

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

<b>UNITED STATES BANKRUPTCY COURT</b> Eastern District Of Va		<b>PROOF OF CLAIM</b>
Name of Debtor:      On-site Sourcing, Inc.		Case Number:      09-10816
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):      Verizon Wireless Northeast		<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:  Verizon Wireless PO Box 3397 Bloomington, IL 61702 Telephone number: 800-555-8879		
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>55,107.85</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:  \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or
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>4959</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:		JUN 11 2009  <b>BMC GROUP</b>
Date:      6/9/2009  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.  /s/ Diane Lewis      Bankruptcy Administrator		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.



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 Wireless Northeast

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.

Verizon Wireless  
PO Box 3397  
Bloomington, IL 61702

800-555-8879

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 06/12/2009

R130-1 15:50:46 RECOVERY MANAGEMENT SYSTEM AF00358U 06/09/09  
 ACTIVE USRG View Account R50

Acct...: 4959 Birthdate....:  
 Tax #...: \*\*\*\*\*8470 Status.....: 60B  
 Name...: ON-SITE SOURCING INC Loan Type....: 0001  
 Name 2.: Coll.Fee  
 Address: PO BOX 3397 Officer.....: VN0001  
 Address: Recoverer....: BBAN  
 City...: BLOOMINGTON State: IL Interest %...: .00  
 Ph(Ho)..: Zip...: 61702-3397 Received.....: 05/09/09  
 Ph(Off): . County.....: Assigned.....: 05/11/09  
 Contact Frequency: 000 / Payment Frequency: 000 / Coll.Fee %...: .00  
 Comaker: \*\*NONE\*\* Date Opened...: 12/11/06

	Original FOD	Judgment	Last Contact..:
Charge-Off Amt...:	5,107.85	0.00	Next Contact..:
Recovered Princ...:	0.00	0.00	Last Payment..:
Net Charge-Off...:	5,107.85	0.00	Payment Due...:
Associated Costs..:	0.00	0.00	Judgment Date:
Recovered Costs...:	0.00	0.00	Dead Transfer:
Accrued Interest..:	0.00	0.00	Payment Amt..: 0.00
Recovered Int.....:	0.00	0.00	Past Due Amt..: 0.00
Account Balance...:	5,107.85	0.00	Daily Int Amt: 0.00

PF Keys: 3=Prev

# 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> (8981448) Verizon Wireless Northeast PO Box 3397 Bloomington, IL 61702	<i>Claim No:</i> 47 <i>Original Filed</i> <i>Date:</i> 06/09/2009 <i>Original Entered</i> <i>Date:</i> 06/09/2009	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Becker, Elizabeth <i>Modified:</i>
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Unsecured claimed: \$5107.85
<b>Total      claimed: \$5107.85</b>

<i>History:</i>
<u>Details</u> <u>47-1</u> 06/09/2009 Claim #47 filed by Verizon Wireless Northeast, total amount claimed: \$5107.85 (Becker, Elizabeth )
<i>Description:</i> (47-1) 4959
<i>Remarks:</i>

## Claims Register Summary