

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM WWR# 7343323
Name of Debtor: <b>ON-SITE SOURCING, INC.</b>		Case Number: <b>09-10816-RGM</b>
NOTE: This form should not be used to make a claim for administrative expenses 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 Debtor owes money or property): <b>CIT TECHNOLOGY FINANCING SERVICES, INC.</b>		
Name and addresses where notices should be sent: <b>WELTMAN, WEINBERG &amp; REIS, CO. 175 S. THIRD ST., SUITE 900 COLUMBUS, OHIO 43215 Telephone number: (614) 228-7272 (WWR)</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RICHMOND DIVISION</b>  <b>MAR 16 2009</b>            CLERK  <b>U.S. BANKRUPTCY COURT</b> </div> <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 payment should be sent (if different from above): <b>CIT TECHNOLOGY FINANCING SERVICES, INC. 10201 CENTURION PKWY N. #100 JACKSONVILLE, FL 32256 Telephone number: (904) 620-7635</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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount Of Claim At Time Case Filed: <b>\$9,441.16</b>  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 checked="" 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). 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: OTHER: MISCELLANEOUS LEASED EQUIPMENT (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <b>1000</b>  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 or 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 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: March 5, 2009	Signature: (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>WELTMAN, WEINBERG &amp; REIS CO., L.P.A.</b> 175 South Third Street, #900 Columbus, Ohio 43215 (614) 857-4332  <b>Attorney for Creditor</b> <i>[Signature]</i> /s/ Brian D. Wood, Esq.	For Court Use Only

Lease Number: XXX-XXXXXX1-000  
 Lease Name: On Site Sourcing, Inc.  
 PG:  
 Time on Books: 590  
 Number of Leases: 11

<b>Gross Contract Amount</b>	\$9,573.48		
Booked Residual	\$1,944.64		
Payments Made	\$2,105.15		
<b>Remaining Payments</b>	\$9,412.97		
Plus Use Taxes	\$564.78	Tax Percent	6.00%
Plus Late Fees	\$28.19		
Plus Insurance Fees			
Plus APS/NSF/DOC Fees			
Plus Property Taxes			
Plus Other Fees			
PrePaid Maintenance			
<b>Placement Balance</b>	\$9,441.16		

**Canon Business Solutions LEASE AGREEMENT**  
CFS-1020 (06/05)  
**Canon**  
 Canon Financial Services, Inc. (CFS)  
 Remittance Address: P.O. Box 4004  
 Carol Stream, Illinois 60197-4004 (800) 220-0200

<b>COMPANY LEGAL NAME</b>	<b>On-Site Sourcing, Inc.</b>	<b>PHONE</b>	<b>(703) 276-1123</b>
<b>BILLING ADDRESS</b>	<b>2011 Crystal Drive</b>	<b>CITY</b>	<b>Arlington, VA 22202</b>
<b>EQUIPMENT ADDRESS</b>	<b>134 Meeting Street, Suite 600,</b>	<b>CITY</b>	<b>Charleston, SC 29401</b>

EQUIPMENT INFORMATION		NUMBER AND AMOUNT OF PAYMENTS	
Quantity	Serial Number	Make/Model/Description	Total Payment*
1	<b>M4Y00386</b>	<b>IR3045 with CFU-Y3, Paper Deck-Q1, Doc. Tray-J1, Fin.-S1, Copy Tray-J1, Dig. QC Surge Protector.</b>	<b>\$265.93</b>

<b>FIRST &amp; LAST PAYMENT(S)</b>	<b>SECURITY DEPOSIT</b>	<b>TOTAL DUE AT SIGNING</b>
\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>

Automated Clearing House ("ACH") Authorization: By providing the below information, Customer hereby authorizes CFS to automatically withdraw from the bank account described below the full amount due for each billing period, including any applicable taxes and fees, on the due date. This authorization shall continue until this Agreement expires unless revoked in writing.

