

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM	
In re: ON-SITE SOURCING, INC.		Case Number: 09-10816-RGM	
<small>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.</small>		<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.	
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property <div style="display: flex; align-items: center;"> <div> 23642340005866 ACTIVE MICROGRAPHICS 21757 DEVONSHIRE ST STE 4 CHATSWORTH, CA 91311 </div> </div>			
Creditor Telephone Number <u>818 998-2561</u>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 29 2011 BMC GROUP </div>	
Name and address where payment should be sent (if different from above): 			
Payment Telephone Number ()		THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): _____ Filed on: _____	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>3,900.27</u> <small>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.</small> <small>If all or part of your claim is entitled to priority, complete item 5.</small>			
<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.			
2. BASIS FOR CLAIM: <u>SERVICES PERFORMED</u>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>7999</u> <small>3a. Debtor may have scheduled account as:</small>	
4. SECURED CLAIM (See instruction #4 on reverse side.) <div style="display: flex; justify-content: space-between;"> <div> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____ </div> <div> Secured Claim Amount: \$ _____ Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges as of <u>time case filed</u> included in secured claim, </div> </div>			
5. PRIORITY CLAIM <input type="checkbox"/> 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: \$ _____ <small>Include ONLY the priority portion of your unsecured claim here.</small> You <u>MUST</u> specify the priority of the claim: <div style="display: flex; justify-content: space-between;"> <div> <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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). </div> <div> <input type="checkbox"/> 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). <input 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) (_____). <small>* 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.</small> </div> </div>			
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: <u>Attach redacted copies of supporting documents</u> , 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.		THIS SPACE FOR COURT USE ONLY	
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	
DATE <u>3-25-11</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>GRACE CASTILLO - VP/OPERATIONS</u>	

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)

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.	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.		
<table border="1"><tr><td>Debtor Name On-Site Sourcing, Inc</td><td>Case No 09-10816-RGM</td></tr></table>	Debtor Name On-Site Sourcing, Inc	Case No 09-10816-RGM	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.
Debtor Name On-Site Sourcing, Inc	Case No 09-10816-RGM		
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).	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.		
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.	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.		
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.	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.		
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.	Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.		
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.	Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."		
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.			

DEFINITIONS

INFORMATION

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

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.

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.

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

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.

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).

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.

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.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

document showing that the lien has been filed or recorded.

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.

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.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com

Active Micrographics, Inc.

dba Active Copy Support

21757 Devonshire St., Suite 4 Chatsworth CA 91311

Telephone (818) 998-2561 Fax (818) 998-2329

Fed Tax ID#: 95-4786286

Statement

Closing Date: **October 24, 2008****Bill To:**

On Site E-Discovery
Attn: Accounts Payable
2011 Crystal Drive, Suite 200
Arlington, VA 22202

Ship To:

On Site E-Discovery
Attn: Ray Rivera
550 S Hope Street Suite 800
Los Angeles, CA 90071

Date	Invoice Number	Amount	Payments	Due
05/25/2007	7999 ✓	18,325.08	14,418.81	3,906.27
		\$18,325.08	\$14,418.81	\$3,906.27

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$0.00	\$0.00	\$0.00	\$3,906.27	\$3,906.27

70388

Active Micrographics, Inc.

dba Active Copy Support
 21757 Devonshire St., Suite 4 Chatsworth CA 91311
 Telephone (818) 998-2561 Fax (818) 998-2329
 Fed Tax ID#: 95-4786286

Invoice

Number: 7999
 Date: May 25, 2007

Bill To:

On Site E-Discovery
 Attn: Ray Rivera
 550 S. Hope St. Suite 800
 Los Angeles, Ca 90071

Ship To:

On Site E-Discovery
 Attn: Ray Rivera
 550 S. Hope St. Suite 800
 Los Angeles, Ca 90071

PO Number	Terms	Job Number	Case Name
IL00227635	Due Upon Receipt		

Description	Quantity	Price	Amount
-Scan - Concordance(.dat) with Text Field	144,779.00	0.12	17,373.48
-Scan - Color	961.00	0.60	576.60
-Cd-Rom Master	25.00	15.00	375.00
-Pick up / Delivery	1.00	0.00	0.00
5/29/2007			
ATTN: RAY			
FAX#213-689-0417			
Total			\$18,325.08

Please Remit Payment to: Active Micrographics Inc
 21757 Devonshire Street Suite 4 Chatsworth CA 91311

THANK YOU FOR YOUR BUSINESS.

