

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
Name of Debtor On-Site Sourcing, Inc.	Case Number 09-10816	<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em;">2009 MAR -5 A 11:24</div> <div style="font-size: 1.2em;">US BANKRUPTCY COURT ALEXANDRIA DIVISION</div>
NOTE: this form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of 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): IKON OFFICE SOLUTIONS Name and addresses where notices should be sent: IKON OFFICE SOLUTIONS ACCOUNTS RECEIVABLE CENTER ATTN: BANKRUPTCY TEAM 3920 Arkwright Rd. - Suite 400 MACON, GEORGIA 31210	<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: LDS LOS-ONS	Check here if this claim	<input type="checkbox"/> replaces a previously filed claim, dated: 12/31/08 <input type="checkbox"/> amends
1. Basis For Claim: <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other Maintenance Agreement		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed From ____/____/____ to ____/____/____ (date) (date)		
2. Date debt was incurred: see attached		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$803.22 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any:	6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: services performed <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
3/2/09	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): KaTrina Rumph, Bankruptcy Specialist	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both		

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INVOICE

IKON Office Solutions - Los Angeles, CA
 Phone: (213) 489-1700 Fax: (213) 489-7880
 Federal ID: 230334400

Invoice #	LOS08040381
Invoice Date:	04/30/2008
Due Date:	05/10/2008
Terms:	Net 10 Days
Customer Code:	LOS-ONS
Natl ID:	72780

BILL TO:
ONSITE3
 550 S. HOPE STREET
 LOS ANGELES, CA 90017

SHIP TO:
ONSITE3 - DCL
 550 S. HOPE STREET
 LOS ANGELES, CA 90017

Price using: STANDARD Price

Attn: NICK DAY

Reference / Case #	Reference 2	Reference 3	Account Manager
ARCTIC GLACIER			Ted McMenamin

Sales Order	Order Date	Ordered By	Quantity	Unit Price	Extension
SO-0804-0278	04/21/2008	NICK DAY - ONSITE3 - DCL			
		11x17 B&W Copies	56.00	0.3500	19.60
		B&W Copies EE - Heavy Glasswork	1,688.00	0.2000	337.60
		B&W Copies E - Glasswork	1,924.00	0.2000	384.80

<p align="center">Please Pay From This Invoice</p> <p>Customer's duly authorized signature below is an agreement that the above-described work has been received and accepted by Customer. Customer assures payment of this invoice within 10 days. Interest at the rate of the lesser of 1.5% per month or the maximum legal rate will be charged on invoices not paid within 10 days. Customer agrees to pay legal fees incurred in the collection of past due accounts.</p>	Taxable Sales: 742.00 Sales Tax: 61.22 Non-Taxable: 0.00 Postage: 0.00 Delivery: 0.00
	<p>PAY THIS AMOUNT \$ 803.22</p>

THE PERSON SIGNING THIS INVOICE ON BEHALF OF CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO

Received and Accepted by: _____ Date: _____

Please pay from this copy. The party named on this bill is held responsible for payment.

Payment From:
ONSITE3
 550 S. HOPE STREET
 LOS ANGELES, CA 90017

Amount Enclosed
\$

Invoice: LOS08040381
 Invoice Date: 04/30/2008
 Due Date: 05/10/2008
 Customer Code: LOS-ONS
 Natl ID: 72780

Please Remit To:
IKON Office Solutions
 LDS Western District - LOS
 P O Box 31001-0743
 Pasadena, CA 91110-0743

PAY THIS AMOUNT \$ 803.22