**ACH**  YES  NO

**ACCEPTED**

By: [Signature]  
 Title: DSA  
 Date: 6/19/07

**AUTHORIZED CUSTOMER SIGNATURE**

By: X [Signature] Title: CFO  
 Printed Name: William F. Truchan  
 Tax ID#: 541648470 If proprietor, DOB \_\_\_\_\_  
 By: X \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

**ACCEPTANCE CERTIFICATE**

The Customer certifies that (a) the Equipment referred to in the above Agreement has been received, (b) installation has been completed, (c) the Equipment has been examined by Customer and is in good operating order and condition and is, in all respects, satisfactory to the Customer, and (d) the Equipment is irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under the Agreement.

Signature: X \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Title (if any): \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS AND CONDITIONS**

1. **AGREEMENT:** CFS agrees to Customer, a corp organized under the laws of the State of VA, with its chief executive office at 2011 Crystal Dr., Arlington VA 22202 and Customer agrees to CFS, with its place of business at 134 Meeting Street, Suite 600, Charleston, SC 29401, for the lease of the equipment described above, together with all replacement parts and subcomponents for such equipment (the "Equipment") upon the terms and conditions set forth in this Lease Agreement ("Agreement"). The amount of each payment specified in Number and Amount of Payments section above and the 10% or Other Purchase Option price specified above are based on the equipment's best estimate of the cost of the Equipment. Such Payments and Purchase Option price will be adjusted upward or downward if the actual total cost of the Equipment, including any sales or use tax, is more or less than the estimate and, in that event, Customer authorizes CFS to adjust such Payments and Purchase Option price by up to three percent (3%).

2. **AGREEMENT PAYMENTS:** Customer agrees to pay in advance to CFS, during the term of the Agreement, (a) the payments specified under "Number and Amount of Payments," and (b) such other amounts permitted hereunder as imposed by CFS ("Payments").

3. **APPLICATION OF PAYMENTS:** All payments received by CFS from Customer under this Agreement will be applied to amounts due and payable hereunder chronologically, based on the date of CFS's charge as shown on the invoice for each such amount, and among amounts having the same date in such order as CFS, in its discretion, may determine.

4. **TERM OF AGREEMENT:** The term of this Agreement shall commence on the date the Equipment is delivered to Customer, provided Customer executed as CFS's Acceptance Certificate or otherwise accepted the Equipment as specified herein. After acceptance of the Equipment, Customer shall have no right to cancel the Agreement during the term hereof, unless earlier terminated by CFS, when all amounts required to be paid by Customer under this Agreement have been paid in full and after (a) Customer has purchased the Equipment in accordance with the terms hereof or (b) the Equipment has been returned at the end of the scheduled term or renewal term in accordance with the terms hereof. Customer has no right to return the Equipment to CFS prior to the end of the scheduled term of the Agreement for any reason whatsoever, including, without limitation, payment of all amounts due under the Agreement prior to the end of the scheduled term.

**SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS.**

**PERSONAL GUARANTEE**

The Guarantor, (whether one or more are specified, the "Guarantor(s)") in consideration of CANON FINANCIAL SERVICES INC. ("CFS") entering into an Agreement (together with any schedule or supplements thereto, the "Agreement") with the Customer identified above ("Customer") for the lease of the equipment described above, and the execution and signing, the payment when due of all amounts owed under the Agreement (whether or not fully or upon the occurrence of an event of default or otherwise) and the performance by Customer of all promises, obligations and terms of the Agreement and any other financial transaction between Customer and CFS, including, but not limited to, the "Guarantee", it Guarantor shall (through its heirs, assigns and personal representatives) jointly and severally, upon demand, to pay any amounts which may be due from Customer and to take any action that may be required by CFS to ensure the performance of the Agreement. The Guarantor agrees that this Guarantee shall be binding on the Guarantor and shall not be affected by any subsequent, extension, renewal or modification of the Agreement or any discharge or release of Customer's obligations whether or not a novation of the Agreement.

If any payment applied by CFS to the Guarantee is determined to be insufficient to pay any amount due and payable hereunder, the Guarantor shall be obligated to pay such amount to CFS, and such payment shall be applied to such amount due and payable hereunder in the order of priority set forth in this Guarantee.

