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| UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Debtor against which claim is asserted: (Check only ONE debtor below) | | PROOF OF CLAIM |
| <input checked="" type="checkbox"/> On-Site Sourcing, Inc. 09-10816-RGM | | <input type="checkbox"/> DocuForce Financial Corp. 09-10817-RGM |
| | | <input type="checkbox"/> On-Site LA, Inc. 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): Binh Nguyen | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) |
| Name and address where notices should be sent: 5938 Highdale Circle # L Alexandria, VA 22310 Telephone number: 703-785-7070 | | |
| 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 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>\$ 5357.06</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 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). <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: <u>\$ 5357.06</u> |
| 2. Basis for Claim: <u>Unpaid wages, Unpaid vacation time</u> (See instruction #2 on reverse side.) | | |
| 3. Last four digits of any number by which creditor identifies debtor: _____ 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>5/29/09</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. | | 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.

FILED
JUN 04 2009
BMC GROUP

Pay

OnSite

Pay Statement

OnSite

Binh H. Nguyen
 6061 Estates Dr.
 Alexandria, VA 22310
 SSN XXX-XX-3658

Date 01/15/2009

Document no 80033156

Net pay 1462.98

| | | | | | | | | |
|---------------------------------|----------------|--------------------------|------------------------------|----------------------|-------------------------------|-----------------------------|-------------|------------------------------|
| Employee no | 200525 | FIT | M 4 | Period start | 01/01/2009 | | | |
| Location | VAALEX | SIT res | M 2 | Period end | 01/15/2009 | | | |
| BusinessUnit | CORP | SIT work | M 2 | Pay group | ONSE - OnSite Exempt | | | |
| Local Market | AVA | | | Job | VA407 | | | |
| Department | IT1 | | | Pay frequency | Semi-Monthly | | | |
| Division | 000 | | | Pay rate | 43.2676 | | | |
| Earnings | | | | | Employee Paid Time Off | | | |
| Pay type | Hours | Pay rate | Current | YTD | Plan | Current Balance | | |
| Regular Earnings | 48.00 | 43.2676 | 2076.84 | 2076.84 | Personal Hol | 16.00 16.00 | | |
| Total hours | 48.00 | | | | Sick | 3.33 53.33 | | |
| | | | | | Vacation | 5.00 80.00 | | |
| Deductions | | | Taxes | | | Net Pay Distribution | | |
| Deduction | Current | YTD | Tax code | Current | YTD | Account | Type | Amount |
| * Dental | 19.34 | 19.34 | Federal Income Tax | 90.77 | 90.77 | XXXX4310 | Checking | 1462.98 |
| * PHCS Platinum | 226.66 | 226.66 | Employee Medicare | 25.64 | 25.64 | | | |
| * VA Parking | 62.50 | 62.50 | Social Security Employee Tax | 109.64 | 109.64 | | | Check amount 0.00 |
| * This deduction may be pre-tax | | | VA State Income Tax | 79.31 | 79.31 | | | Total net pay 1462.98 |
| Gross | | FIT taxable wages | | Taxes | | Deductions | | Net pay |
| Current | 2076.84 | | 1768.34 | 305.36 | | 308.50 | | 1462.98 |
| YTD | 2076.84 | | 1768.34 | 305.36 | | 308.50 | | 1462.98 |

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Pay

OnSite

Pay Statement

OnSite

Binh H. Nguyen
6061 Estates Dr.
Alexandria, VA 22310
SSN XXX-XX-3658

Date 04/30/2009

Document no 80035129

| | |
|----------------|---------|
| Net pay | 1117.44 |
|----------------|---------|

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|---------------------|--------|-----------------|-----|----------------------|----------------------|
| Employee no | 200525 | FIT | M 4 | Period start | 04/16/2009 |
| Location | VAALEX | SIT res | M 2 | Period end | 04/30/2009 |
| BusinessUnit | CORP | SIT work | M 2 | Pay group | ONSE - OnSite Exempt |
| Local Market | AVA | | | Job | VA407 |
| Department | IT1 | | | Pay frequency | Semi-Monthly |
| Division | 000 | | | Pay rate | 43.2676 |

| Earnings | | | | | Employee Paid Time Off | | |
|--------------------|-------|----------|---------|----------|------------------------|---------|---------|
| Pay type | Hours | Pay rate | Current | YTD | Plan | Current | Balance |
| Bonus Earnings | 0.00 | | 0.00 | 1217.52 | Personal | 0.00 | 16.00 |
| Regular Earnings | 30.67 | 43.2676 | 1327.02 | 28326.85 | Hol | | |
| Vacation Earnings | 0.00 | | 0.00 | 1081.69 | Sick | 3.33 | 76.67 |
| | | | | | Vacation | 5.00 | 90.00 |
| Total hours | 30.67 | | | | | | |

| Deductions | | | Taxes | | | Net Pay Distribution | | |
|-----------------|---------|---------|------------------------------|---------|---------|----------------------|----------|---------|
| Deduction | Current | YTD | Tax code | Current | YTD | Account | Type | Amount |
| * Dental | 0.00 | 154.72 | Federal Income Tax | .00 | 2540.43 | XXXX4310 | Checking | 1117.44 |
| * PHCS Platinum | 0.00 | 1813.28 | Employee Medicare | 18.34 | 409.18 | | | |
| * VA Parking | 62.50 | 437.50 | Social Security Employee Tax | 78.40 | 1749.65 | | | |
| | | | VA State Income Tax | 50.34 | 1398.95 | | | |
| | | | | | | Check amount | | 0.00 |
| | | | | | | Total net pay | | 1117.44 |

| | Gross | FIT taxable wages | Taxes | Deductions | Net pay |
|----------------|----------|-------------------|---------|------------|----------|
| Current | 1327.02 | 1264.52 | 147.08 | 62.50 | 1117.44 |
| YTD | 30626.06 | 28220.56 | 6098.21 | 2405.50 | 22122.35 |

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Sir/Madam,

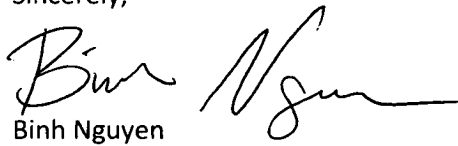
May 29, 2009

As a result of the company's financial problems, we were asked to forgo half of our paycheck in order to remain in business. Unfortunately that was not the case and On-Site Sourcing, Inc. filed for bankruptcy. I also accumulated 90 hours of vacation hours which also went unpaid.

This letter serves as a claim to recoup these earned monies-- \$1462.98 unpaid wages, plus \$3894.08 of unpaid vacation time for a total of \$5357.06.

Thank you very much for your time and consideration.

Sincerely,


Binh Nguyen