

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 type="checkbox"/> On-Site Sourcing, Inc. 09-10816-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) ACTIVE MICROGRAPHICS		<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: 21757 DEVONSHIRE STREET SUITE #4 CETASWORTH, VA 91311		
Telephone number: 818-998-2561		<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.
Name and address where payment should be sent (if different from above): SAME AS ABOVE		
1. Amount of Claim as of Date Case Filed: \$ 3906.27		5. Amount of Claims 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: SERVICES PERFORMED (See instruction #2 on reverse side.)		<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: \$ _____
3. Last four digits of any number by which creditor identifies debtor: _____ 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: Real Estate Motor Vehicle 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: \$ _____		*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.
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: 3-18-09	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. GRACE CASTILLO VP OPERATIONS	
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.		FOR COURT USE ONLY

FILED

MAR 23 2009

BMC GROUP

On-Site Sourcing, Inc.



00056

Active Micrographics, Inc.

dba Active Copy Support
 21757 Devonshire St., Suite 4 Chatsworth CA 91311
 Telephone (818) 998-2561 Fax (818) 998-2329

Invoice

Number: 7999

Date: September 02, 2008

Bill To:

On Site E-Discovery
 Attn: Accounts Payable
 2011 Crystal Drive, Suite 200
 Arlington, VA 22202

Ship To:

On Site E-Discovery
 Attn: Ray Rivera
 550 S Hope Street Suite 800
 Los Angeles, CA 90071

PO Number	Terms	Job Number	Case Name
IL00227635	Due Upon Receipt		

Description	Quantity	Price	Amount
-Scan - Concordance(.dat) with Text Field	144,779.00	0.12	17,373.48
-Scan - Color	961.00	0.60	576.60
-Cd-Rom Master	25.00	15.00	375.00
-Pick up / Delivery	1.00	0.00	0.00
ATTN: RAY FAX#213-689-0417			
Total			\$18,325.08

Please Remit Payment to: Active Micrographics Inc
 21757 Devonshire Street Suite 4 Chatsworth CA 91311

THANK YOU FOR YOUR BUSINESS.

PLEASE NOTE THE FOLLOWING POLICY: We are aware that you are billing these expenses to your client. However, Active Micrographics Inc. requires payment within our terms regardless of your receivables. Overdue accounts will be charged a late payment fee of 1.5% per month, or maximum permitted by law. **RETURNED CHECK FEE IS \$25.00.**

Amount Paid: 14,418.81

Amount Due: 3,906.27

Active Micrographics, Inc.

dba Active Copy Support
21757 Devonshire St., Suite 4 Chatsworth CA 91311
Telephone (818) 998-2561 Fax (818) 998-2329

Statement

Closing Date: **March 18, 2009**

Bill To:

On Site E-Discovery
Attn: Accounts Payable
2011 Crystal Drive, Suite 200
Arlington, VA 22202

Ship To:

On Site E-Discovery
Attn: Ray Rivera
550 S Hope Street Suite 800
Los Angeles, CA 90071

Date	Invoice Number	Amount	Payments	Due
09/02/2008	7999	18,325.08	14,418.81	3,906.27
		\$18,325.08	\$14,418.81	\$3,906.27

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$0.00	\$0.00	\$0.00	\$3,906.27	\$3,906.27