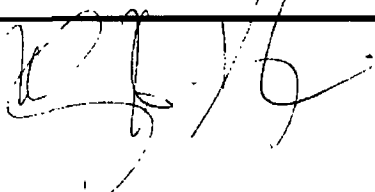


United States Bankruptcy Court		Eastern District of Virginia	PROOF OF CLAIM
Name of Debtor <p style="text-align: center;">ON-SITE SOURCING INC</p>		Cause Number <p style="text-align: center;">09-10816</p>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of a case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			FILED 2009 APR 27 P 2:15 BANKRUPTCY COURT ALEXANDRIA DIVISION
Name of Creditor (The person or entity to whom the debtor owes money or property): WORKER TRAINING FUND INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT		<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. <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 you by the court.	
Name and Address Where Notices Should be Sent: Beverly A. Korobkin Department of Workforce Development Collection Enforcement Unit 10 N. Senate Avenue Indianapolis, IN 46204-2277 (317)232-7487		THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor <p style="text-align: center;">515886</p>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
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 checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____	
2. DATE DEBT WAS INCURRED: <p style="text-align: center;">2007-2008</p>		3. IF COURT JUDGMENT, DATE OBTAINED: <p style="text-align: center;">N/A</p>	
4. TOTAL AMOUNT OF CLAIM AT TIME <p style="text-align: right;">\$66.04</p> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority <u>\$16.04</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 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 - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Up to \$1950* 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"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().	
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____			
7. Credits. The amount of all payments on the claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.			THIS SPACE IS FOR COURT USE ONLY
04/21/09	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): Beverly A. Korobkin, Department of Workforce Development		



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INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
COLLECTION ENFORCEMENT UNIT
Request For Claim

A. Kristine Musall

Employer:
ON-SITE SOURCING INC
832 N HENRY STREET
ALEXANDRIA, VA 22314

Run Date 04-21-2009
Effective Date 02/04/2009

Account # 515886

An examination of the records of the above named employer for the periods indicated herein discloses the following in connection with the said employer's liability for contributions under the Indiana Employer Security Act.

Case Number 09-10816

District VA-E2

Liability No	Period	Contributions	Interest	Penalty	Costs	Total
0822063	2007	0.00	0.24	25.00	0.00	25.24
0944701	2008	14.26	1.54	25.00	0.00	40.80
Total		14.26	1.78	50.00	0.00	66.04

Signature _____

Keith A. Stone

R

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

<i>Creditor:</i> (8899251) Worker Training Fund % Beverly A. Korobkin Dept of Workforce Development 10 N. Senate Ave Indianapolis IN 46204- 2277	Claim No: 35 <i>Original Filed</i> Date: 04/27/2009 <i>Original Entered</i> Date: 04/30/2009	<i>Status:</i> Filed by: CR Entered by: Stewart, Sherri Modified:
Unsecured claimed: \$66.04 Total claimed: \$66.04		
<i>History:</i> <u>Details</u> <u>35-1</u> 04/27/2009 Claim #35 filed by Worker Training Fund, total amount claimed: \$66.04 (Stewart, Sherri)		
<i>Description:</i>		
<i>Remarks:</i> (35-1) sas		

Claims Register Summary