

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Debtor against which claim is asserted: (Check only ONE debtor below)		PROOF OF CLAIM
On-Site Sourcing, Inc. 09-10816-RGM	DocuForce Financial Corp. 09-10817-RGM	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 in whom the debtor owes money or property) <i>Unlimited Reprographics</i>		Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent <i>Allied National Inc., 440 Regency Pkwy, Ste 134, Omaha, NE 68114</i>		
Telephone number <i>402-393-3477</i>		Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above)		Filed on _____
Telephone number		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.
1. Amount of Claim as of Date Case Filed: \$ <u>9398.01</u>		Check this box if you are the debtor or trustee in this case.
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.		
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>Services Rendered</u> (See instruction #2 on reverse side.)		1. 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: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		2. 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: \$ _____		3. Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5)
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		4. 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)
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: _____		5. Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).
Date: <u>6-9-09</u>		6. Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____). Amount entitled to priority: \$ _____
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. <i>Shawn Jackson, Acct Mgr., Allied National, Inc.</i>		*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.

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 §571.

FILED
JUN 11 2009
BMC GROUP

11:07 AM
01/09/09

Unlimited Reprographics
A/R Aging QuickZoom
As of January 9, 2009

	<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>P. O. #</u>	<u>Terms</u>	<u>Due Date</u>	<u>Aging</u>	<u>Open Balance</u>
On-Site E-Discovery	Invoice	03/28/2007	57646	41486	Net 30	04/27/2007	623	90.00
	Invoice	05/29/2007	59722	20070507	Net 30	06/28/2007	561	60.00
	Invoice	03/25/2008	70210	IL 249275	Net 30	04/24/2008	260	490.75
	Invoice	03/25/2008	70211	43849	Net 30	04/24/2008	260	1,950.00
	Invoice	03/25/2008	70212	IL 249352	Net 30	04/24/2008	260	1,296.00
	Invoice	03/31/2008	70365	43865 - IL00249352	Net 30	04/30/2008	254	216.00
	Invoice	07/31/2008	74835	PO No. 44452	Net 30	08/30/2008	132	144.00
	Invoice	07/31/2008	74836	LA00256211	Net 30	08/30/2008	132	144.00
	Invoice	07/31/2008	74837	IL00256289	Net 30	08/30/2008	132	2,394.60
	Invoice	08/25/2008	75593	LA00257627	Net 30	09/24/2008	107	648.00
	Invoice	10/31/2008	77641	PO No. 44881	Net 30	11/30/2008	40	1,864.20
	Invoice	11/30/2008	78233	P.O. #44921	Net 30	12/30/2008	10	100.46
Total On-Site E-Discovery								<u>9,398.01</u>
TOTAL								<u><u>9,398.01</u></u>

Allied National, Inc.
Nationwide & International Debt Collection

440 Regency Pkwy
Suite 134
Omaha, NE 68114
Email: info@andc.com

402-393-3477
800-456-5770
FAX: 402-393-3541
http://www.andc.com

January 21, 2009

Mike Empey, C.F.O.
On-Site E-Discovery
2011 Crystal Drive Suite 200
Arlington, VA 22202

Fax: 7032761172

Re: Unlimited Reprographics
\$9,398.01

Your account with Unlimited Reprographics has been placed with us for immediate collection.

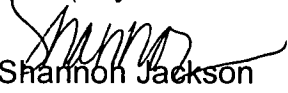
This notice has been sent by a collection agency. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

If paid in full to this office, all collection activity will be stopped.

We look forward to your cooperation.

***This is an attempt to collect a debt. Any information obtained will be used for that purpose. Unless you notify us within 30 days after receipt of this letter that the validity of this debt, or any portion of it, is disputed, we will assume that the debt is valid. If you notify us in writing within the 30 day period that the debt, or any portion of it, is disputed, we will obtain verification of the debt, and a copy will be mailed to you.*

Sincerely,


Shannon Jackson
Account Manager
sjackson@andc.com

Pay your account on-line at www.nationalcheck.com

Reference: 105B5C0D87

Apply this bill to Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/>	
Credit Card Number _____	Exp. Date: _____
Name of Cardholder _____	
Signature _____	