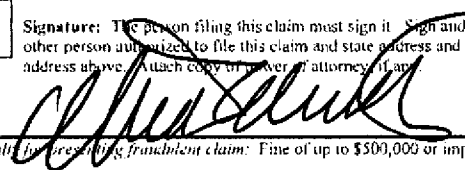



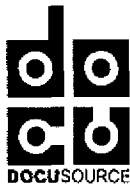
2009 APR 17 FILED

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Debtor against which claim is asserted: (Check only ONE debtor below)		PROOF OF CLAIM 49
<input checked="" type="checkbox"/> On-Site Sourcing, Inc. 09-10816-RGM		<input type="checkbox"/> DocuForce Financial Corp. 09-10817-RGM
<input 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 a 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) <b>DocuSource of NC, LLC</b>		1. 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: <b>DocuSource of NC, LLC</b> <b>2800 Slater Road, Suite 600</b> <b>Morrisville, NC 27560</b> Telephone number: <b>919/459-5900</b>		
Name and address where payment should be sent (if different from above)  Telephone number: _____		2. 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.  3. Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <b>\$ 4,390.00</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.  4. 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)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____).  Amount entitled to priority: \$ _____
2. Basis for Claim: <b>printing services provided</b> (See instruction #2 on reverse side.)		
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: \$ _____		
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: _____	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. 	FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 352 and 3571.

RECEIVED  
 APR 20 2009  
 BMC GROUP

On-Site Sourcing, Inc.  
  
 00116



**DocuSource of N.C., LLC**

2800 Slater Rd.  
Morrisville, NC 27560  
919-459-5900

**Invoice**

Date	Invoice #
10/15/2008	DS806611

**Bill To**

OnSite3  
Attn Accts Payable  
2011 Crystal Dr Suite 200  
Arlington VA 22202

**Ship To**

OnSite 3  
Attn: Chris Deshazor  
1101 Slater Road  
Durham, NC 27703

Purchase Order #	Terms	Due Date	Ship Date	Ship Via	Rep	Job #	Billed
	Net 30	11/14/2008	10/3/2008	DEL-DOC...	MC	mjc	hw

Item	Quantity	Description of Services	Price Each	Amount
SFCUSTOM	500	Job: District Report Contact: Chris Due: 10/8/08 Summary: 500x color, d/s, cover=80# gloss cover, guts= 28#, saddlestitch	8.78	4,390.00

Thank you for your business. We appreciate it very much.

Please Remit Payment To:  
DocuSource of North Carolina  
2800 Slater Rd.  
Morrisville,  
North Carolina, 27560



The mark of responsible forestry.  
SGS-COC-004296  
©1996 Forest Stewardship Council  
"Only the products that are identified  
as such on the invoice are FSC  
certified."

<b>Subtotal</b>	\$4,390.00
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$4,390.00