

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA	PROOF OF CLAIM
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In re: ON-SITE SOURCING, INC.	Case Number: 09-10816-RGM
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NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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 and Address: the person or other entity to whom the debtor owes money or property AVALON ELECTRIC CORP 3632 KINGSBRIDGE AVE BRONX, NY 10463 718-543-2327	<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 this box if you are the debtor or trustee in this case. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above): <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FEB 03 2011</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BMC GROUP</div>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): Filed on: _____
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1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 18,559.95

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.

2. BASIS FOR CLAIM: <u>SERVICES/MATERIALS Performed</u>	(See instructions #2 and #3a on reverse side.)	3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>443 COMPANY</u>
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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 set off and provide the requested information

Nature of property or right of setoff:
Describe:

Real Estate Motor Vehicle Other _____

Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____

Secured Claim Amount: \$ 18,559.95 **DO NOT** include the priority portion of your claim here.
 Unsecured Claim Amount: \$ _____
 Amount of arrearage and other charges as of time case filed included in secured claim, _____

5. PRIORITY CLAIM

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. Unsecured Priority Claim Amount: \$ _____ Include **ONLY** the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$11,725*), 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). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).


Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. **DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

<p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on April 27, 2011.</p>	THIS SPACE FOR COURT USE ONLY On-Site Sourcing, Inc.  00274
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DATE <u>1/31/11</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>HAL FELLER, VP</u>
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INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p>Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Debtor Name</td> <td style="width: 40%;">Case No</td> </tr> <tr> <td>On-Site Sourcing, Inc</td> <td>09-10816-RGM</td> </tr> </table> <p>Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p>2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p>	Debtor Name	Case No	On-Site Sourcing, Inc	09-10816-RGM	<p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.</p> <p>6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Date-Stamped Copy Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
Debtor Name	Case No				
On-Site Sourcing, Inc	09-10816-RGM				

DEFINITIONS

INFORMATION

<p>DEBTOR A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p>CREDITOR A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.</p> <p>CLAIM A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p> <p>PROOF OF CLAIM A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page</p> <p>SECURED CLAIM Under 11 U.S.C. §506(a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.</p>	<p>The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p>UNSECURED NONPRIORITY CLAIM If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.</p> <p>UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.</p> <p>Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
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ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com



ED16A: Electrical Permit Application

Obey the Law-Obtain Permit before starting work
Section 27-3018(b)

INSTRUCTIONS:

- This form must be completed fully, clearly printed in ink or typewritten.
- Licensed Electrician must sign and seal the application.
- Mail the application or deliver it in person to NYC Department of Buildings, Electrical Division, 280 Broadway 4th Floor, New York, NY 10007.
- For Service/Meter work or a new or amended Certificate of Occupancy, certify that you have written Owner's Authorization. See section 13
- All incomplete applications will be returned to the applicant. Only authorized versions of this application will be accepted.

SAVE TIME

eFiling is the fastest & easiest way to submit applications
Go to www.nyc.gov/buildings

1 Licensee Information

Electrical Firm Name **AVALON ELECTRIC CORP.** License # **011398** Firm # **003192**
 Address **3632 KINGSBRIDGE AVENUE 2ND FL BRONX NY 10463**
 Email Address **JOE@AVALONELECTRICCORP.COM** Telephone # **718-543-2327** Fax#

2 Category of Work Check only one box

- N New Building R Rehabilitation, Extensions, New Circuitry Sign Shop Inspection
 M Minor Work (see instructions) \$15 Filing Fee Field Sign Inspection (see page 2 Section 10 #6C)

3 Construction Permit Information

Is this Job C of O (Certification of Occupancy) related? Yes No If work is C of O related or New Building please provide DOB
 Construction/ BIS Job Number _____

4 Owner/Occupant Violation Removal

X Removal of Violation Violation # (one per application)

5 Job Location

Borough **MANHATTAN** House No./ Street Name **443 PARK AVE. SOUTH**
 Floor/Room/Apt. No. **9TH FLOOR** Zip Code **10016**
 Special Place Name Work started or filed by others? Yes No
 Contractor's Comments (printed on work permit)

Work to be performed by licensed firms as a joint venture as per #27-3013.13. Provide firm and license no. of additional firms.

