


UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA		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.		<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  23642340006018 XPEDX 11800 N LAKERIDGE PKWY ASHLAND, VA 23005		RECEIVED APR 18 2011 BMC GROUP	
Creditor Telephone Number () _____ Name and address where payment should be sent (if different from above): S A M E			
Payment Telephone Number () _____		<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>3,775.65</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
2. BASIS FOR CLAIM: <u>Goods sold</u>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>2583</u> 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: <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: _____ Secured Claim Amount: \$ _____ DO NOT include the priority portion of your claim here. Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges as of <u>time case filed</u> included in secured claim, _____			
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: \$ _____ Include ONLY the priority portion of your unsecured claim here. You MUST specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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"/> 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> 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.		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>3-7-2011</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>Calvin H Dunn - CALVIN H. DUNN - Credit Mgt</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)

<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> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Debtor Name</td> <td style="border: none; text-align: right;">Case No</td> </tr> <tr> <td style="border: none;">On-Site Sourcing, Inc</td> <td style="border: none; text-align: right;">09-10816-RGM</td> </tr> </table> <hr/> <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

Kevin R. McCarthy, VSB No. 14273
1751 Pinnacle Drive, Suite 1115
McLean, VA 22102
703-770-9261 (Phone)
703-770-9263 (fax)
krm@mccarthywhite.com

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division

In re: *
*
ON-SITE SOURCING, INC. * Case No. 09-10816-RGM
* (Chapter 7)
Debtor. *

Employer Tax-Identification (EIN) No: Debtor: 54-1648470

NOTICE OF NEED TO FILE PROOF OF CLAIM

PLEASE TAKE NOTICE that the initial notice in this case instructed creditors that it was not necessary to file a proof of claim. Since that notice was sent, the trustee has advised that there are assets from which a distribution may be paid.

PLEASE TAKE FURTHER NOTICE THAT creditors who wish to share in any distribution of funds must file a proof of claim with BMC Group, Inc., the Claims Agent, at the following address:

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
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Deadline to File a Proof of Claim

April 27, 2011

A proof of claim form is enclosed with this Notice. If you wish to receive proof of its receipt, enclose a photocopy of the proof of claim together with a stamped, self-addressed envelope.

There is no fee for filing the proof of claim.

Any creditor who already has filed a proof of claim need not file another proof of claim. You may view your claim by logging onto the Debtors website at www.bmcgroup.com/onsitechapter7.

Dated: January 27, 2011

For the Court,

William C. Redden, Clerk
United States Bankruptcy Court

Customer 92583
Company Code IP50

Name ON SITE SOURCING INC
City ARLINGTON

Assignment	PK	RCd	Doc.	Date	Net due dt	Arrear	Amt in loc. cur.	Text	BusA	Year/month
9009733298	01		10/30/2008	11/30/2008	90	439.60	XN/0150/30034 /44867	/	XN47	2008/10
9009702187	01		10/22/2008	11/22/2008	98	467.50	XN/0150/30034 /44831	/	XN47	2008/10
9009633411	01		10/03/2008	11/03/2008	117	40.43	XN/0150/30034 /44739	/	XN47	2008/10
9009623962	01		10/01/2008	11/01/2008	119	59.86	XN/0150/30034 /44281	/	XN47	2008/10
*						1,007.39				2008/10
9009828307	01		11/24/2008	12/25/2008	65	51.26	XN/0150/30034 /44737	/	XN47	2008/11
9009813489	01		11/20/2008	12/21/2008	69	467.50	XN/0150/30034 /44981	/	XN47	2008/11
9009777622	01		11/11/2008	12/12/2008	78	467.50	XN/0150/30034 /44923	/	XN47	2008/11
9009777542	01		11/11/2008	12/12/2008	78	650.50	XN/0150/30034 /44909	/	XN47	2008/11
*						1,636.76				2008/11
9009934367	01		12/29/2008	01/29/2009	30	467.50	XN/0150/30034 /45106	/	XN47	2008/12
9009900607	01		12/16/2008	01/16/2009	43	144.00	XN/0150/30034 /45071	/	XN47	2008/12
9009896539	01		12/15/2008	01/15/2009	44	520.00	XN/0150/30034 /45073	/	XN47	2008/12
*						1,131.50				2008/12
**						3,775.65				



