

<b>UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA</b> Debtor against which claim is asserted: (Check only ONE debtor below)		<b>PROOF OF CLAIM</b>
_____ On-Site Sourcing, Inc.      _____ DocuForce Financial Corp.      _____ On-Site LA, Inc. 09-10816-RGM                                  09-10817-RGM                                  09-10818-RGM		
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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) <u>JAMES T. WALSTON JR</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent. <u>JAMES T WALSTON JR</u> <u>4312 MAIN ST APT 405</u> Telephone number: <u>Philadelphia, PA 19121</u> <u>646-221-0918</u>		Court Claim Number: _____ (if known)  Filed on: _____
Name and address where payment should be sent (if different from above): <u>Same as Above</u>  Telephone number: _____		<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.  <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: \$ <del>4700.00</del> <u>41812.50</u> 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.		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.
2. Basis for Claim: <u>ACCURED VACTION PAY NOT PAID AT TIME OF FINAL PAY</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: _____  Ja. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input checked="" 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).
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: \$ _____		<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).
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: _____		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ).  Amount entitled to priority: <u>\$ 4812.50</u>  *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.
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.  <u>JAMES T. WALSTON JR</u> <u>5/27/09</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.

FILED

JUN 01 2009

BMC GROUP

On-Site Sourcing, Inc.



00150

On-Site Sourcing, Inc.  
 2011 Crystal Drive  
 Suite 200  
 Arlington, VA 22202

CHECK NO: 680825786  
 CHECK DATE: 4/30/2009  
 PERIOD ENDING 4/30/2009

James Turner Walston Jr  
 One Haven Plaza  
 Apartment #22E  
 New York, NY 10009

LOCATION: NYNYC  
 ID NUMBER: 003381  
 BASE RATE: 31.25

STATUS EXEMPT TAX ADJUSTMENTS  
 FED: S 0 FED: ST:  
 ST1: S 0 DI/UC:  
 ST2: LOCAL:

**IMPORTANT MESSAGE**

HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION		
DESCRIPTION	CURRENT HOURS/UNITS	RATE	EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT			
Regular Earnings	0.00	0.00	0.00	15541.57	Federal Income	0.00	2597.60	PHOL	8.00	
Vacation Earnings	5.00	0.00	156.24	1124.95	Medicare	2.27	232.97	SICK	139.31	
					Social Security	9.69	996.20	VAC	154.00	
					NY State Income	0.00	791.29			
					New York R	0.00	467.41			
					NY Disability E	0.78	8.58			
<b>TOTAL H/E</b>	<b>5.00</b>		<b>156.24</b>	<b>16666.52</b>	<b>Total Taxes</b>	<b>12.74</b>	<b>5094.05</b>	<i>VACATION Time Still owed</i>		
<b>PRE-TAX ITEMS</b>					<b>DEDUCTIONS</b>			<b>CURRENT NET PAY DISTRIBUTION</b>		
401K			0.00	802.10						
Beechstreet Platinum			0.00	434.34						
Dental			0.00	39.54						
Flexible Spending Accou			0.00	125.00						
<b>TOTAL PRE-TAX</b>			<b>0.00</b>	<b>1400.98</b>	<b>Total Ded:</b>	<b>0.00</b>	<b>0.00</b>			
<b>TOTAL</b>	<b>5.00</b>		<b>156.24</b>	<b>15265.54</b>						
<b>EARNINGS</b>		<b>PRETAX</b>		<b>FIT TAXABLE</b>		<b>LESS TAXES</b>		<b>LESS DEDS</b>		<b>EQ NET PAY</b>
CURRENT	156.24	0.00	156.24	12.74	0.00	143.50				
Y-T-D	16666.52	1400.98	15265.54	5094.05	0.00	10171.49				

Statement Of Earnings

Detach at perforation below and keep for your records.

A Payroll Service By Ceridian