The Guarantor waives all defenses, demands, present or future, and all rights of set-off and any defenses available to a guarantor (other than the defense of payment and performance in full) under applicable law. The Guarantor further waives any (i) notice of the making of independent by Customer and the acceptance of the Guarantee, (ii) right to require suit against Customer or any other party before enforcing this Guarantee and (iii) right of subrogation to CFS's rights against Customer until Customer's obligations hereunder have been fully satisfied. The Guarantor agrees and agrees that any (i) renunciation and extension of time of payment, (ii) release, substitution or discharge of or satisfaction upon the Equipment, after Guarantor or any subsequent guarantor, or (iii) discharge of any other right under this or any other agreement between CFS and Customer or any third party, may be made, granted and effected by CFS without notice to the Guarantor and without in any manner affecting the Guarantor's liability under this Guarantee.

The Guarantor agrees to pay all expenses (including attorney fees and legal expenses) and to indemnify CFS in connection with the Guarantee, or any part thereof and in enforcing the Guarantee. THIS GUARANTEE SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS GUARANTEE SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN GUARANTOR(S) AND CFS SHALL BE BROUGHT IN THE STATE COURT LOCATED IN THE COUNTY OF BURLINGTON, NEW JERSEY, OR A FEDERAL COURT LOCATED IN THE COUNTY OF GARDEN NEW JERSEY, PROVIDED THAT CFS AT ITS SOLE OPTION MAY BRING ANY SUCH ACTION IN COURT IN THE STATE WHERE THE GUARANTOR IS LOCATED. GUARANTOR BY ITS EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVES OBJECTIONS TO THE JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM GUARANTOR(S), BY ITS EXECUTION AND DELIVERY HEREOF, AND CFS BY ITS ACCEPTANCE HEREOF, HEREBY WAIVES ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.

The Guarantor agrees that CFS may accept a facsimile copy of this Guarantee as an original, and that facsimile copies of the Guarantor's signatures will be treated as an original and shall have the same legal effect as the original.

Printed Name: \_\_\_\_\_ Signature: X \_\_\_\_\_ (No Title) Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Signature: X \_\_\_\_\_ (No Title) Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

index [Signature] ME



**Canon imageRUNNER Products**

Version 2

Retail Price List

Effective Date: April 19, 2007

**imageRUNNER 3045/3035/3030/3025**

Description	Suggested Retail Price
* imageRUNNER 3045 <1> <3> <4>	\$11,800
* imageRUNNER 3035 <1> <3> <4>	\$9,200
* imageRUNNER 3030 <2> <3> <4>	\$8,600
* imageRUNNER 3025 <2> <3> <4>	\$5,200

<1> Ships standard with 2 x 550-Sheet Paper Cassettes, DADF, Image Reader, drum unit, 10/100 BaseTX Ethernet, USB 2.0 high speed connectivity, and Network ScanGear.

<2> Ships standard with 2 x 550-Sheet Paper Cassettes, Image Reader, drum unit, 10/100 BaseTX Ethernet, USB 2.0 high speed connectivity, and Network ScanGear. You must install either the DADF-N1 or the Platen Cover Type-H with the imageRUNNER 3030/3025 models.

<3> Includes Universal Send Trial Kit which will allow the trial of Universal Send Kit-G1, Universal Send Searchable PDF Kit-A1, Universal Send PDF Security Feature Set-A1, and Digital User Signature PDF Kit-A1.

<4> Includes imageWARE Document Manager Personal Software (5-user license); check imageWARE Document Manager price list for more details on the maintenance purchase options.

