

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) <u>Susan E. Massey</u>		Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent <u>2621 N. Mildred Ave., Unit #3</u> <u>Chicago, IL 60614</u>		Court Filing Number: _____ (if known)
Telephone number <u>312-351-5855</u>		Filed on: _____
Name and address where payment should be sent (if different from above)		* 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.
Telephone number		** Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>undetermined</u>		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.
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.		Specify the priority of the claim:
<input checked="" 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.		Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
2. Basis for Claim: <u>Wages, benefits, commissions, interest, attorney's fees</u> (See instruction #2 on reverse side.) <u>employment discrimination damages</u>		** 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)
3. Last four digits of any number by which creditor identifies debtor: <u>3688</u>		** Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)
Ja. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		** 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)
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.		** Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: _____		** Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____
Value of Property: \$ _____ Annual Interest Rate: ____%		Amount entitled to priority: <u>\$10,950.00</u>
Amount of arrearage and other charges as of time case filed included in secured claim: \$ _____		*Amounts are subject to adjustment on 12/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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>June 16, 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. <u>Susan E. Massey</u> <u>Susan E. Massey</u> <u>partner</u>	FOR COURT USE ONLY

Penalty for false or 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 22 2009

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