

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Eastern District of Virginia		PROOF OF CLAIM
Name of Debtor: ON-SITE SOURCING, INC.		Case Number: 09-10816 - 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): CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: 2009 MAY - 4 (If known) ALXANDR Filed on: 4
Name and address where notices should be sent: BANKRUPTCY GROUP 4 IRVING PLACE, ROOM 1875-S, NEW YORK, NY 10003		
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.
Name and address where payment should be sent (if different from above):		
Telephone number:		<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)().
1. Amount of Claim as of Date Case Filed: \$ _____ 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>GOODS SOLD</u> (See instruction #2 on reverse side.)		Amount entitled to priority: \$ <u>6,993.62</u>
3. Last four digits of any number by which creditor identifies debtor: <u>#(2)</u> 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: <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: \$ _____		*Amounts are subject to adjustment on Chapter 11 Administrative Expense
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: 04/27/2009	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. GALE D. DAKERS, SUPERVISOR	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. §§ 152 and 3571.

RECEIVED
 JUN 01 2009
 BMC GROUP

On-Site Sourcing, Inc.

 00153



Statement of Account for:
 ON-SITE SOURCING, INC D.I.P
 443 S PARK AVE
 MANHATTAN 10016

Account Number:
 41-1215-3162-0002-8
 04/24/09

ELECTRIC BILLS

PAYMENTS

ELECTRIC BILLS							PAYMENTS	
Rate EL9 - General Large			Meter No: 7835311				Security Deposit: \$0.00	
			Multiplier: 18					
Date	Rdg Type	Days	Rdg	KWH Usage	KW Dmd	Amount	Date	Amount
04/15/09	T/Off	21	2846	5760	15.12	\$966.20		
03/25/09	ACT	29	2526	7956	15.12	\$1,418.77		
02/24/09	ACT	20	2084	6678	17.10	\$1,034.50		

SummaryBalance brought forward 02/24/09 \$0.00

Charges

C.E. Bills prepared (E) \$3,419.47
 C.E. Bills prepared (G) \$0.00
 Transfer Charges \$0.00
 Debit Adjustments \$0.00
 Late Payment Charges \$0.00

Total Charges \$3,419.47
 Total Debits \$3,419.47

Credits

Payments \$0.00
 Transfers \$0.00
 Credit Adjustments \$0.00
 Late Payment Credits \$0.00

Total Credits \$0.00

Balance Due Company \$3,419.47



Statement of Account for:
 ON-SITE SOURCING INC D.I.P
 443 PARK AS 9FL
 MANHATTAN 10016

Account Number:
 41-1215-3140-0001-6
 04/24/09

ELECTRIC BILLS

PAYMENTS

ELECTRIC BILLS							PAYMENTS	
Rate EL9 - General Large			Meter No: 7505162				Security	
			Multiplier: 40				Deposit: \$0.00	
Date	Rdg Type	Days	Rdg	KWH Usage	KW Dmd	Amount	Date	Amount
04/15/09	T/Off	21	5934	4580	24.80	\$939.80		
03/25/09	ACT	29	5820	6320	24.80	\$1,367.83		
02/24/09	ACT	20	5662	7480	27.60	\$1,266.52		

SummaryBalance brought forward 02/24/09 \$0.00

Charges

C.E. Bills prepared (E) \$3,574.15
 C.E. Bills prepared (G) \$0.00
 Transfer Charges \$0.00
 Debit Adjustments \$0.00
 Late Payment Charges \$0.00

Total Charges \$3,574.15
 Total Debits \$3,574.15

Credits

Payments \$0.00
 Transfers \$0.00
 Credit Adjustments \$0.00
 Late Payment Credits \$0.00

Total Credits \$0.00

Balance Due Company \$3,574.15

Eastern District of Virginia Claims Register

09-10816-RGM On-Site Sourcing, Inc.

Judge: Robert G. Mayer **Chapter:** 11

Office: Alexandria **Last Date to file claims:**

Trustee: **Last Date to file (Govt):** 08/03/2009

<p><i>Creditor:</i> (8911445) Consolidated Edison company of New York Inc. 4 Irving Place Room 1875-S New York NY 10003</p>	<p>Claim No: 37 <i>Original Filed</i> <i>Date:</i> 05/04/2009 <i>Original Entered</i> <i>Date:</i> 05/05/2009</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Stewart, Sherri <i>Modified:</i></p>
<p>Unsecured claimed: \$6993.62 Total claimed: \$6993.62</p>		
<p><i>History:</i> Details <u>37-1</u> 05/04/2009 Claim #37 filed by Consolidated Edison company of New York Inc., total amount claimed: \$6993.62 (Stewart, Sherri)</p>		
<p><i>Description:</i></p>		
<p><i>Remarks:</i> (37-1) sas</p>		

Claims Register Summary