**Hardware Accessories**

Description	Suggested Retail Price
* Duplexing Automatic Document Feeder-N1 <1> <2>	\$1,200
Platen Cover Type-H <2>	\$100
* Cassette Feeding Unit-Y3 <3>	\$1,450
Cabinet-P1 <3>	\$243
* Paper Deck-Q1 <4>	\$2,100
Inner 2 Way Tray-D1 <5>	\$100
* Finisher-S1 <5> <6>	\$1,230
* Finisher-AE1 (Includes Buffer Pass Unit-E2) <4> <6>	\$2,700
* Saddle Finisher-AE2 (Includes Buffer Pass-E2) <4> <6>	\$4,000
Additional Finisher Tray-B1 (option for Finisher-S1)	\$200
* Puncher Unit-R1 (option for Finisher-S1)	\$670
* Puncher Unit-M1 (option for Finisher-AE1 and Saddle Finisher-AE2)	\$850
FL Cassette-Z1 (Replacement for Drawer 1)	\$110
FL Cassette-Y1 (Replacement for Drawers 2,3, and 4)	\$110
Envelope Feeder Attachment-C2 <7>	\$160
Copy Tray-J1 <8>	\$45
Document Tray-J1	\$55
Card Reader-C1 <9>	\$308
Card Reader Kit-B1	\$44
Basic Card Set	\$167
Copy Card Set (1-30)	\$153
Copy Card Set (31-100)	\$336
Copy Card Set (101-200)	\$448
Braille Label Kit-A1	\$30
ADF Access Handle-A1	\$139

<1> The DADF-N1 is standard on the imageRUNNER 3045/3035 models and optional on the imageRUNNER 3030/3025 models.

<2> You must either install the DADF-N1 or Platen Cover Type-H on the imageRUNNER 3030/3035 models. You cannot add the Platen Cover Type-H on the imageRUNNER 3045/3035 models.

<3> The Cassette Feeding Unit-Y3 and Cabinet-P1 cannot be installed at the same time.

<4> Requires the Cassette Feeding Unit-Y3 or Cabinet-P1.

<5> The Inner 2-Way Tray-D1 and Finisher-S1 cannot be installed at the same time.

<6> Finisher-S1, Finisher-AE1, and Saddle Finisher-AE2 cannot be installed at the same time.

<7> Installs in the top paper cassette.

<8> Option for the Inner-2-Way Tray-D1 or Finisher-S1.

<9> Requires the Card Reader Kit-B1 for installation.

MSRP 17,960

## Corporate Solutions - Business Color

## Control Card Accessories

Item Code	Product	List	Preferred	FM Revenue	Notes
6575A001	CONTROL CARD READER-C1	\$306.00	\$266.00	\$181.00	Reads information from control card set. Restricts access to IR through use of intelligent cards.  FOR CIR C2880/3380 and IR 3025/3030/3035/3045: Requires Card Reader Kit-B1 for install.  FOR IP C1: Requires Card Reader Attachment-E1 for install.  FOR IR 5075: Requires Card Reader Kit-C2 for install.
9005A001	CARD READER KIT-B1	\$44.00	\$34.00	\$23.00	Required for Control Card Reader C1 to be installed.
0500A002	BASIC CARD SET	\$167.00	\$149.00	\$101.00	Includes Administrator Cards and User Cards 1-30
0499A004	CARD SET #1 (1-30)	\$153.00	\$133.00	\$90.00	User Cards 1-30 only.
0499A005	CARD SET #2 (31-100)	\$336.00	\$298.00	\$203.00	User Cards 31-100 only.
0499A006	CARD SET #3 (101-200)	\$448.00	\$398.00	\$271.00	User Cards 101-200 only.

## Surge Protector

Item Code	Product	List	Preferred	FM Revenue	Notes
0287V675	DIGITAL QC 120/15 NETWORK SURGE PROTECTOR	\$995.00	\$120.00	\$82.00	120V/15 Amp (60Hz, single phase, 3 wire with dedicated ground). Includes one NEMA 5-15R pigtail, one NEMA 5-15R receptacle, Ethernet and modem ports.  For low-volume IR 1023 to 4570, IRC3100/C3170/U/I, IRC3220/C2620, IRC4580/VC4080/I/C3380/VC2880/I, CLC 1100, ImagePRESS C1 Series, DR Scanners and LBP Printers (which require a 15 and 20 amp power filter). See Power Outlet Requirement for electrical specs or talk with your Service Manager for detailed information.