PLEASE NOTE THE FOLLOWING POLICY: We are aware that you are billing these expenses to your client. However, Active Micrographics Inc. requires payment within our terms regardless of your receivables. Overdue accounts will be charged a late payment fee of 1.5%per month, or maximum permitted by law.
RETURNED CHECK FEE IS \$25.00.

(Handwritten signature and date)
 5/29/07

BOX NO.	TIFF NO.	JPG NO.	DOCUMENTS	FOLDERS	TOTAL PAGES
29	3408	32	1463	54	3440
30	4251	447	1683	101	4698
31	4812	17	2183	49	4829
38	4253	0	2097	19	4253
39	3026	43	1580	34	3069
45	2605	65	1274	21	2670
46	3020	57	1678	37	3077
55	5259	100	2659	156	5359
56	3493	37	1515	90	3530
73	3791	7	1252	15	3798
74	4499	0	348	51	4499
75	2538	17	39	3	2555
77	5991	8	2406	32	5999
372	4041	120	1161	33	4161
376	4300	10	1006	26	4310
395	3066	1	1688	155	3067
396	2456	0	1396	138	2456
397	2856	0	1552	127	2856
466	3891	0	185	14	3891
468	5349	0	2461	96	5349
473	3089	0	156	20	3089
474	5199	0	324	20	5199
508	5490	0	237	8	5490
509	5015	0	216	9	5015
516	6600	0	458	22	6600
517	1038	0	84	1	1038
518	5650	0	410	16	5650
519	6049	0	567	17	6049
520	7140	0	1003	24	7140
521	2411	0	625	3	2411
522	2822	0	629	79	2822
523	3294	0	1395	69	3294
524	4589	0	1075	48	4589
596	5243	0	181	10	5243
597	4245	0	137	11	4245

25 CDs

144779

961

145740

6/11/07

1 CD Replacement for Box 372.1
5th floor

1 CD Box 372.1 Esmeralda Hernandez

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070565**Date: **May 25, 2007****Bill To:**

ON SITE E-DISCOVERY
 ACCOUNTS PAYABLE
 550 South Hope Street
 Suite 800
 Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
 Attn.: Ray Rivera
 550 South Hope Street
 Suite 800
 Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt)		
	CD Vol. : Box00596	5,243.00	0.00
	Box00597	4,245.00	0.00
	CD Vol. : Box00517	1,038.00	0.00
	Box00521	2,411.00	0.00
	Box00522	2,822.00	0.00
	CD Vol. : Box00520	7,140.00	0.00
	CD Vol. : Box00395		
	Tiff Images	3,066.00	0.00
	Jpeg Images	1.00	0.00
	Box00473	3,089.00	0.00
	Box00474	5,199.00	0.00
	CD Vol. : Box00519	6,049.00	0.00
2	CD-Rom (Master)	5.00	0.00
3	Delivery	1.00	0.00

RECEIVED IN GOOD ORDER BY:

Ray Rivera

DELIVERY DATE / TIME:

5/25/07 1:05

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070554**Date: **May 24, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt)		
	CD Vol. : Box00396	2,456.00	0.00
	Box00397	2,856.00	0.00
	Box00466	3,891.00	0.00
	Box00468	5,349.00	0.00
	CD Vol. : Box00508	5,490.00	0.00
	CD Vol. : Box00509	5,015.00	0.00
	CD Vol. : Box00516	6,600.00	0.00
	CD Vol. : Box00518	5,650.00	0.00
	CD-Rom (Master)	5.00	0.00
2	Delivery	1.00	0.00
Jobsite Location : IN-HOUSE			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

