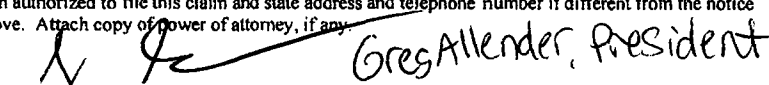


<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>On-Site Sourcing, Inc.</b>		Case Number: <b>09-10816-RGM</b>
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>CBIZ MHM, LLC</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>CBIZ MHM, LLC 3 Bethesda Metro Center, Ste 600 Bethesda, MD 20814-6332</b>		Court Claim Number: _____ (If known)
Telephone number: <b>(301) 951-3636</b>		Filed on: _____
Name and address where payment should be sent (if different from above):		<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.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:                   \$ <u>13,805.00</u>		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.
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: <u>Services Performed</u> (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).
3. Last four digits of any number by which creditor identifies debtor: <u>3332</u>		<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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		<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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
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:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).  Amount entitled to priority:  \$ _____  <i>*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.</i>
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.   <b>Greg Allender, President</b>	<b>FOR COURT USE ONLY</b>

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.

**FILED**  
**APR 28 2009**  
**BMC GROUP**

**FILED**  
**MAR 28 2009**  
**BMC GROUP**

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary, FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it, FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION**

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.nsc.uscourts.gov](http://www.pacer.nsc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



# CBIZ MHM, LLC

**BETHESDA OFFICE:**  
3 Bethesda Metro Center, Suite 600  
Bethesda, MD 20814  
Ph: 301.951.3636 Fax: 301.951.0425  
www.cbiz.com

**COLUMBIA OFFICE:**  
7160 Columbia Gateway Drive, Suite 202  
Columbia, MD 21046  
Ph: 443.656.3044 Fax: 443.656.3166  
www.cbiz.com

**ON-SITE SOURCING, INC.**  
2011 CRYSTAL DRIVE, SUITE 200  
ARLINGTON, VA 22202

Statement Date 4/10/2009  
Client No. KDB13332

Invoice	Date	Description	Charge	Credit	Balance
<b>Opening Balance As Of 4/10/2009</b>					
47350	8/29/2008	Prior Invoice	4,825.00		4,825.00
47783	9/30/2008	Prior Invoice	7,175.00		12,000.00
48346	10/28/2008	Prior Invoice	1,500.00		13,500.00
48946	11/28/2008	Prior Invoice	305.00		13,805.00
<b>Current Balance</b>					<b>\$ 13,805.00</b>

0 - 30	31 - 60	61 - 90	91 - 120	Over 120	Balance
0.00	0.00	0.00	0.00	13,805.00	\$ 13,805.00

We accept MasterCard, Visa and American Express. Please complete the following information and return with a copy of your invoice or statement:

Client Number (starts with 3 letters) \_\_\_\_\_ Card Number \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount of payment \_\_\_\_\_ Signature \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Thank you for your business.

If you have any questions, please don't hesitate to call and ask for Accounts Receivable (see phone numbers above for Bethesda and Columbia offices).

Payments should be mailed to: **CBIZ MHM, LLC of Maryland, P.O. Box 404466, Atlanta, GA 30384-4466.**

Invoices are payable upon receipt. A finance charge of 1% is applied to balances over 90 days.

Please make checks payable to **CBIZ MHM, LLC & reference your client number and invoice number on your check.**



# CBIZ Accounting, Tax & Advisory Services, LLC

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www.cbiz.com

**ON-SITE SOURCING, INC.**  
CRISTAL KURTZ  
2011 CRYSTAL DRIVE, SUITE 200  
ARLINGTON, VA 22202

Invoice No. 47350  
Date 8/29/2008  
Client No. KDB13332

## Services Provided by Mayer Hoffman McCann P.C. through August 15, 2008:

*Preparation of audited financial statements for the On-Site Sourcing, Inc. 401(k) Plan for the year ending December 31, 2007 as detailed below:*

