

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

UNITED STATES BANKRUPTCY COURT <span style="margin-left: 100px;">Eastern District Of Va</span>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>On Site Sourcing Inc</b>		Case Number: <b>09-10816</b>
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): <b>Verizon</b>		<input type="checkbox"/> 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:  AFNI/Verizon East PO Box 3037 Bloomington, IL 61702-3037 Telephone number: 800-729-8185		
Name and address where payment should be sent (if different from above):  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 a 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: \$ <u>972.54</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.  <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:  \$ _____  <small>*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.</small>
2. Basis for Claim: <u>Services Performed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>85097687</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: \$ _____		
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: <u>5/21/2009</u> 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>FOR COURT USE ONLY</b>
/s/ <b>Randall Sharpe</b>  Bankruptcy Administrator		

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.



00161

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE Eastern District Of Va

IN RE: On Site Sourcing Inc

In Proceedings Under  
Chapter 11

BK 09-10816

Debtor(s),

EXHIBIT(S) SUMMARY AND CERTIFICATE OF SERVICE

The following exhibit(s) in reference to the

Claim

(Motion/Claim)

filed by Verizon

is(are) available upon request. Movant will bring exhibit(s) to any scheduled Court hearing on this matter.

1. Statement of Account(s)
- 2.
- 3.
- 4.
- 5.
- 6.

AFNI/Verizon East  
PO Box 3037  
Bloomington, IL 61702-3037  
800-729-8185

\_\_\_\_\_  
Filer Name/Address/Phone/ID#

Certificate of Service:

The undersigned hereby certifies that a true and accurate copy of all exhibits listed above were deposited in The United States mail, first class, postage prepaid, on 05/22/2009





Address https://webftw.verizon.com/finals/Client/Presentation/Home/Home.aspx# Go Links

verizon Logout Quick Links... Add Note RM iFINALs

- Service Fulfillment
- Billing Services
- Administrative Services
- Reports

Update Account Disputes Refer Cancel Next Account Assigned

Account Profile

Customer Name: ON SITE 3 INC Class Of Service: Business  
 Account No: [REDACTED] 687 - 728 LOB: PREMIUM  
 Telephone Number: [REDACTED] 67 Location/RAO: 072  
 Social Security #: [REDACTED] Credit Reported: V  
 Initial Service Date: CAN:  
 Master Service Date: 9/28/2007 First Final Bill Date: 12/25/2008  
 Current Balance: \$439.24 Check History: 0000000000  
 Mail Return Ind: No Region: NY  
 Billing Address: 2011 CRYSTAL DR, Service Address:  
 ARLINGTON VA  
 22202-3709

Disputed: No Credit Reported By:  
 General Treatment Account Act Additional Informa

Bill Received Date: 1/1/2009 Account Status: Chapter 11  
 Final Bill Amount: \$439.24 Collection Agency: ICB1  
 Amount Referred: \$439.24 OCA Referral Date: 2/24/2009  
 Dir ADV > \$500: No Disconnect Date:  
 Assigned To: z050221 Disconnect Reason: NF  
 Billing Status: Final Account Legal: No  
 Language Asst Code: Alert Code:  
 Treatment Exception: Risk: Medium  
 Next Activity Status: Archived PNT:  
 Next Activity Date: 2/26/2016 PLTS: Not Available  
 Write Off Date: Disability Ind: No  
 Message B: Not Available Fax Received: No  
 Business FIOS Cust?: iCare Referral

# 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> (8943830) VERIZON PO BOX 3037 BLOOMINGTON, IL 61702	<i>Claim No:</i> 42 <i>Original Filed</i> <i>Date:</i> 05/21/2009 <i>Original Entered</i> <i>Date:</i> 05/21/2009	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Becker, Elizabeth <i>Modified:</i>
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Unsecured claimed: \$972.54

**Total      claimed: \$972.54**

**History:**

Details    42-1 05/21/2009 Claim #42 filed by VERIZON, total amount claimed: \$972.54 (Becker, Elizabeth )

Description: (42-1) 2126792078509/2126794867687

Remarks:

## Claims Register Summary