Ray Rivera

DELIVERY DATE / TIME:

5/24/07 11:40 AM

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery Receipt

Number: 070538

Date: May 18, 2007

Bill To:

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Boxes Original Documents - RETURNED Box00509 - 178 Box00520 - 183 Box00521 - 184 Box00522 - 185 Box00596 - 212 Box00597 - 213	6.00	0.00
2	Delivery	1.00	0.00
Jobsite Location : IN-HOUSE			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

Ray Rivera
5/18/07 4:10

DELIVERY DATE / TIME:

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

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Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070533**Date: **May 18, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn: Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt) CD Vol. : Box00376 Tiff Images Jpeg Images CD Vol. : Box00372.1 Tiff Images CD Vol. : Box00372.2 Tiff Images Jpeg Images	 4,300.00 10.00 3,493.00 550.00 118.00	 0.00 0.00 0.00 0.00 0.00
2	CD-Rom (Master)	3.00	0.00
3	Declaration of Professional Photocopier	1.00	0.00
Jobsite Location : IN-HOUSE			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

DELIVERY DATE / TIME:

RICKY *RAY RIVERA* RICKY
8/18/07 11:50 AM.

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070515**Date: **May 16, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

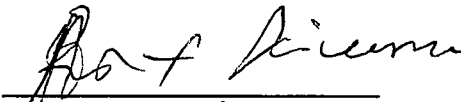
Ship To:

ON SITE E-DISCOVERY
Attn. : Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Boxes Original Documents - RETURNED Box00508 - 177 Box00517 - 180		
Jobsite Location : IN-HOUSE			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:



DELIVERY DATE / TIME:

5/16/07 2:16 PM

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

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Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery Receipt

Number: 070504

Date: May 14, 2007

Bill To:

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Boxes Original Documents Returned (Boxes: 516, 518, 519 & 524)	4.00	0.00
2	Delivery (Partial)	1.00	0.00
3	(2) CD'S	2	
Jobsite Location : Inhouse			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

DELIVERY DATE / TIME:

Ray Rivera
5/14/07 2:20 P.M.

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070487**Date: **May 10, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

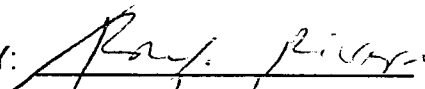
Ship To:

ON SITE E-DISCOVERY
Attn. : Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Original Documents - RETURNED Bxs. Box 00396 - 132 Box 00397 - 133 Box 00466 - 163 Box 00468 - 164 Box 00473 - 165 Box 00474 - 166 Box 00523 - 186	7.00	0.00
Total			\$0.00

RECEIVED IN GOOD ORDER BY:



DELIVERY DATE / TIME:

5/10/07 3:30 P.M.

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery Receipt

Number: 070447

Date: May 01, 2007

Bill To:

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : Ray Rivera
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
	IL00227635	70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - Concordance(.dat) , Opticon(.opt)	3,292.00	0.00
2	Images Captured - Color (jpg)	131.00	0.00
3	-CD-Rom Master (Cd Volume: Box 75)	1.00	0.00
4	Delivery (Partial)	1.00	0.00
Jobsite Location : 12861 Schabarum Avenue Irwindale, CA 91706			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

Ray Rivera

DELIVERY DATE / TIME:

5/2/07 10:50 AM

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

PACKING LIST/DELIVERY RECEIPT

ACTIVE MICROGRAPHICS, INC.

(818) 998-2561
21757 DEVONSHIRE ST., SUITE 4.
CHATSWORTH, CA 91313

☐ PACKING LIST

☒ DELIVERY RECEIPT

SHIP TO	ON-SITE E - DISCOVERY
	LOS ANGELES

SOLD TO	

CUSTOMER ORDER NO.		DATE SHIPPED		SHIPPED VIA		OUR NO.		SALESPERSON			
		5/02/07									
✓	QUANTITY	ITEM NO.	DESCRIPTION								
	1	BOX	ORIGINAL DOCUMENTS BOX 075								
			RETURNED								
			— NF —								
			ATTN: RAY E.								
CARTONS		TOTAL WEIGHT		ORDER COMPLETE		BALANCE TO FOLLOW		PACKED BY		CHECKED BY	
RECEIVED IN GOOD ORDER BY:											
X Ray P. Kern											

10:50 A.M.