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009623962
INVOICE DATE 10/01/2008
SAP NO. 0000092583

xpdx - Hanover
7445 New Ridge Road
HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO (90-0001021978, ON SITE SOURCING INC, 2011 CRYSTAL DRIVE, SUITE 200, ARLINGTON VA 22202-3709) and SHIP TO (000010, ON SITE SOURCING INC, 550 SOUTH HOPE ST, SUITE 800, LOS ANGELES CA 90071)

Table with 6 columns: ACCT NO (90-0001021978), CUSTOMER PO (44281), ORDER NO (52950-00), SHIPPED (06/20/2008), SHIP VIA (470CC), TERMS (2% 30 NET 31)

Main item table with columns: QUANTITY/WGT (1 RL, 36.0000LB), ITEM/PACK (2035440, 1RL /), DESCRIPTION (DELTA 36"x 9"dia 50# NAT RECY KRAFT ROLL), MFG NO/PO (C2150360), PRICE/UM (24.95 RL), EXTENDED (24.95). Includes freight and fuel surcharge details.

Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order. SALESPERSON: COLLIER, JACK THANK YOU FOR YOUR BUSINESS

Summary table with columns: SALES AMT (24.95), MISC CHRG (34.91), SALES TAX (0.00), TAXABLE AMT (0.00), TOTAL WGT (36), TOTAL DUE (59.86), DISC AMT / IF PAID BY (0.50, 10/31/2008)

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[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE

Table with 2 columns: REMITTANCE (ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE)

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009633411
INVOICE DATE 10/03/2008
SAP NO. 0000092583

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SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO (90-0001021978 ON SITE SOURCING INC) and SHIP TO (000014 ON SITE SOURCING INC)

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS

Main table with 6 columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED

Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order.

SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with 7 columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY

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ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE

Table with 2 columns: REMITTANCE FIELD (ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE) and VALUE

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009702187
INVOICE DATE 10/22/2008
SAP NO. 0000092583

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PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

SOLD TO
90-0001021978
ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

SHIP TO
000002
ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202

Table with columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS. Values: 90-0001021978, 44831, 11934-00, 10/22/2008, 75116 836 AlexiSpring, 2% 30 NET 31

Main item table with columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED. Includes fuel surcharge details.

Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order.

SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY. Values: 465.50, 2.00, 0.00, 0.00, 700, 467.50, 9.31 11/21/2008

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[] PRICING [] SHORTAGE [] FREIGHT [] RETURNED MATERIALS
[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE

ACCOUNT NUMBER 90-0001021978
SAP NUMBER 0000092583
ORDER NUMBER 11934-00
CUSTOMER P.O. 44831
INVOICE DATE 10/22/2008
INVOICE NUMBER 9009702187
TOTAL AMOUNT \$467.50
DUE DATE 11/22/2008
DISCOUNT AMOUNT \$9.31
IF PAYMENT RECEIVED BY 11/21/2008
NET AMOUNT DUE \$458.19

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009733298
INVOICE DATE 10/30/2008
SAP NO. 0000092583

xpedx - Hanover
7445 New Ridge Road
HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO (90-0001021978 ON SITE SOURCING INC) and SHIP TO (000012 ON SITE SOURCING INC)

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS

Main table with 6 columns: QUANTITY/WGT, ITEM/PAK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED

Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order.
SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with 7 columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY

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IF AMOUNT PAID VARIES FROM INVOICE TOTAL,
PLEASE INDICATE REASON FOR PAYMENT DIFFERENCE BELOW AND ATTACH BACKUP:
[] PRICING [] SHORTAGE [] FREIGHT [] RETURNED MATERIALS
[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE table with 2 columns: FIELD, VALUE

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009777542
INVOICE DATE 11/11/2008
SAP NO. 0000092583

xpdx - Hanover
7445 New Ridge Road
HANOVER MD 21076
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SFI: BV-SFiCoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO (90-0001021978 ON SITE SOURCING INC) and SHIP TO (000012 ON SITE SOURCING INC)

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS

Main table with 6 columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED

Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order.

SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with 7 columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY

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PLEASE INDICATE REASON FOR PAYMENT DIFFERENCE BELOW AND ATTACH BACKUP:

- PRICING SHORTAGE FREIGHT RETURNED MATERIALS
QUALITY DAMAGE SALES TAX OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
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REMITTANCE

Table with 2 columns: ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE

AMOUNT PAID \$ _____



INVOICE

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SAP NO. 0000092583

xpedx - Hanover
7445 New Ridge Road
HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO and SHIP TO. Both point to ON SITE SOURCING INC, 2011 CRYSTAL DRIVE, SUITE 200, ARLINGTON VA 22202-3709.

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS. Values include 90-0001021978, 44923, 10915-00, 11/11/2008, 75116 184 Fairfax/Man, 2% 30 NET 31.

Main item table with columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED. Includes item 350 BOX, 700.0000LB, 5080974, 1BOX/, @ ONSITE 3C5P IP 15.5"x 12"x 217185, 10" WHT 1751b LITIGATION BOX, 1,330.00 M, 465.50. Also includes fuel surcharge details.

Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order. SALES PERSON: COLLIER, JACK. THANK YOU FOR YOUR BUSINESS.

Summary table with columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY. Values: 465.50, 2.00, 0.00, 0.00, 700, 467.50, 9.31, 12/11/2008.

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IF AMOUNT PAID VARIES FROM INVOICE TOTAL, PLEASE INDICATE REASON FOR PAYMENT DIFFERENCE BELOW AND ATTACH BACKUP:

- PRICING, SHORTAGE, FREIGHT, RETURNED MATERIALS, QUALITY, DAMAGE, SALES TAX, OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE

Table with 2 columns: Field Name, Value. Fields include ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE.

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009813489
INVOICE DATE 11/20/2008
SAP NO. 0000092583

xpdx - Hanover
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HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO (90-0001021978 ON SITE SOURCING INC) and SHIP TO (000002 ON SITE SOURCING INC)

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS

Main table with 6 columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED

Disputed Payment, Marked with "PAID IN FULL" or Similar Language Must Be Sent To:
NSSC A/R Process Leader, 6287 Tri-Ridge Boulevard, Loveland, OH 45140
SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with 7 columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY

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REMITTANCE table with 2 columns: ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE

IF AMOUNT PAID VARIES FROM INVOICE TOTAL,
PLEASE INDICATE REASON FOR PAYMENT DIFFERENCE BELOW AND ATTACH BACKUP:
[] PRICING [] SHORTAGE [] FREIGHT [] RETURNED MATERIALS
[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009828307
INVOICE DATE 11/24/2008
SAP NO. 0000092583

xpdx - Hanover
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HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

SOLD TO
90-0001021978
ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

SHIP TO
000014
ON SITE SOURCING INC
443 PARK AVENUE SOUTH
NEW YORK NY 10016

Table with columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS. Values: 90-0001021978, 44737, 10015-00, 10/02/2008, 750CC, 2% 30 NET 31

Main item table with columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED. Includes item details for Delta 36" 50# NAT RECY Kraft Roll.

Disputed Payment, Marked with "PAID IN FULL" or Similar Language Must Be Sent To:
NSSC A/R Process Leader, 6287 Tri-Ridge Boulevard, Loveland, OH 45140
Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order.
SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY. Values: 51.26, 0.00, 0.00, 0.00, 72, 51.26, 1.03 12/24/2008

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[] PRICING [] SHORTAGE [] FREIGHT [] RETURNED MATERIALS
[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE table with columns: ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE.

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INVOICE

PAGE 1 OF 1
INVOICE NO. 9009896539
INVOICE DATE 12/15/2008
SAP NO. 0000092583

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HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

SOLD TO
90-0001021978
ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

SHIP TO
000002
ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS. Values include 90-0001021978, 45073, 71544-00, 12/15/2008, 75116 836 AlexiSpring, 2% 30 NET 31.