Lic.# _____ Firm # _____
 Lic.# _____ Firm # _____
 Job Start Date (MM/DD/YYYY) **10 30 2008** Completion Date (MM/DD/YYYY) **12 30 2008**

6 Work to be Done Check all boxes that apply

1. Service Work /Notify Utility (complete Section 10 #8) 3. Elevator/Escalator/ Material Lift 5. Fire Damage 7. HVAC Wiring
 2. Temporary Construction Service 4. Amusement Rides 6. General Wiring 8. Boiler/ Burner Wiring
 T. Temporary Light & Power W. Sidewalk Shed Wiring & Lighting (If W is selected, no other selections are allowed)
 S. Photovoltaic (Solar) Installs 9. Other: _____
 Removing violation(s) issued to another licensed firm. Application(s) # (s) (Max. 3)

7 Special Certification/Approval Required Check all boxes that apply

- A Adequate Wiring Program E Emergency Lighting Local Law 16/84 (Requires Compliance Letter) B Boiler Controls J-51 Certification L Fire Alarm Local Law #5

Application # M 2 8 6 4 7 4

8 Advisory Board Approval Required

Is advisory board approval required? Yes No (If yes, complete the following)

	Calendar No.	Submittal No.
<input type="checkbox"/> K 1000 KVA Service		
<input type="checkbox"/> S Special Permission		N/A
<input type="checkbox"/> M Elec. Nonmetallic Tubing (article # 362.30)		N/A
<input type="checkbox"/> N Manuf. Wiring System (article # 604 and # 605)		N/A
<input type="checkbox"/> Z Other		

9 Residential or Commercial Use Check only one box

- A One Family C Three Family F Factory O Office Bldg L Five or more Family J Theater
 B Two Family E Four Family G Garage H Hotel W School I Hospital or Health facility
 K Commercial (indicate type) Z Other: _____ Commercial/Residential # of Apts _____ # of Stores _____

10 Work Description

Item	Quantity	Cost	Fee amount	Indicate number and size
1. Service Switches				
A Up to 100 amps		@8.00		
B 101 to 200 amps		@30.00		
C 201 to 600 amps		@105.00		
D 601 to 1200 amps		@225.00		
E Over 1200 amps		@375.00		
2. Ser. Ent. & FDR Cond. (Each Set)				
A Up to #2 conductor		@15.00		
B Over #2 to 1/0	1	@30.00		1SET #1 4-WIRE FOR UPS
C Over 1/0 to 250 MCM		@45.00		
D Over 250 MCM		@75.00		
3. Panels				
A 1Ø up to 20-1 or 10-2 pole brkrs		@15.00		
B 1Ø over 20-1 or 10-2 pole brkrs		@37.50		
C 3Ø up to 225 amps		@50.00		
D 3Ø over 225 amps		@75.00		
4. Elevators, Escalators, Material Lifts				
A Total no. of Elevators, etc		@125.00		
B Each additional 10 floors or less		@83.00		
5. Boiler Controls				
6. Signs				
			Print additional tag #'s where indicated	
			filing fee only	
A Field Connection (tagged only)				1 _____ 6 _____
B Shop Inspection (complete page 4)		\$15.00		2 _____ 7 _____
C Field Inspection (tag required) (complete page 4)				3 _____ 8 _____
Up to 30 sq. ft. \$65.00				4 _____ 9 _____
31 to 60 sq. ft. \$90.00		\$ _____	Sign fee	5 _____ 10 _____
Over 60 sq. ft. \$115.00				
			Sub total \$	

Application # 286474

DOB/BIS# _____ Required for each sign mounted outdoors before sign is inspected at shop or field.

11 Electric Sign Inspection Information *Must be completed if page 2 section 10 #6 B or C applies*

Shop Location

Borough _____ House No./ Street name _____

Location Comments _____ Shop Telephone No. _____

Sign Description

Sign Dimensions (feet) _____ Total Sq. feet of sign _____ Total circuits in sign _____

Total lamps _____ Watts (lamps) _____ Number of transformer(s) _____

V.A. of each transformer _____ Total watts or V.A. (Volt Ampere) _____

(American wire) AWG gauge of wire _____ No. of sockets per circuit _____

Material and gauge used in sign construction (give details) _____

Make of sign _____ Manufacturer of sign _____

Manufacturer address _____

**Sketch of sign
(Give reading matter contained)**

Application # 2286474

12 Owner's Information			
Last name	LAPLANT	First Name	CHRISANY
		M.I.	Title
Business name/ agency	ONSITE	Phone	2122521717
Address	443 PARK AVE. SOUTH	City	NEW YORK
		State	NY
		Zip	10016
Authorized representative Last name	First name		
Authorized representative, state relationship to building owner			

13 Certification of Owner Authorization for Electrical Work

Please answer the following questions. Where the answer to the question(s) below is yes, the following certification(s) by the license shall apply.

