
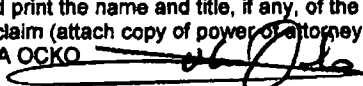


FORM B10 (Official Form 10) (12/03)

UNITED STATES BANKRUPTCY COURT Eastern District of Virginia		PROOF OF CLAIM		
Name of Debtor ON-SITE LA, INC.	Case Number 0910818 RGM	FILED 2009 OCT 16 P 2:36 CLERK US BANKRUPTCY COURT ALEXANDRIA DIVISION		
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 on 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): FRANCHISE TAX BOARD	<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY		
Name and address where notices should be sent BANKRUPTCY SECTION MS A340 FRANCHISE TAX BOARD PO Box 2952 Sacramento CA 95812-2952 Telephone number: (916) 845-4750				
Account or other number by which creditor identifies debtor: 2751452000	CHECK HERE <input type="checkbox"/> replaces a previously filed claim, dated: _____ IF THIS CLAIM <input type="checkbox"/> amends _____			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Service performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____	RECEIVED OCT. 27 2009 DMC GROUP	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 2005 2008 2008	3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed:	\$9,587.87 (unsecured)	\$0.00 (secured)	\$39,745.10 (priority)	\$49,312.97 (total)
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.				
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____	7. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$39,745.10 Specify the priority of the claim: SEE ATTACHED <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,850)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to government units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Unsecured Nonpriority Claim \$9,567.87 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or part of your claim is entitled to priority.				
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	This Space is For Court Use Only On-Site Sourcing, Inc.  00256			
Date 07/16/09	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): /s/ LUKA OCKO  Franchise Tax Board Claim Agent			

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.



STATE OF CALIFORNIA
BANKRUPTCY SECTION MS A340
FRANCHISE TAX BOARD
PO BOX 2952
SACRAMENTO CA 95812-2952
Telephone: (916) 845-4750 Fax: (916) 845-9799

Date: 07/16/09

Bankruptcy Case Number: 0910818 RGM

Debtor Name(s): ON-SITE LA, INC.

ATTACHMENT

Franchise Tax Board (FTB) reserves the right to amend this claim/request based on any audit or investigation of any filed income tax returns or any other audit or investigation.

FTB reserves the right to amend this claim/request in accordance with applicable law, including, without limitation, modifying the amounts claimed as an administrative expense, secured, priority, and unsecured for the purposes of this bankruptcy case.

FTB reserves the right to amend this claim/request to add additional penalties and interest.

FTB's claim, to the extent it is secured, is secured by all property and rights to property whether real or personal, tangible or intangible, including all after-acquired property and rights to property, belonging to the debtor(s) and located in this state. (California Revenue & Taxation Code §19221; California Government Code § 7170.) Should the value of the collateral be determined to be less than the amount of the secured claim or should the lien be avoided in whole or in part, FTB reserves the right to amend this claim to state its unsecured non-priority claim and its unsecured priority claim.

FTB's records indicate an income tax return has not been filed for the following tax year(s): 2009; 2008.

Accordingly, FTB reserves the right to amend this claim/request based upon receipt of such income tax return(s), any audit or investigation of such return(s), or any other audit or investigation.



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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 on an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.5em; margin-bottom: 10px;">2009 OCT 16 P 2:30</div> <div style="font-size: 1.2em;">CLERK US BANKRUPTCY COURT ALEXANDRIA DIVISION</div>				
Name of Creditor (The person or other entity to whom the debtor owes money or property): FRANCHISE TAX BOARD						
Name and address where notices should be sent BANKRUPTCY SECTION MS A340 FRANCHISE TAX BOARD PO Box 2952 Sacramento CA 95812-2952 Telephone number: (916) 845-4750						
Account or other number by which creditor identifies debtor: 2751452000		CHECK HERE <input type="checkbox"/> replaces IF THIS CLAIM <input type="checkbox"/> amends a previously filed claim, dated: _____				
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4. Total Amount of Claim at Time Case Filed:		SEE ATTACHED				
		<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">\$9,567.87 (unsecured)</td> <td style="text-align: center;">\$0.00 (secured)</td> <td style="text-align: center;">\$39,745.10 (priority)</td> <td style="text-align: center;">\$49,312.97 (total)</td> </tr> </table>	\$9,567.87 (unsecured)	\$0.00 (secured)	\$39,745.10 (priority)	\$49,312.97 (total)
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Date 07/16/09	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): /s/ LUKA OCKO Franchise Tax Board Claim Agent					

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 BANKRUPTCY SECTION MS A340
 FRANCHISE TAX BOARD
 PO BOX 2952
 SACRAMENTO CA 95812-2952

TELEPHONE NUMBER: (916) 845-4750

FAX NUMBER: (916) 845-9799

NOTICE DATE: 07/16/09

BANKRUPTCY CASE NUMBER:
 0910818 RGM

ACCOUNT NUMBER(S):
 2751452000

SIDE 2 OF PROOF OF CLAIM

United States Bankruptcy Court
 Eastern District of Virginia

PO Box 19247
 Alexandria VA 22320-0247

PETITION DATE:
 02/04/2009

DEBTOR(S):
 ON-SITE LA, INC.

TYPE OF LIABILITY:
 BANK AND CORPORATION

BASIS OF LIABILITY STATEMENT

CLAIM	BASIS	PERIOD	TAX	PENALTY	INTEREST	COSTS	TOTAL CLAIM
B	1	12/31/2005	\$30,941.00	\$637.05	\$7,330.45	\$0.00	\$38,908.50
B	3	12/31/2009	\$800.00	\$36.60	\$0.00	\$0.00	\$836.60
C	1	12/31/2005	\$0.00	\$7,735.25	\$1,832.62	\$0.00	\$9,567.87
T	3	12/31/2008	\$0.00	\$0.00	\$0.00	\$0.00	TBD

CLAIM

- A. Secured
- B. Unsecured Priority
- C. Unsecured General
- T. To Be Determined

BASIS

- 1. Return filed with balance due
- 3. No return filed
- 4. Audit Assessment
- 5. Other

COPY

TAX LIEN INFORMATION FOR SECURED CLAIM

LIEN CERTIFICATE NUMBER	RECORDING DATE	COUNTY RECORDER OR SECRETARY OF STATE	RECORDING INFORMATION	TAX YEARS SECURED

The Franchise Tax Board Bankruptcy Section takes an active role in resolving bankruptcy issues. The section can receive delinquent tax returns and encourages correspondence and telephone calls. The section is committed to providing assistance to prevent unnecessary litigation.

Eastern District of Virginia Claims Register

09-10818-RGM On-Site LA, Inc.

Judge: Robert G. Mayer **Chapter:** 11
Office: Alexandria **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (9248700) Bankruptcy Section MS A340 Franchise TAX Board PO Box 2952 Sacramento CA 95812-2952	Claim No: 3 <i>Original Filed</i> <i>Date: 10/16/2009</i> <i>Original Entered</i> <i>Date: 10/16/2009</i>	<i>Status:</i> <i>Filed by: CR</i> <i>Entered by: Chandler, Kimberly</i> <i>Modified:</i>
Unsecured claimed: \$9567.87 Total claimed: \$9567.87		
<i>History:</i> Details <u>3-1</u> 10/16/2009 Claim #3 filed by Bankruptcy Section MS A340, total amount claimed: \$9567.87 (Chandler, Kimberly)		
<i>Description:</i>		
<i>Remarks:</i> (3-1) kjc		

Claims Register Summary