invoice #
46748000	10/11/2008	00498783

REMIT TO:

Sparks Personnel Services Inc
 P.O. Box 37256
 Baltimore, MD 21297-3256

Invoice Total	726.60
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00498783 10/11/2008 46748000 ONSITE3

A414854

TIME RECORD

EMPLOYEE NAME (PLEASE PRINT) Shawn Johnson
 EMPLOYEE SOCIAL SECURITY NUMBER A1617741-123215

ASSIGNMENT # 10-105883-2

PO/REL # ONSITE 3

DATE 10/4/08

CITY Arundel VA STATE VA ZIP 22002

WORKING DATE (SATURDAY) 10/4/08

CHECK IF ASSIGNMENT OVER THIS WEEK

SPARKS
 MAINTENANCE SERVICES

780 King Farm Boulevard • 1180 Northwood, MD 21086 7800 Springdale Avenue • 1200 Northwood, MD 21081 2200 Commonwealth Drive, Suite 100, Millersville, VA 22768
 7711 Brentwood Road • 1090 Greenbelt, MD 21040 11400 Greenbelt Road • 11400 Greenbelt, MD 21040 11400 Greenbelt Road • 11400 Greenbelt, MD 21040
 1925 Governor Warfield Parkway, Suite 100, Columbia, SC 29206 P.O. Box 1188, Annapolis, MD 21404 11400 Greenbelt Road, Suite 110, Alexandria, VA 22304

CALCULATE TIME TO NEAREST 1/2 HOUR

DAY	DATE	START	FINISH	TIME	PERIOD	TIME
SUN						
MON	10/6	8:00	1	7		
TUE	10/7			7		
WED	10/8			7		
THUR	10/9			7		
FRI	10/10			7		
SAT	10/11			7		
WEEKLY TOTALS						35

IT IS UNDERSTOOD THAT THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE CUSTOMER AND HEREBY CERTIFIES THAT THE HOURS RECORDED ARE CORRECT AND THAT THE WORK WAS PERFORMED SATISFACTORILY. BY SIGNING BELOW, THE CUSTOMER AGREES TO THE TERMS ON THE REVERSE SIDE OF THIS TIME RECORD.

EMPLOYEE SIGNATURE: Shawn Johnson
 SUPERVISOR SIGNATURE/TITLE: OK by Tahir Williams

CUSTOMER AUTHORITY REQUIRED