Does the application involve authorization to power or energize a meter? Yes No

This Electrical Permit Application involves the energizing of a meter. I certify that I have obtained a signed certification from the building owner, or his or her authorized representative, affirming that the intended use or purpose of the new, additional or existing meter(s) indicated in the Service/Meter Equipment section of this application will be in compliance with Section 27-3018 of the NYC Electrical Code and acknowledging that the energizing of electrical work without a valid permit, or other required authorization set forth by Department of Buildings ("Department") Rules, is a violation of Section 27-3020 of the NYC Electrical Code. I also certify that this signed certification is available upon request by the Department.

Licensee Signature _____ Date _____

Does the application involve a new or amended Certificate of Occupancy and/or service or meter work? Yes No

This Electrical Permit Application includes Service/Meter Work and/or work that will result in the issuance of a new or amended Certificate of Occupancy. I certify that I have obtained a signed authorization from the building owner, or his or her authorized representative, who has authorized the work to be performed as indicated herein, and has acknowledged that upon completion of such electrical work (including any minor amendment of the work indicated herein), pursuant to Section 27-3018(b) of the NYC Electrical Code, the Department of Buildings ("Department"), or its certified representative, will be allowed access to inspect such work. I also certify that this signed authorization is available upon request by the Department.

Licensee Signature _____ Date _____

14 Responsible Representative ("R.R.") / Licensee Statement

I, the undersigned Responsible Representative (or License associated with such business acting pursuant to an accepted written delegation), or Special Electrician, submit this Electrical Permit Application to the Commissioner of the NYC Department of Buildings for issuance of a permit to perform electrical work as described herein and in so doing acknowledge that all electrical work to be performed as described under this application will be done under my supervision and in complete accordance with all applicable codes and regulations, including but not limited to, the NYS Energy Conservation Construction Code.

This application involves a NYCHA Fee Exempt property ? Yes No



I also acknowledge that the information provided on this application is true to the best of my knowledge.

Name (please print)
JOSEPH FERGUSON

 Signature of Authorized Licensed Representative
JOSEPH FERGUSON

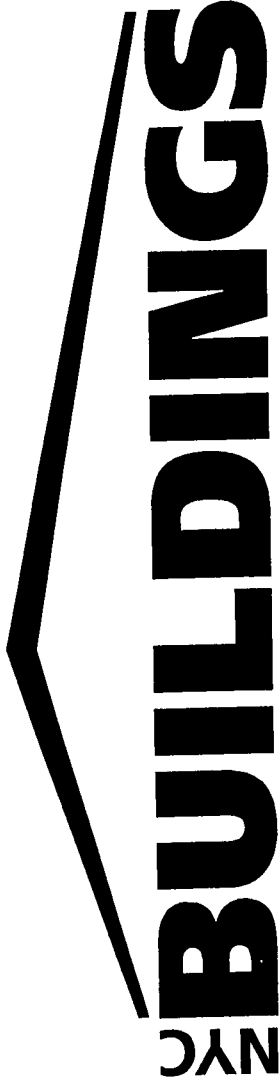
 Date
10/30/2008

PENALTY FOR FALSIFICATION: Falsification on any statement made herein with intent to defraud or deceive is a misdemeanor (Sec. 27-3017 (b), (c) of NYC Adm. Code) **SUBSTANTIAL REVISIONS** to this application will require the filing of a new application with the appropriate fee.