6/23/2008	Planning and Scheduling planning checklists, ERISA reports - Hartford Blaine	0.50	\$340.00	\$	170.00
6/24/2008	Planning and Scheduling Blaine	0.30	\$340.00		102.00
6/25/2008	Audit Caseware file setup and Planning Dhawan	1.00	\$150.00		150.00
6/25/2008	Typing and Copying Financial statement Calloway	0.50	\$90.00		45.00
6/25/2008	Typing and Copying Engagement Letter Calloway	0.25	\$90.00		22.50
7/1/2008	Other General Procedures ERISA reports off website, t/c w Cristal, planning forms, internal control Blaine	2.30	\$340.00		782.00
7/2/2008	Typing and Copying Engagement Letter Calloway	0.25	\$90.00		22.50
7/3/2008	Planning and Scheduling Sample selection Lee	1.50	\$175.00		262.50
7/9/2008	Planning and Scheduling				



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CBIZ Accounting Tax & Advisory Services  
ON-SITE SOURCING, INC.  
Invoice No. 47350

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	Sample selection Lee	0.50	\$175.00	87.50
7/10/2008	Other General Procedures Blaine	1.00	\$340.00	340.00
7/15/2008	Planning and Scheduling respond to client email on ERISA audit and discuss sample selections; PBC list with Sangkwon Blaine	0.40	\$340.00	136.00
7/23/2008	Supervision & Review review of planning forms, pbc list, case ware files Blaine	1.25	\$340.00	425.00
7/29/2008	Financial Statements Blaine	1.50	\$340.00	510.00
7/29/2008	Planning and Scheduling Prepare PBC list; sample selection Lee	1.75	\$175.00	306.25
7/30/2008	Typing and Copying Financial Statement Calloway	0.25	\$90.00	22.50
7/31/2008	Typing and Copying Financial Statement Calloway	0.25	\$90.00	22.50
8/4/2008	Other General Procedures client discussions; PBC list Blaine	0.50	\$340.00	170.00
8/5/2008	Other General Procedures planning checklists, communications with client, preliminary analyticals; financial statements Blaine	2.10	\$340.00	714.00
8/6/2008	Planning Worked on SAS 70. Sehgal	2.25	\$145.00	326.25
8/12/2008	Supervision & Review			



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CBIZ Accounting Tax & Advisory Services  
 ON-SITE SOURCING, INC.  
 Invoice No. 47350

Page 3

	Blaine	0.25	\$340.00	85.00
8/15/2008	Audit			
	Planning and Meeting			
	Dhawan	2.00	\$165.00	330.00
8/15/2008	Planning and Scheduling			
	planning meeting w Varun and Sangkwon			
	Blaine	1.00	\$340.00	340.00
8/15/2008	Planning and Scheduling			
	Planning procedure; planning meeting with VD and MPB			
	Lee	1.50	\$195.00	<u>292.50</u>
				5,664.00
			Courtesy Discount	<u>(839.00)</u>
			Invoice Total	<u>\$ 4,825.00</u>

We accept MasterCard, Visa and American Express. Please complete the following information and return with a copy of your invoice or statement:

Client Number (starts with 3 letters) \_\_\_\_\_ Card Number \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount of payment \_\_\_\_\_ Signature \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Thank you for your business.

If you have any questions, please don't hesitate to call Accounts Receivable at the numbers above for the Bethesda and Columbia offices.

Check/Credit Card payments should be mailed to: CBIZ ATA of Maryland, P.O. Box 404466, Atlanta, GA 30384-4466.

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*ON-SITE SOURCING, INC.*  
*CRISTAL KURTZ*  
*2011 CRYSTAL DRIVE, SUITE 200*  
*ARLINGTON, VA 22202*

*Invoice No. 47783*  
*Date 9/30/2008*  
*Client No. KDB13332*

*Services Provided by Mayer Hoffman McCann P.C. through September 15, 2008:*

*Final Billing on preparation of audited financial statements for the On-site Sourcing Retirement Plan for the year ending December 31, 2007 as detailed below:*

8/18/2008	Audit Planning	Dhawan	8.00	\$165.00	\$	1,320.00
8/18/2008	Planning and Scheduling	Lee	0.75	\$195.00		146.25
8/19/2008	Fieldwork	Lee	8.00	\$195.00		1,560.00
8/19/2008	Fieldwork	Dhawan	8.00	\$165.00		1,320.00
8/20/2008	Audit Investment gain/loss testing; follow up contribution testing	Lee	3.50	\$195.00		682.50
8/20/2008	Audit	Dhawan	4.00	\$165.00		660.00
8/22/2008	Audit Distribution testing	Lee	2.50	\$195.00		487.50
8/26/2008	Supervision & Review	Blaine	2.50	\$340.00		850.00
8/29/2008	Other General Procedures Follow-up questions; confirmation control	Lee	2.50	\$195.00		487.50
9/2/2008	Audit					



