

PROOF OF CLAIM

In re: **ON-SITE SOURCING, INC.**

Case Number: **09-10816-RGM**

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.

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.
 Check this box if you are the debtor or trustee in this case.

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

STAFFING NOW, INC.
200 W ADAMS Suite 1001
CHICAGO, IL 60606
23642340005371

Creditor Telephone Number **954 374-7066 x238**

Name and address where payment should be sent (if different from above):

Payment Telephone Number **954 374-7066 x238**

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

RECEIVED
FEB 17 2011

Check this box to indicate that this claim amends a previously filed claim.
Claim Number (if known):
Filed on: **3/1/11**

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **2,819.26** BMC GROUP

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: **services performed**

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **330825**
3a. Debtor may have scheduled account as:

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

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).
 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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 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).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 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.

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.

BY MAIL TO:
BMC Group, Inc
Attn: On Site Chapter 7 Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: On Site Chapter 7 Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

THIS SPACE FOR COURT USE ONLY

On-Site Sourcing, Inc.
00285

DATE: **2/14/11** 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.
Jill Mok Collections Mgr

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571
954-374-7066 x238



REMIT TO:
SNI Companies
200 West Adams Street
Suite 1001
Chicago, IL 60606
954-374-7066 x238

INVOICE
147667

83

Customer Number	Invoice Date	Page
330825-100	08/27/08	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

<i>Week Ending Date</i>	<i>First Name, Last Name</i>	<i>Hours</i>	<i>Rate</i>	<i>Reference</i>	<i>Amount</i>
08/24/08	Kimberly Howard	7.00	15.75	MAIL ROOM	110.25
PAYMENT DUE UPON RECEIPT		7.00	PLEASE PAY THIS AMOUNT -->		\$ 110.25

*A finance charge of 1.5% will be charged on all
unpaid balances over 30 days.*

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INVOICE
147855

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Customer Number	Invoice Date	Page
330825-100	09/03/08	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

Week Ending Date	First Name, Last Name	Hours	Rate	Reference	Amount
08/31/08	Carolyn Major	7.00	15.75	MAIL ROOM	110.25
PAYMENT DUE UPON RECEIPT		7.00	PLEASE PAY THIS AMOUNT -->		\$ 110.25

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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INVOICE
148651

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Customer Number	Invoice Date	Page
330825-100	10/01/08	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

<i>Week Ending Date</i>	<i>First Name, Last Name</i>	<i>Hours</i>	<i>Rate</i>	<i>Reference</i>	<i>Amount</i>
09/28/08	James Herman	4.75	15.75	MAIL ROOM	74.81
PAYMENT DUE UPON RECEIPT		4.75	PLEASE PAY THIS AMOUNT -->		\$ 74.81

*A finance charge of 1.5% will be charged on all
unpaid balances over 30 days.*

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148838

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Customer Number	Invoice Date	Page
330825-100	10/08/08	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

Week Ending Date	First Name, Last Name	Hours	Rate	Reference	Amount
10/05/08	Theodore Mulvey	37.50	15.75	MAIL ROOM	590.63
PAYMENT DUE UPON RECEIPT		37.50	PLEASE PAY THIS AMOUNT -->		\$ 590.63

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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Customer Number	Invoice Date	Page
330825-100	11/05/08	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

Week Ending Date	First Name, Last Name	Hours	Rate	Reference	Amount
11/02/08	Trae Bundrant	7.00	15.75	MAIL ROOM	110.25
PAYMENT DUE UPON RECEIPT		7.00	PLEASE PAY THIS AMOUNT -->		\$ 110.25

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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150431

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Customer Number	Invoice Date	Page
330825-100	12/10/08	1

Accounts Payable
Onsite Sourcing
 2011 Crystal Drive
 Suite 200
 Arlington, VA 22202

Week Ending Date	First Name, Last Name	Hours	Rate	Reference	Amount
12/07/08	Benjamin Mattson	14.00	15.75	MAIL ROOM	220.50
PAYMENT DUE UPON RECEIPT		14.00	PLEASE PAY THIS AMOUNT -->		\$ 220.50

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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INVOICE
150594

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Customer Number	Invoice Date	Page
330825-100	12/17/08	1

Accounts Payable
Onsite Sourcing
 2011 Crystal Drive
 Suite 200
 Arlington, VA 22202

Week Ending Date	First Name, Last Name	Hours	Rate	Reference	Amount
12/14/08	Trae Bundrant	32.75	15.75	MAIL ROOM	515.81
PAYMENT DUE UPON RECEIPT		32.75	PLEASE PAY THIS AMOUNT -->		\$ 515.81

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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INVOICE
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Customer Number	Invoice Date	Page
330825-100	12/24/08	1

Accounts Payable
Onsite Sourcing
 2011 Crystal Drive
 Suite 200
 Arlington, VA 22202

Week Ending Date	First Name, Last Name	Hours	Rate	Reference	Amount
12/21/08	Trae Bundrant	22.50	15.75	MAIL ROOM	354.38
PAYMENT DUE UPON RECEIPT		22.50	PLEASE PAY THIS AMOUNT -->		\$ 354.38

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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Customer Number	Invoice Date	Page
330825-100	12/31/08	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

<i>Week Ending Date</i>	<i>First Name, Last Name</i>	<i>Hours</i>	<i>Rate</i>	<i>Reference</i>	<i>Amount</i>
12/28/08	Trae Bundrant	6.25	15.75	MAIL ROOM	98.44
12/28/08	Gale Larner	7.50	15.75	MAIL ROOM	118.13
PAYMENT DUE UPON RECEIPT		13.75	PLEASE PAY THIS AMOUNT -->		\$ 216.57

*A finance charge of 1.5% will be charged on all
unpaid balances over 30 days.*

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Customer Number	Invoice Date	Page
330825-100	01/07/09	1

Accounts Payable
Onsite Sourcing
 2011 Crystal Drive
 Suite 200
 Arlington, VA 22202

<i>Week Ending Date</i>	<i>First Name, Last Name</i>	<i>Hours</i>	<i>Rate</i>	<i>Reference</i>	<i>Amount</i>
01/04/09	Trae Bundrant	16.00	15.75	MAIL ROOM	252.00

PAYMENT DUE UPON RECEIPT

*A finance charge of 1.5% will be charged on all
 unpaid balances over 30 days.*

16.00

PLEASE PAY THIS AMOUNT -->

\$ 252.00

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INVOICE
151222

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Customer Number	Invoice Date	Page
330825-100	01/14/09	1

Accounts Payable
Onsite Sourcing
2011 Crystal Drive
Suite 200
Arlington, VA 22202

<i>Week Ending Date</i>	<i>First Name, Last Name</i>	<i>Hours</i>	<i>Rate</i>	<i>Reference</i>	<i>Amount</i>
01/11/09	Jamie McLendon	16.75	15.75	MAIL ROOM	263.81
PAYMENT DUE UPON RECEIPT		16.75	PLEASE PAY THIS AMOUNT -->		\$ 263.81

A finance charge of 1.5% will be charged on all unpaid balances over 30 days.

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