

UNITED STATES BANKRUPTCY COURT Eastern Dist of Virginia		PROOF OF CLAIM
Name of Debtor: On-Site Sourcing Inc		Case Number: 09-10816-RGM
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): WA State Dept of Labor & Industries		<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: BANKRUPTCY UNIT PO Box 44171 Olympia WA 98504-4171 Telephone number: (360) 902-4701		
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>20.59</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 checked="" 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>20.59</u> *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.
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>1900</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: 06/23/2009	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. NONA NIST <i>Nonac Nist</i>	
		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.

RECEIVED

JUN 29 2009

BMC GROUP

On-Site Sourcing, Inc.



00222

ITEMIZED STATEMENT

STATE OF WASHINGTON)
)
 COUNTY OF THURSTON)

ss

BANKRUPTCY
 CHAPTER 11

ACCOUNT ID: 055,719-00
 UBI NUMBER: 602 332 385

On-Site Sourcing Inc
 2011 Crystal Dr Ste 200
 Arlington VA 22202

		\$	\$	\$	\$
<u>QUARTERS</u>	<u>HOURS</u>	<u>PREMIUM DUE</u>	<u>PENALTY</u>	<u>INTEREST</u>	<u>PAID</u>
Oct, Nov, Dec 2008	276	34.78	-0-	0.18	16.99
Jan, Feb 1-4, 2009	20	2.62	-0-	-0-	-0-
TOTAL AMOUNT DUE		\$ 20.59			



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
BANKRUPTCY
PO Box 44171
Olympia WA 98504-4171

FILED
2009 JUN 26 P 2:59
US BANKRUPTCY COURT
ALEXANDRIA DIVISION

June 23, 2009

United States Bankruptcy Court
Eastern District of Virginia
200 S Washington St
Alexandria VA 22314-5405

RE: Case No : 09-10816
Debtor Name : On-Site Sourcing Inc
Account ID : 055,719-00
UBI ID : 602 332 385

Clerk:

Enclosed is a Ch 11 proof of claim for taxes owing to the Washington State Department of Labor and Industries in the amount of \$20.59 against the above named debtor.

Please file our claim with your court. (Each set has an original signature.) **Also, date stamp the extra copy of the claim and return it in the enclosed self-addressed stamped envelope.**

Sincerely,

Nona B Nist
Revenue Agent
(360) 902-4701
Nist235@lni.wa.gov

Enclosures