Application # 286474

Internal Use Only	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer's Initials: <u>eFiling</u> Date: <u>10/30/2008</u>

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE JOB SITE



Electrical Work Permit Department of Buildings

Application Number: M286474

Address: 443 PARK AVE. S, 9TH FLOOR, NEW YORK, NY 10016

Description of Work:

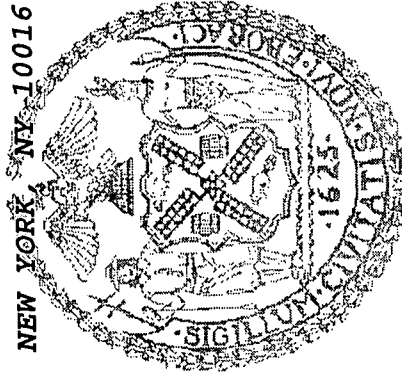
6 - GENERAL WIRING

Issued: 10/30/2008

Expires: 10/30/2011

Contractor Address:
AVALON ELECTRIC CORP.

3632 KINGSBRIDGE AVENUE 2ND FL
BRONX, NY 10463



For detailed information regarding this permit, please log on to BISWeb at www.nyc.gov/buildings

Emergency Telephone Day or Night: 311

Borough Commissioner: Christopher M Santall, Commissioner of Buildings: *[Signature]*

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment or both.

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Estimate

Date	Estimate #
10/21/2008	8474

Name / Address
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

E **MAILED** 10/21

Project

Description	Qty	Rate	Total
<p>We respectfully propose to do the following work at the above address:</p> <p>As per walk thru with James Walston and Chrisany LaPlant of Onsite and David Halstead of Avalon Electric Corp. on 10/18/2008 ALL WORK ON THE 9TH FLOOR -</p> <p>Provide and Install (6) Dedicated circuits for receptacles in EFP room on 9th floor using conduit to bring power from breaker panel to receptacles.</p> <p>Provide and install (1) Dedicated 125 AMP 208 Volt 3-Phase circuit for UPS (back up) in server room.</p> <p>Provide and install (1) Dedicated 50 AMP 208 Volt 3-Phase circuit for Air Conditioning in server room.</p> <p>Provide and install (1) Dedicated 20 AMP 120 Volt circuit for future A/C Air Handler in server room.</p> <p>Provide and install (3) Dedicated 20 AMP 120 Volt circuits for Phone Racks in server room.</p> <p>Provide and install (1) Dedicated 20 AMP 120 Volt circuit for Security Panel.</p> <p>Relocate (3) Receptacles from one side of wall to the opposite wall</p>			
If accepted please sign and return by fax 718-543-2328		Subtotal	
Accepted by _____ date _____		Sales Tax (8.375%)	
		Total	

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Estimate

Date	Estimate #
10/21/2008	8474

Name / Address
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

Project

Description	Qty	Rate	Total
<p>in EFP room.</p> <p>Provide and install (1) new receptacle using existing power in entry office.</p> <p>Elevate all existing fluorescent light sections (114 lights on 32 sections) by 30". (Using existing jack chain)</p> <p>Check entire space on 9th floor for any electrical code violation. (repairs only made after inspection and approval from OnSite on a Time and Material Basis:</p> <p>Time and Materials Time Mechanic time hourly is \$75.00 per hour Helper time hourly is \$58.00 per hour Materials are actual cost plus 25%</p>			
If accepted please sign and return by fax 718-543-2328		Subtotal	
Accepted by _____ date _____		Sales Tax (8.375%)	
		Total	

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Estimate

Date	Estimate #
10/21/2008	8474

Name / Address
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

Project

Description	Qty	Rate	Total
Total Labor for above work		11,950.00	11,950.00
Materials for above work		5,940.00	5,940.00
PLEASE NOTE: WE WILL NEED A COMPLETED CERTIFICATE OF CAPITAL IMPROVEMENT FORM OR COLLECT SALES TAX Please Note: A. All work to be done as per N.Y.C. Electrical Codes. B. All work to be performed during regular work hours. C. All chopping and patching of the floor and walls by others. D. This price Non-union E. 30% deposit upon acceptance and maybe invoiced weekly based on percentage completed			
If accepted please sign and return by fax 718-543-2328		Subtotal	\$17,890.00
Accepted by <u><i>be</i></u> date <u> </u>		Sales Tax (8.375%)	\$0.00
		Total	\$17,890.00



NOTICE OF MECHANIC'S LIEN

To the Clerk of the County of MANHATTAN, NEW YORK and all others whom it may concern:

Please Take Notice, that AVALON ELECTRIC CORP.