PLEASE NOTIFY US IMMEDIATELY
IF ERROR IS FOUND IN SHIPMENT

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery Receipt

Number: 070442

Date: May 01, 2007

Bill To:

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : RAY RIVERA
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt) with Text Field		
2	CD-Rom (Master) (Box 055) (Box 073 & 074)	2.00	0.00
3	Delivery	1.00	0.00
Jobsite Location : In-House			
Total			\$0.00

RECEIVED IN GOOD ORDER BY: Ray Rivera

DELIVERY DATE / TIME: _____

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery Receipt

Number: 070435

Date: April 27, 2007

Bill To:

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : RAY RIVERA
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured- Concordance(.dat)/Opticon(.opt) with Text Field		
2	CD-Rom (Master) (Box 56 & Box 77)	2.00	0.00
3	Delivery (Partial)	1.00	0.00
Jobsite Location : In-House			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

Ray Rivera

DELIVERY DATE / TIME:

4/27/07 6:45 P.M.

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070410**Date: **April 24, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : RAY RIVERA
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt) with Text Field		
2	CD-Rom (Master)	1.00	0.00
3	Delivery (PARTIAL) (Box 45 & 46)	1.00	0.00
Jobsite Location : In-House			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:



DELIVERY DATE / TIME:

4/24/07 11:25 AM

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street. Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070392**Date: **April 19, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn. : RAY RIVERA
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt) with Text Field		
2	CD-Rom (Master) (Box 38 & 39)	1.00	0.00
3	Delivery	1.00	0.00
Total			\$0.00

RECEIVED IN GOOD ORDER BY: Ray RiveraDELIVERY DATE / TIME: 4/19/07 9:25 AM.

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

Active Micrographics Inc

dba Active Copy Support

21757 Devonshire Street, Suite 4 Chatsworth Ca 91311

Tel (818) 998-2561 Fax (818) 998-2329

Delivery ReceiptNumber: **070383**Date: **April 17, 2007****Bill To:**

ON SITE E-DISCOVERY
ACCOUNTS PAYABLE
550 South Hope Street
Suite 800
Los Angeles, CA 90071

Ship To:

ON SITE E-DISCOVERY
Attn.: RAY RIVERA
550 South Hope Street
Suite 800
Los Angeles, CA 90071

PO Number	Job Number	Active Job Number	Ship Via
		70388	our delivery

Line Item	Description	Quantity	Amount
1	Images Captured - CONCORDANCE (.dat) / OPTICON (.opt) with Text Field		
2	CD-Rom (Master)	3.00	0.00
3	Delivery	1.00	0.00
<i>Box 13: 29, 30 & 31</i>			
Total			\$0.00

RECEIVED IN GOOD ORDER BY:

 RAY

DELIVERY DATE / TIME:

4/17/07 1:06 P.M.

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND ON SHIPMENT.

DELIVERY RECEIPT - THIS IS NOT AN INVOICE

ON SITE E-DISCOVERY

We received boxes

29-31

Ray

4/16/07 10:15 AM.

PACKING LIST/DELIVERY RECEIPT

ACTIVE MICROGRAPHICS, INC.

(818) 998-2561
21757 DEVONSHIRE ST., SUITE 4.
CHATSWORTH, CA 91313

☐ PACKING LIST

☒ DELIVERY RECEIPT

SHIP TO	ON-SITE E-DISCOVERY
	LOS ANGELES, CA

SOLD TO	

CUSTOMER ORDER NO.	DATE SHIPPED 4-23-07	SHIPPED VIA	OUR NO.	SALESPERSON
--------------------	-------------------------	-------------	---------	-------------

✓	QUANTITY	ITEM NO.	DESCRIPTION
	3	EXC.	ORIGINAL DOCUMENTS RETURNED
			BOX # 045, 046 & 055.
			✓
			✓
			ATTN: RAY RIVERA

CARTONS	TOTAL WEIGHT	ORDER COMPLETE	BALANCE TO FOLLOW	PACKED BY	CHECKED BY
---------	--------------	----------------	-------------------	-----------	------------

RECEIVED IN GOOD ORDER BY:

X Ray Rivera

10:10 A.M.

