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UNITED STATES BANKRUPTCY COURT <u>Eastern</u> DISTRICT OF <u>Virginia</u>		2009 MAR 27 P 1:43	PROOF OF CLAIM
Name of Debtor <u>On-Site Sourcing, Inc.</u>		Case Number <u>09-10816-RGM</u>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. "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): <u>Business Wire, Inc.</u>		<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. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <u>Business Wire, Inc.</u> <u>44 Montebello Street, 39th FL</u> <u>San Francisco CA 94104</u> Telephone number: <u>415 980 4422</u>		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
Last four digits of account or other number by which creditor identifies debtor: <u>7004</u>		<input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From _____ to _____ (date) (date)	
1. Basis for Claim <input 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"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____			
2. Date debt was incurred: <u>11/19/2008</u>		3. If court judgment, date obtained: _____	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.			
<input checked="" type="checkbox"/> Unsecured Nonpriority Claim \$ <u>955.00</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		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"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	
<input type="checkbox"/> Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ 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)(____). *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.	
5. Total Amount of Claim at Time Case Filed: \$ <u>955.00</u> (unsecured) _____ (secured) _____ (priority) <u>955.00</u> (total) <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.			
6. 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	
7. 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.			
8. 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.			
Date <u>3/25/2009</u>	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). <u>Sarah Fine, Collections Supervisor / Sarah Fine, Collections Supervisor</u>		

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.

On-Site Sourcing, Inc.



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INVOICE NO.

DATE

3478670

19-NOV-08

Business Wire, Inc.
44 Montgomery ST 39th FL
San Francisco, CA 94104
Phone # 415.986.4422
Taxpayer I.D.# 20-4146409
www.businesswire.com

DUE FROM: ONSITE3
LOUIE GUERRA
2011 CRYSTAL DR STE 200
ARLINGTON, VA 22202
United States

P.O. NO:

ACCOUNT NO: 2197004 ONSITE3

FOR: 2197004 ONSITE and Clearwell Enable Clients to Strike the Right Balance Between In-House and Hosted E-Discovery Solutions

US: Business Wire Regional-Technology Corridor	475.00
Extra story length; 331 words	480.00
NewsTrak: Access Report	0.00
TOTAL:	955.00

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All amounts shown in US Dollars

Eric Feistel Phone 571/239-8251 Email efeistel@onss.com AddlContact Robert Ballou Phone 703/276-1123 After

TERMS - PAYMENT DUE UPON RECEIPT

SERVICE CAN BE SUSPENDED FOR OVERDUE ACCOUNTS. TERMS ARE PAYMENT DUE ON RECEIPT AND CHARGES BECOME OVERDUE AFTER 30 DAYS IF THIS INVOICE IS TURNED OVER FOR COLLECTION, DEBTOR WILL BE CHARGED FOR ALL COLLECTION COSTS, COURT COSTS AND ATTORNEY'S FEES.



Remit to: Business Wire, Inc
Department 34182
P.O. Box 39000
San Francisco, CA 94139

AMOUNT ENCLOSED

U.S. DOLLARS ONLY

All amounts shown in US Dollars

ONSITE3
LOUIE GUERRA
2011 CRYSTAL DR STE 200
ARLINGTON, VA 22202
United States

The New BusinessWire.com Individualized. Interactive. Innovative.
Invoices must be paid in US dollars.
ELECTRONIC PAYMENT INFORMATION:
Bank Name: Wells Fargo
Acct Name: Business Wire, Inc.
Acct #: 4121551816
Routing #: 121000248
Swift Code: WFBIUS6S

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