

United States Bankruptcy Court Eastern District of Virginia Alexandria		PROOF OF CLAIM		FILED 2009 APR 17 P 2:51 US BANKRUPTCY COURT ALEXANDRIA DIVISION
In re (Name of Debtor) On Site Sourcing		Case Number 09-10816		
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.				THIS SPACE IS FOR COURT USE ONLY
Name of Creditor (The person or entity to whom the debtor owes money or property) Canon Business Solutions - East		<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.		
Name and addresses where notices should be sent 1250 Valley Brook Ave, Lyndhurst NJ 07071		<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.		
Telephone No. 201-636-6899		Account Or Other Number By Which Creditor Identifies Debtor 1092292		Check here if this claim <input type="checkbox"/> replaces a previously filed claim; dated: <input type="checkbox"/> amends
1. Basis For Claim <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Maint. contract fee's/Equipment		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) social security number: Unpaid compensations for services performed from : To: (date)		
2. Date Debt Was Incurred: 5/16/2007		3. If Court Judgment, Date Obtained:		
4. Classification Of Claim. Under the Bankruptcy Code all Claims are classified as one or more of the following: [1] Unsecured nonpriority, [2] Unsecured Priority, [3] Secured. It is possible for part of a claim to be in one category and part in another. Check the appropriate box or boxes that best describe your claim and State the Amount of the Claim.				
<input type="checkbox"/> Secured Claim \$ Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secure claim above. If any \$		<input checked="" type="checkbox"/> Unsecured Priority Claim \$1,447.20 Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commission (up to \$2000), earned not more than 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 - U.S.C. § 507 (a) (4) <input type="checkbox"/> Up to \$900 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"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a) (7) <input type="checkbox"/> Other - 11 U.S.C. §§ 507 (a) (2), (a) (5) - (Describe briefly)		
5. Total Amount Of Claim Case At Time Filed		\$1,447.20 (Unsecured)	\$ (Secured)	\$ (Priority)
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				
6. Credits and Setoffs: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.				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, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
8. Time-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.				

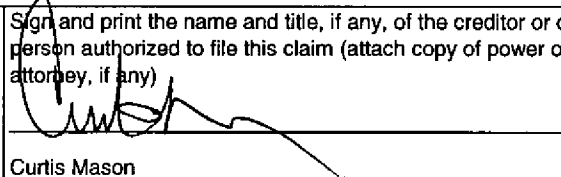
FILED

APR 20 2009

BMC GROUP

Date: 4/10/2009

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)



Curtis Mason
Credit & Collection Manager

Invoice Num	Contract/O	Line Type	Billed From Da	Billed To Date	Amount	Balance	Tran Date	Due Date	Inv Date	Attribute5
3861880	322851	Service	11/17/2007	11/16/2008	708.75	708.75	25-Oct-07	24-Nov-07	3-Jan-08	34447-A
3861881	322852	Service	11/17/2007	11/16/2008	708.75	708.75	25-Oct-07	24-Nov-07	3-Jan-08	34448-A
1466880	3201714		0	0	396.34	29.7	16-Apr-07	16-May-07	3-Jan-08	0

29.7
1447.20



CANON BUSINESS SOLUTIONS

Canon Business Solutions - East
1250 Valley Brook Ave
Lyndhurst, NJ 07071

Date: April 10, 2009

US Bankruptcy Court
Eastern District of Virginia Alexandria District
200 South Washington Street
Alexandria, Virginia 22314

RE: On Site Marketing
Case #: 08-10816

Dear Sir/Madam,

Enclosed is our proof of claim in duplicate. Please acknowledge and forward back a filed stamped copy for our records.

Should you have any questions or need any other information, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Curtis Mason", is written over a horizontal line.

Curtis Mason
Credit & Collection Manager
Canon Business Solutions-East
(201) - 636-6832