Main item table with columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED. Includes item description: 10" WHT 1751b LITIGATION BOX and fuel surcharge details.

Disputed Payment, Marked with "PAID IN FULL" or Similar Language Must Be Sent To:
NSSC A/R Process Leader, 6287 Tri-Ridge Boulevard, Loveland, OH 45140
Seller's Sales Terms & Conditions are incorporated by reference. Buyer's acceptance of Seller's Sales Terms & Conditions are a condition precedent to Seller's acceptance of customer's order.

SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY. Values include 518.00, 2.00, 0.00, 0.00, 700, 520.00, 10.36, 01/14/2009.

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- PRICING, SHORTAGE, FREIGHT, RETURNED MATERIALS, QUALITY, DAMAGE, SALES TAX, OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE

Remittance table with columns: ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE.

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009900607
INVOICE DATE 12/16/2008
SAP NO. 0000092583

xpedx - Hanover
7445 New Ridge Road
HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO (90-0001021978 ON SITE SOURCING INC) and SHIP TO (000010 ON SITE SOURCING INC)

Table with 6 columns: ACCT NO, CUSTOMER PO, ORDER NO, SHIPPED, SHIP VIA, TERMS

Main table with 6 columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED

Disputed Payment, Marked with "PAID IN FULL" or Similar Language Must Be Sent To:
NSSC A/R Process Leader, 6287 Tri-Ridge Boulevard, Loveland, OH 45140

SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with 7 columns: SALES AMT, MISC CHRG, SALES TAX, TAXABLE AMT, TOTAL WGT, TOTAL DUE, DISC AMT / IF PAID BY

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[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE

Table with 2 columns: FIELD (ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE) and VALUE

AMOUNT PAID \$ _____



INVOICE

PAGE 1 OF 1
INVOICE NO. 9009934367
INVOICE DATE 12/29/2008
SAP NO. 0000092583

xpdx - Hanover
7445 New Ridge Road
HANOVER MD 21076
PH#: (410) 694-8500 FAX#: (804) 496-2196

SFI: BV-SFICoC-205491 PEFC: BVC-PEFCCoC-US08000197 FSC: BV-CoC-061203
SFI CoC certified products are sold pursuant to §3.5 of Annex 2, SFI® CoC Standard.

Table with 2 columns: SOLD TO and SHIP TO. Both point to ON SITE SOURCING INC, 2011 CRYSTAL DRIVE, SUITE 200, ARLINGTON VA.

Table with 5 columns: ACCT NO (90-0001021978), CUSTOMER PO (45106), ORDER NO (21484-00), SHIPPED (12/29/2008), SHIP VIA (75116 836 AlexSpring), TERMS (2% 30 NET 31).

Main item table with columns: QUANTITY/WGT, ITEM/PACK, DESCRIPTION, MFG NO/PO, PRICE/UM, EXTENDED. Includes fuel surcharge details.

Disputed Payment, Marked with "PAID IN FULL" or Similar Language Must Be Sent To:
NSSC A/R Process Leader, 6287 Tri-Ridge Boulevard, Loveland, OH 45140
SALESPERSON: COLLIER, JACK
THANK YOU FOR YOUR BUSINESS

Summary table with columns: SALES AMT (465.50), MISC CHRG (2.00), SALES TAX (0.00), TAXABLE AMT (0.00), TOTAL WGT (700), TOTAL DUE (467.50), DISC AMT / IF PAID BY (9.31, 01/28/2009).

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[] QUALITY [] DAMAGE [] SALES TAX [] OTHER

ON SITE SOURCING INC
2011 CRYSTAL DRIVE
SUITE 200
ARLINGTON VA 22202-3709

41006943 00645 N3

REMITTANCE table with columns: ACCOUNT NUMBER, SAP NUMBER, ORDER NUMBER, CUSTOMER P.O., INVOICE DATE, INVOICE NUMBER, TOTAL AMOUNT, DUE DATE, DISCOUNT AMOUNT, IF PAYMENT RECEIVED BY, NET AMOUNT DUE.

AMOUNT PAID \$ _____