

<b>UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA</b> Debtor against which claim is asserted: (Check only ONE debtor below)		<b>PROOF OF CLAIM</b>
<input checked="" type="checkbox"/> On-Site Sourcing, Inc. 09-10818-RGM	<input type="checkbox"/> DocuForce Financial Corp. 09-10817-RGM	<input checked="" 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): <b>ADVANCED DISCOVERY SERVICES</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>CHAS HOFFMAN</b> <b>4109 Wimbledon Dr.</b> <b>LAURENCE, KS 66047</b>		Court (Claim Number): (if known)
Telephone number: <b>650-793-8325</b>		Filed on _____
Name and address where payment should be sent (if different from above): <b>Advanced Discovery Services</b> <b>PO BOX 415018</b> <b>KANSAS CITY, MO 64141-5018</b>		<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: <b>650-793-8325</b>		<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: <b>12,508.85</b>		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.
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.		Specify the priority of the claim.
<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.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)
2. Basis for Claim: <b>Services Performed</b> (See instruction #2 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).
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5)
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<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)
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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).
Nature of property or right of setoff: Real Estate    Motor Vehicle    Other Describe: _____		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(X) _____
Value of Property: \$ _____ Annual Interest Rate: % _____		Amount entitled to priority: \$ _____
Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____		*Amounts are subject to adjustment on 3/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Amount of Secured Claim \$ _____ Amount Unsecured: \$ <b>12,508.85</b>		
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: <b>3/13/09</b>	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.  <b>Chad Hoff</b> <b>650-793-8325</b>	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

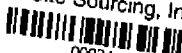
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MAR 19 2009

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BMC GROUP

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On-Site Sourcing, Inc.  
  
 00034



**Advanced Discovery**  
S E R V I C E S

**Invoice**

2624 Fayette Dr, STE A  
Mountain View, CA 94040  
650-559-0902

2 North 2nd Street, Ste 1225  
San Jose, CA 95113  
408-294-0091

Date	Invoice #
11/27/2007	10366

Tax ID# 47-0951638

**Bill To**

**Ship To**

On Site E-Discovery (LA)  
550 South Hope Street  
Suite 800  
Los Angeles, CA  
90071

On Site E-Discovery (LA)  
550 South Hope Street  
Suite 800  
Los Angeles, CA  
90071

Job #	Client Matter #	Terms	Rep	Delivery Date	Ordered By
MV1107172	120463-0009	Net 30	House	11/27/2007	Nick Day

Quantity	Description	Price Each	Amount
92,061	D Heavy Litigation Scanning	0.10	9,206.10
293	Color Scanning	0.69	202.17
2	DVD Master	45.00	90.00

<b>Subtotal</b>	\$9,498.27
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Phone #      Fax #      Web Site

650-559-0902      650-559-0907      www.advanceddiscovery.com

<b>Sales Tax (0.0%)</b>	\$0.00
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<b>Total</b>	\$9,498.27 <i>\$6,230.09</i>
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Received By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**REMIT Payment To:**  
P.O. Box 415018  
Kansas City, MO 64141-5018



**Advanced Discovery**  
S E R V I C E S

# Invoice

2624 Fayette Dr, STE A  
Mountain View, CA 94040  
650-559-0902

2 North 2nd Street, Ste 1225  
San Jose, CA 95113  
408-294-0091

Date	Invoice #
8/31/2007	8847

Tax ID# 47-0951638

Bill To

Ship To

On Site E-Discovery (LA)  
550 South Hope Street  
Suite 800  
Los Angeles, CA  
90071

On Site E-Discovery (LA)  
550 South Hope Street  
Suite 800  
Los Angeles, CA  
90071

Job #	Client Matter #	Terms	Rep	Delivery Date	Ordered By
MV0807071	WGI	Net 30	House	8/31/2007	Kirby Weaver

Quantity	Description	Price Each	Amount
136,438	D Heavy Litigation Scanning	0.12	16,372.56
2,734	Color Scanning	0.85	2,323.90
1,768	Oversize Black and White per sq. ft.	0.75	1,326.00
29	Media Duplication	10.00	290.00
	WGI		

<b>Subtotal</b>	\$20,312.46
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Phone #	Fax #	Web Site
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650-559-0902	650-559-0907	www.advanceddiscovery.com
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<b>Sales Tax (0.0%)</b>	\$0.00
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<b>Total</b>	\$20,312.46
	<i>DUE: 6,278.76</i>

Received By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**REMIT Payment To:**  
**P.O. Box 415018**  
**Kansas City, MO 64141-5018**