PLEASE NOTIFY US IMMEDIATELY
IF ERROR IS FOUND IN SHIPMENT

PACKING LIST/DELIVERY RECEIPT

ACTIVE MICROGRAPHICS, INC.

(818) 998-2561
21757 DEVONSHIRE ST., SUITE 4.
CHATSORTH, CA 91313

☐ PACKING LIST

☐ DELIVERY RECEIPT

SHIP TO	ON SITE E-DISCOVERY
	550 S. HOPE ST. #8TH FLOOR
	L.A.

SOLD TO	

CUSTOMER ORDER NO.	DATE SHIPPED	SHIPPED VIA	OUR NO.	SALESPERSON
--------------------	--------------	-------------	---------	-------------

✓	QUANTITY	ITEM NO.	DESCRIPTION
	2		2 BOXES ORIGINAL DOCUMENTS
			(RETURNED)
			BOX #56 & BOX #77
			ATTN: RAY R.

CARTONS	TOTAL WEIGHT	ORDER COMPLETE	BALANCE TO FOLLOW	PACKED BY	CHECKED BY
---------	--------------	----------------	-------------------	-----------	------------

RECEIVED IN GOOD ORDER BY:

X *Ray R.*

12:15 P.M.

PLEASE NOTIFY US IMMEDIATELY
IF ERROR IS FOUND IN SHIPMENT

PACKING LIST/DELIVERY RECEIPT

☐ PACKING LIST

☒ DELIVERY RECEIPT

SHIP
TO

ON SITE E-DISCOVERY

550 S. HOPE ST. #8TH FL.

L.A.

SOLD
TO

CUSTOMER ORDER NO.

DATE SHIPPED

4/27/07

SHIPPED VIA

OUR NO.

SALESPERSON

✓	QUANTITY	ITEM NO.	DESCRIPTION
	2		(2) BOXES ORIGINAL DOCUMENTS
			(RETURNED)
			BOX # 73 & BOX # 74
			✓ ✓
			ATTN: RAY RIVERA

CARTONS

TOTAL WEIGHT

ORDER COMPLETE

BALANCE TO FOLLOW

PACKED BY

CHECKED BY

RECEIVED IN GOOD ORDER BY:

Ray Rivera

PLEASE NOTIFY US IMMEDIATELY
IF ERROR IS FOUND IN SHIPMENT

6:45 P.M.

70388

☒ Standard CD Label☐ Special CD Label☐ ONSS Logo☐ Firm's Name☐ Requester's Name☐ Project's Name☐ Custodian's Name☐ Begin & End File☐ Begin & End Bates☐ Date☐ Others**CD IMAGE FORMAT**

- ☐ Doculex ☐ ver. 6 ☐ Introspect
- ☒ Opticon ☐ Lextranet
- ☐ Ipro ☐ PDF (Image Only)
- ☐ Summation ☐ PDF (W/OCR)
- ☐ UR_Law ☐ JFS
- ☐ IConect ☐ Other: _____

CD DATA FORMAT

- ☒ Concordance
- ☐ Summation
- ☐ UR-Law
- ☐ JFS
- ☐ Introspect
- ☐ IConect

LIST DATABASE FIELDS:**DELIIMITERS:****SPECIAL INSTRUCTIONS*****Scan folders**

*Code box info in "Box" Field, and code Building number in "Location" field. Additional Coding Info: Client wants to capture the building number where possible. If no number on folder but contains address, code field as "building folder" and they will re-code those docs in-house. If folder tab contains no building address or number, code first 25 characters.