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ON-SITE SOURCING, INC.  
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Page 2

	Lee	1.50	\$195.00	292.50
9/2/2008	Supervision & Review review of audit programs, compliance testing and testing forms			
	Blaine	0.75	\$340.00	255.00
9/9/2008	Audit Follow up on confirmations			
	Lee	0.75	\$195.00	146.25
9/12/2008	Typing and Copying Financial Statement			
	Calloway	0.50	\$90.00	<u>45.00</u>
				8,252.50
			Courtesy Discount	<u>(1,077.50)</u>
			Invoice Total	<u>\$ 7,175.00</u>

In order to update our database, please provide your email address: \_\_\_\_\_

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Amount of payment \_\_\_\_\_ Signature \_\_\_\_\_

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*ON-SITE SOURCING, INC.*  
*CRISTAL KURTZ*  
*2011 CRYSTAL DRIVE, SUITE 200*  
*ARLINGTON, VA 22202*

Invoice No. 48346  
Date 10/28/2008  
Client No. KDB13332

### Services Provided by Mayer Hoffman McCann P.C. through October 15, 2008:

*Issuance of audited financial statements for the On-site Sourcing Retirement Plan for the year ended December 31, 2007, including required completion of fraud interviews, wrap-up, representation letter and custodian certification as detailed below:*

9/16/2008	Supervision & Review final review of fs; 5500 and repr letter Blaine	0.50	\$340.00	\$ 170.00
9/18/2008	Typing and Copying Financial Statement Calloway	0.25	\$90.00	22.50
9/18/2008	Typing and Copying Representation Letter Calloway	0.25	\$90.00	22.50
9/19/2008	Audit Dhawan	5.00	\$165.00	825.00
9/22/2008	Audit Updates and Fraud Interview Dhawan	1.00	\$165.00	165.00
9/22/2008	Other General Procedures Concurring review. Estrada	1.00	\$325.00	325.00
9/23/2008	Typing and Copying financial statement, management representation letter Calloway	0.50	\$90.00	45.00
9/24/2008	Audit Trustee Clarification Dhawan	0.50	\$165.00	82.50
9/24/2008	Proof Reading Reports			



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**ON-SITE SOURCING, INC.**  
Invoice No. 48346

Page 2

	Financial statements			
	Hubscher	0.50	\$90.00	45.00
9/25/2008	Typing and Copying			
	Financial Statement			
	Calloway	0.25	\$90.00	22.50
10/14/2008	Audit			
	Dhawan	0.50	\$165.00	82.50
10/17/2008	Supervision & Review			
	final			
	Blaine	0.50	\$340.00	<u>170.00</u>
				1,977.50
			Courtesy Discount	<u>(477.50)</u>
			Invoice Total	<u>\$ 1,500.00</u>

In order to update our database, please provide your email address: \_\_\_\_\_

We accept MasterCard, Visa and American Express. Please complete the following information and return with a copy of your invoice or statement:

Client Number (starts with 3 letters) \_\_\_\_\_ Card Number \_\_\_\_\_

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ON-SITE SOURCING, INC.  
CRISTAL KURTZ  
2011 CRYSTAL DRIVE, SUITE 200  
ARLINGTON, VA 22202

Invoice No. 48946  
Date 11/28/2008  
Client No. KDB13332

11/5/2008	Pension Other	Blaine	1.00	
	Review of DOL letter received by client and respond to actions needed- extension form and copy of audited fs			
				340.00
		Courtesy Discount		<u>(35.00)</u>
		Invoice Total	\$	<u><u>305.00</u></u>

In order to update our database, please provide your email address: \_\_\_\_\_

We accept MasterCard, Visa and American Express. Please complete the following information and return with a copy of your invoice or statement:

Client Number (starts with 3 letters) \_\_\_\_\_ Card Number \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount of payment \_\_\_\_\_ Signature \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Thank you for your business.

If you have any questions, please don't hesitate to call Accounts Receivable at the numbers above for the Bethesda and Columbia offices.

Check/Credit Card payments should be mailed to: **CBIZ ATA of Maryland, P.O. Box 404466, Atlanta, GA 30384-4466.**

Invoices are payable upon receipt. A finance charge of 1% is applied to balances over 90 days.

**Please make checks payable to CBIZ & reference your client number on your check.**