as lienor(s) have and claim a lien on the real property hereinafter described as follows:

(1) The names and residences of the lienor(s) are AVALON ELECTRIC CORP
3632 KINGS BRIDGE AVE
BROX NY 10463

being a (partnership) (corporation) composed of

whose business address is at 3632 KINGS BRIDGE AVE
and whose principal place of business is at BROX NY 10463

(1a) The name and address of lienor's attorney, if any

(2) The owner of the real property is 443 Company

and the interest of the owner as far as known to the lienor(s) is 100%

(3) The name of the person by whom the lienor(s) was (were) employed is CHRISANY LAPLANT - ONSITE

The name of the person to whom the lienor(s) furnished or is (are) to furnish material or for whom the lienor(s) performed or is (are) to perform professional services is ONSITE - 443 PARK AVE S. L NY NY 10016

(4) The labor performed was INSTALL LIGHTING - POWER - SWITCHING
FOR THE OFFICES OF ONSITE - 3

The material furnished was

The materials actually manufactured for but not delivered to the real property are

The agreed price and value of the labor performed is \$

The agreed price and value of the material furnished is \$

The agreed price and value of the material actually mfd. for but not delivered to the real prop. is \$

Total agreed price and value \$ 23,926.95

(5) The amount unpaid to the lienor(s) for said labor performed is \$

The amount unpaid to the lienor(s) for said material furnished is \$

The amount unpaid to lienor(s) for material actually mfd. for but not delivered to the real prop. is \$

Total amount unpaid \$ 18,559.95

The total amount claimed for which this lien is filed is \$ 18,559.95

(6) The time when the first item of work was performed was 10/31/2008

The time when the first item of material was furnished was 10/31/2008

The time when the last item of work was performed was 12/12/2008

The time when the last item of material was furnished was 12/12/2008

(7) The property subject to the lien is situated in the Borough of MANHATTAN County of New York

City of New York, on the _____ side of _____ feet and _____ inches _____ of _____, being _____ feet

and _____ inches wide, front and rear by _____ feet and _____ inches deep on each side

and known as Number 443 PARK AVE S. 2ND FLOOR, NEW YORK, NY 10016 - BLOCK 886 LOT 1

That said labor and materials were performed and furnished for and used in the improvement of the real property hereinbefore described. That 8 months (4 months if a single family dwelling) have not elapsed dating from the last item of work performed, or from the last items of materials furnished, or since the completion of the contract, or since the final performance of the work, or since the final furnishing of the materials for which this lien is claimed.

Dated 1/29/09

The name signed must be printed beneath
HAL PELLOR, VD

FILED
COUNTY CLERK
NEW YORK COUNTY
JAN 29 AM 10:42

FAX COVER SHEET

Avalon Electric Corp.
3632 Kingsbridge Avenue
Bronx, New York 10463

FAXED

Send to: Onsite3	From: Hal Peller
Attention: Bill Truchan <i>PAM BROTT</i>	Date: 12/16/2008 10:17 AM
Re: Open Invoices for work at NY Onsite3	Phone number: 718-543-2327
Fax: 703.276.1172 — <i>703-</i>	Fax number: 718-543-2328

683-0240

Total pages, including cover: 6

Comments:

Bill,
Please review the attached material including Invoices #9835 and #9841 for work done at your New York office. We were asked and complied with a fast track work load on this project so that your folks would not be inconvenienced. Please call me after you review to let me know the status of payment.

Thanks,

Hal

Hal Peller
Avalon Electric Corp.
3632 Kingsbridge Avenue
Bronx, NY 10463
718-543-2327
Hal@AvalonElectricCorp.com

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Statement

Date
12/16/2008

Bill To

Onsite3
 Chrisany LaPlant
 443 Park Avenue South, 9th Floor
 New York, NY 10016

		Amount Due	Amount Enc.		
		\$18,559.95			
Date	Description	Amount	Balance		
12/31/2007	Balance forward		0.00		
10/30/2008	INV #9827. Due 10/30/2008.	5,967.00	5,967.00		
10/30/2008	PMT #28974.	-5,367.00	600.00		
11/05/2008	INV #9835. Due 11/05/2008.	15,935.50	16,535.50		
11/19/2008	INV #9841. Due 11/19/2008.	2,024.45	18,559.95		
Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
0.00	2,024.45	16,535.50	0.00	0.00	\$18,559.95

Please Note:
 Outstanding balances older than 30 days may accrue an interest rate of 1.75% per month.