*Client to provide Bates numbers and Label info at a later date

PRICING

Address

IL00227635

IL00227635

SCANNING
INSTRUCTIONS

None

AUTHOR: LCS1

REQUIRED:

1:00 AM

FOR NUMBER

SCANNING INSTRUCTIONS

- ☒ Scan All Documents
OR
☐ Scan Designated Sections Only
- ☒ Scan at 300 DPI
OR
☐ Scan at 200 DPI

OTHER SCANNING INSTRUCTIONS RELATED TO:

- Flags/Post-its Scan if has writting on it.
- Folders/Redwelds Scan if has writting on it.
- Tabs Scan.
- Other Box # and Building #(phrase la

Location 9 Building folder

ORIGINAL REASSEMBLY

FUNCTION KEYS

NUMBERING INSTRUCTIONS

- ☒ Restaple
- ☒ Reclip
- ☒ Rebind
- ☒ Reband

F2 F6

F3 F7

F4 F8

F5 F9

- ☐ Match Bates Numbers
- ☐ Label Originals Before Scanning
- ☐ Renumber Images After Scanning

Start Number:

AFTER SCANNING INSTRUCTIONS

- ☐ BRAND IT ☐ OCR IT ☐ PDF IT ☐ SCAN FIX IT ☐ CODE IT ☐ PRINT IT

SPECIAL INSTRUCTIONS

*Scan folders

*Code box info in "Box" Field, and code Building number in "Location" field. Additional Coding Info: Client wants to capture the building number where possible. If no number on folder but contains address, code field as "building folder" and they will re-code those docs in-house. If folder tab contains no building address or number, code first 25 characters. *Client to provide Bates numbers and Label info at a later date



IG REQUEST

aded areas must be complete

File

Re

E-

Ac

Ph

Ph

Date Requested

Date Due:

SCANNING INSTRUCTIONS

No. of Boxes / Original: 800,000 total

☒ Scan All Documents

☐ Scan Designated Section Only

☒ Scan at 300 DPI

☐ Scan at 200 DPI

Flags/Post-It:

☐ Do Not Scan ☒ Scan if it has writing on it

Folders/ Redwelds

☐ Do Not Scan ☒ Scan if it has writing on it

Tabs

☐ Do Not Scan ☒ Scan

☒ Fields to capture at Scanning Time: Box number and Building Number
(phrase label)

ORIGINAL REASSEMBLY

☒ Restaple

☒ Reclip

☒ Rebind

☐ Do Not Restaple

☐ Do Not Reclip

☐ Other: _____

NUMBERING/BRANDING INSTRUCTIONS

☐ Match Bates Numbers

☒ Assign an Electronic Bates Number

Starting Number

☒ Brand Images After Scanning
(etc. Bates, Confidentiality Stamp)

Starting Number

Brand type: Ariel 11

Font Size/Type: _____

DOCUMENT UNITIZATION

☒ Smallest Physical _____

☐ Largest Physical _____

☐ Logical _____

☐ Attachment Ranges: _____

☐ Other: _____

AFTER SCANNING

☐ Convert to PDF (Image Only)

☐ Convert to JPEG

☒ OCR it

☐ Convert to Multi page TIFF

☒ Other: jpg for color

☐ Convert to PDF (W/OCR)

☐ Convert to PNG

☐ Code it

☐ Print it

Number of print out _____

DELIVERY MEDIA

☒ CD

☐ Hard Drive

☐ iConnect

☐ DVD

☐ FTP

☐ E-mail

SHIPPING INFORMATION

ie next Page ⇨

70388

☒ Standard CD Label

☐ Special CD Label

☐ ONSS' Logo

☐ Firm's Name

☐ Requester's Name

☐ Project's Name

☐ Custodian's Name

☐ Begin & End File

☐ Begin & End Bates

☐ Date

☐ Others

CD IMAGEFORMAT

☐ Doculex ☐ ver. 6
☒ Opticon

☐ Ipro

☐ Summation

☐ UR_Law

☐ IConect ☐ Other: _____

☐ Introspect

☐ Lextranet

☐ PDF (Image Only)

☐ PDF (W/OCR)

☐ JFS

CD DATA FORMAT

☒ Concordance

☐ Summation

☐ UR-Law

☐ JFS

☐ Introspect

☐ IConect

LIST DATABASE FIELDS:

DELIIMITERS:

SPECIAL INSTRUCTIONS

*Scan folders

*Code box info in "Box" Field, and code Building number in "Location" field. Additional Coding Info: Client wants to capture the building number where possible. If no number on folder but contains address, code field as "building folder" and they will re-code those docs in-house. If folder tab contains no building address or number, code first 25 characters.