## Supplies - Toner

Item Code	Product	List	Preferred	FM Revenue	Notes
100ZZ686	CIR C3380/2880 TONER SET	\$0.00	\$0.00	\$0.00	Includes the 4 colors of toner. Must add to any CIR2280/3380 order at no charge.
0452B003	GPR-23 BLACK TONER (IRC3380/2880)	\$70.00	\$70.00	\$48.00	Estimated Yield: 26K Impressions (at 5% coverage)
0453B003	GPR-23 CYAN TONER (IRC3380/2880)	\$175.00	\$175.00	\$119.00	Estimated Yield: 14K Impressions (at 5% coverage)
0454B003	GPR-23 MAGENTA TONER (IRC3380/2880)	\$175.00	\$175.00	\$119.00	Estimated Yield: 14K Impressions (at 5% coverage)
0455B003	GPR-23 YELLOW TONER (IRC3380/2880)	\$175.00	\$175.00	\$119.00	Estimated Yield: 14K Impressions (at 5% coverage)

## Supplies- Staples and Consumables

Item Code	Product	List	Preferred	FM Revenue	Notes
6776A001	STAMP INK CARTRIDGE-B1	\$44.00	\$44.00	\$30.00	For use with DADF when confirming fax pages scanned.
6707A001	STAPLE CARTRIDGE-J1	\$56.00	\$56.00	\$33.00	STAPLES FOR FINISHER-P1/S1/G1/R1/R2/Q3/Q4/T1/T2/ X1/W1/W2/Z1/Y1/Y2/AE1/AE2/AD1/AD2/IP C1 AA1 and AA2. One comes with unit initially. 3 cartridges per case / 5,000 per cartridge. Used for corner/double stapling only.
0250A002	STAPLE CARTRIDGE-D2	\$39.00	\$39.00	\$27.00	STAPLES FOR SADDLE FINISHER-C2/F2/Q2/Q4/R2/T2/W2 and C1/N2/Y2/AE2/AD2/IP C1 AA2. 3 cartridges per case / 2,000 per cartridge. For saddle finishing only.

## Professional Services

Item Code	Product	List	Preferred	FM Revenue	Notes
1023V301	PROFESSIONAL SERVICES (1/2 DAY RATE BASED ON SCOPE OF WORK DOCUMENT) INSTALL PAK	\$627.00	\$627.00	\$426.00	1/2 day Professional Services for all environments EXCEPT B&W Production IR VP Series and related software environments. Professional Services may be required based on a Scope of Work completed by your local Systems Analyst/Engineer.

Corporate Solutions - Convenience Color

Image 27 (1 of 1)

**Mandatory Delivery and Install**

Item Code	Product	List	Preferred	PM Revenue	Notes
1023V285	BLACK & WHITE LOW VOLUME INSTALL PAK (1R2B30,1R3530,1R2B70,1R3570, 1R4570,1RC3170)	\$485.00	\$485.00	\$330.00	FOR 1R2B30/3530, 1R2B70/3570/4570, 1R3030/3035/3045 and 1RC3170 ONLY. Stair Charges - The first 10 steps are included for a Standard Delivery, the charge after that is \$10 per step.
1023V296	RIPS LEVEL 1 INSTALL PAK	\$225.00	\$225.00	\$153.00	Required for external controllers such as the ColorPASS GX100, T1, Q1 and Z3000. Stair Charges - The first 10 steps are included for a Standard Delivery, the charge after that is \$10 per step.

## Eastern District of Virginia Claims Register

09-10816-RGM On-Site Sourcing, Inc.

**Judge:** Robert G. Mayer    **Chapter:** 11

**Office:** Alexandria    **Last Date to file claims:**

**Trustee:**    **Last Date to file (Govt):** 08/03/2009

<b>Creditor:</b> (8791289) CIT Technology Financing Services, Inc. Weltman, Weinberg & Reis, Co. 175 S. Third St., Suite 900 Columbus, OH 43215	<b>Claim No:</b> 21 <i>Original Filed</i> Date: 03/16/2009 <i>Original Entered</i> Date: 03/16/2009	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> Manley, Candace <i>Modified:</i>
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Unsecured claimed: \$9441.16

**Total    claimed: \$9441.16**

History:

Details    21-1    03/16/2009    Claim #21 filed by CIT Technology Financing Services, Inc., total amount  
claimed: \$9441.16 (Manley, Candace )

Description:

Remarks: (21-1) CM

### Claims Register Summary