Avalon Electric
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Work Order

Date	Invoice #
11/19/2008	9841

Bill To
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

Project

Description	Qty	Rate	Amount
We sent a mechanic to do the following work at the above address: Provide and install power for low voltage transformer and electric door lock Provide and install (1) receptacle in IT Office (tapped power from existing source in IT office) Provide and install (1) receptacle and (1) switch for 30 AMP A/C Provide and assemble (4) locking custom extension cords Total for above work		1,868.00	1,868.00T
		Sales Tax (8.375%)	\$156.45
Thank you for your business.		Total	\$2,024.45

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Progress Invoice

Date	Invoice #
11/5/2008	9835

Bill To
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

Project

Description	Rate	Prior %	Curr %	Total %	Amount
<p>We respectfully propose to do the following work at the above address:</p> <p>As per walk thru with James Walston and Chrisany LaPlant of Onsite and David Halstead of Avalon Electric Corp. on 10/18/2008 ALL WORK ON THE 9TH FLOOR -</p> <p>Provide and Install (6) Dedicated circuits for receptacles in EFP room on 9th floor using conduit to bring power from breaker panel to receptacles.</p> <p>Provide and install (1) Dedicated 125 AMP 208 Volt 3-Phase circuit for UPS (back up) in server room.</p> <p>Provide and install (1) Dedicated 50 AMP 208 Volt 3-Phase circuit for Air Conditioning in server room.</p> <p>Provide and install (1) Dedicated 20 AMP 120 Volt circuit for future A/C Air Handler in server room.</p> <p>Provide and install (3) Dedicated 20 AMP 120 Volt circuits for Phone Racks in server room.</p> <p>Provide and install (1) Dedicated 20 AMP 120 Volt circuit for Security Panel.</p> <p>Relocate (3) Receptacles from one side of wall to the opposite wall in EFP room.</p> <p>Provide and install (1) new receptacle using existing power in entry office.</p> <p>Elevate all existing fluorescent light sections (114 lights on 32 sections) by 30". (Using existing jack chain)</p>					
Thank you for your business.	Total				

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Progress Invoice

Date	Invoice #
11/5/2008	9835

Bill To
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

Project

Description	Rate	Prior %	Curr %	Total %	Amount
Check entire space on 9th floor for any electrical code violation. (repairs only made after inspection and approval from OnSite on a Time and Material Basis: Time and Materials Time Mechanic time hourly is \$75.00 per hour Helper time hourly is \$58.00 per hour Materials are actual cost plus 25%					
Thank you for your business.	Total				

Avalon Electric Corp.
 3632 Kingsbridge Avenue
 Bronx, NY 10463
 (718) 543-2327

Progress Invoice

Date	Invoice #
11/5/2008	9835

Bill To
Onsite3 Chrisany LaPlant 443 Park Avenue South, 9th Floor New York, NY 10016

Project

Description	Rate	Prior %	Curr %	Total %	Amount
Total Labor for above work	11,950.00	30.00%	70.00%	100.00%	8,365.00
Materials for above work	5,940.00	30.00%	70.00%	100.00%	4,158.00
Additional Insurance	2,000.00	30.00%	70.00%	100.00%	1,400.00
PLEASE NOTE: WE WILL NEED A COMPLETED CERTIFICATE OF CAPITAL IMPROVEMENT FORM OR COLLECT SALES TAX Please Note: A. All work to be done as per N.Y.C. Electrical Codes. B. All work to be performed during regular work hours. C. All chopping and patching of the floor and walls if needed by others. D. This price Non-union E. 30% deposit upon acceptance and maybe invoiced weekly based on percentage completed					
Additional Work -					
Provide and Install (1) switch for the IT room	200.00		100.00%	100.00%	200.00
Additional charge for 31 overtime hours @ \$37.50 per each overtime hour	1,162.50		100.00%	100.00%	1,162.50
Relocate power at (2) locations to accommodate new openings in walls	450.00		100.00%	100.00%	450.00
Provide and Install receptacle for employee time clock	200.00		100.00%	100.00%	200.00

Thank you for your business.	Total	\$15,935.50
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