*Client to provide Bates numbers and Label info at a later date

SPRING

IL00227635

IL00227635

SCANNING
INSTRUCTIONS

None

AUTHOR: LCS1

REQUIRED:

1:00 AM

IOR NUMBER

5 PM

SCANNING INSTRUCTIONS

- ☒ Scan All Documents
OR
☐ Scan Designated Sections Only

- ☒ Scan at 300 DPI
OR
☐ Scan at 200 DPI

OTHER SCANNING INSTRUCTIONS RELATED TO:

- Flags/Post-its: Scan if has writting on it.
- Folders/Redwelds: Scan if has writting on it.
- Tabs: Scan.
- Other: Box # and Building # (phrase 1a)

Location 9 Building 500

ORIGINAL REASSEMBLY

FUNCTION KEYS

NUMBERING INSTRUCTIONS

- ☒ Restaple
☒ Reclip
☒ Rebind
☒ Reband

F2		F6	
F3		F7	
F4		F8	
F5		F9	

- ☐ Match Bates Numbers
☐ Label Originals Before Scanning
☐ Renumber Images After Scanning

Start Number:

AFTER SCANNING INSTRUCTIONS

- ☐ BRAND IT ☐ OCR IT ☐ PDF IT ☐ SCAN FIX IT ☐ CODE IT ☐ PRINT IT

SPECIAL INSTRUCTIONS

*Scan folders
*Code box info in "Box" Field; and code Building number in "Location" field. Additional
Coding Info: Client wants to capture the building number where possible. If no number on
Folder but contains address, code field as "building folder" and they will re-code those
docs in-house. If folder tab contains no building address or number, code first 25
characters. *Client to provide Bates numbers and Label info at a later date



IG REQUEST

aded areas must be complete

Fi

Re

E-

Ac

Ph

Ph

Date Requested

Date Due:

SCANNING INSTRUCTIONS

No. of Boxes / Original: 800,000 total

☒ Scan All Documents

☐ Scan Designated Section Only

☒ Scan at 300 DPI

☐ Scan at 200 DPI

Flags/Post-It:

☐ Do Not Scan

☒ Scan if it has writing on it

Folders/ Redwelds

☐ Do Not Scan

☒ Scan if it has writing on it

Tabs

☐ Do Not Scan

☒ Scan

☒ Fields to capture at Scanning Time: Box number and Building Number
(phrase label)

ORIGINAL REASSEMBLY

☒ Restaple

☒ Reclip

☒ Rebind

☐ Do Not Restaple

☐ Do Not Reclip

☐ Other: _____

NUMBERING/BRANDING INSTRUCTIONS

☐ Match Bates Numbers

☒ Assign an Electronic Bates Number

Starting Number

☒ Brand Images After Scanning
(etc. Bates, Confidentiality Stamp)

Starting Number

Brand type: Ariel 11

Font Size/Type: _____

DOCUMENT UNITIZATION

☒ Smallest Physical

☐ Largest Physical

☐ Logical

☐ Attachment Ranges: _____

☐ Other: _____

AFTER SCANNING

☐ Convert to PDF (Image Only)

☐ Convert to JPEG

☒ OCR it

☐ Convert to Multi page TIFF

☒ Other: jpg for color

☐ Convert to PDF (W/OCR)

☐ Convert to PNG

☐ Code it

☐ Print it

Number of print out: _____

DELIVERY MEDIA

☒ CD

☐ Hard Drive

☐ IConnect

☐ DVD

☐ FTP

☐ E-mail

SHIPPING INFORMATION

21

ie next Page ⇌