

UNITED STATES BANKRUPTCY COURT <u>Alexandria</u> DISTRICT OF <u>Virginia</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <p style="text-align: center;">On Site Sourcing, Inc.</p>	Case Number <p style="text-align: center;">09-10816</p>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <p style="text-align: center;">Office of the U.S. Trustee</p>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: Office of the U.S. Trustee - Analyst 115 S. Union Street, Suite 210 Alexandria, VA 22314 Telephone number: (703) 557-7176		
Last four digits of account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>1. Basis for Claim</b></p> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Other <u>Chapter 11 Quarterly Fees</u> </div> <div style="width: 45%; text-align: center;"> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">APR 24 2012</p> <p style="font-size: 1.5em; font-weight: bold;">BMC GROUP</p> </div> </div>		
<p><b>2. Date debt was incurred:</b> 2/4/09 to 9/28/09</p>	<p><b>3. If court judgment, date obtained:</b></p>	
<p><b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p>		
<p><b>Unsecured Nonpriority Claim</b> \$ _____</p> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <p><b>Unsecured Priority Claim</b></p> <input checked="" type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. <p>Amount entitled to priority \$ <u>325.00</u></p> <p>Specify the priority of the claim:</p> <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 \$10,000)* 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).	<p><b>Secured Claim</b></p> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <p>Brief Description of Collateral:  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____                  Value of Collateral: \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____</p> <input type="checkbox"/> Up to \$2,225* 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 checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( <u>2</u> ). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<p><b>5. Total Amount of Claim at Time Case Filed:</b> \$ _____</p> <p style="text-align: center;">(unsecured)      (secured)      (priority)      (Total)</p> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<p><b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p><b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p> <p><b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>		THIS SPACE IS FOR COURT USE ONLY
Date <p style="text-align: center;">4/10/12</p>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  /s/ Joseph A. Guzinski  Assistant U.S. Trustee	



**Chapter 11 Quarterly Fee Information and Collection System (FICS)**  
**US Trustees, US Department of Justice**

**Account Reconciliation**

Field Office: 04 01 Alexandria, VA

<b>Case #:</b> 221-09-10816	<b>CPC:</b>	<b>OCS:</b> A	<b>Billed(\$):</b>	<b>23,725.00</b>
<b>Debtor:</b> ON-SITE SOURCING, INC.	<b>CDC:</b>	<b>CTO:</b>	<b>Fees(\$):</b>	<b>23,725.00</b>
<b>Opened:</b> 02-04-09 <b>Closed:</b> 09-28-09	<b>CNV:</b> 09-28-09	<b>CBC:</b>	<b>Interest(\$):</b>	<b>0.00</b>
		<b>TIN:</b>	<b>Payments(\$):</b>	<b>-23,400.00</b>
			<b>Principal(\$):</b>	<b>-23,400.00</b>
			<b>Interest(\$):</b>	<b>0.00</b>
			<b>Balance(\$):</b>	<b>325.00</b>

Quarterly Fees and Disbursements			Payments			
Quarter	Disbursements (\$)	Fee (\$)	Batch	Date	Type Code	Payment(\$)
1-2009	5,514,036	13,000	14-010	05-04-09	PMTLB	-13,000.00
2-2009	3,025,431	10,400	31-016	07-28-09	PMTLB	-10,400.00
3-2009		325 Est				

**Interest**

To date, there have been no interest assessment transactions posted for this account.

## Eastern District of Virginia Claims Register

09-10816-RGM On-Site Sourcing, Inc. Converted 09/28/2009

**Judge:** Robert G. Mayer      **Chapter:** 7  
**Office:** Alexandria      **Last Date to file claims:**  
**Trustee:** Kevin R. McCarthy      **Last Date to file (Govt):**

*Creditor:* (11108073)      **Claim No:** 80      *Status:*  
Office of U.S. Trustee      *Original Filed*      *Filed by:* CR  
**(ADMINISTRATIVE)**      *Date:* 04/18/2012      *Entered by:* Joseph A.  
Attn: Bankruptcy Analyst      *Original Entered*      Guzinski  
115 S. Union St., Suite 210      *Date:* 04/18/2012      *Modified:*  
Alexandria, VA  
22314

Admin claimed: \$325.00

*History:*

Details    80-1 04/18/2012 Claim #80 filed by Office of U.S. Trustee, Admin claimed: \$325.00  
(Guzinski, Joseph )

*Description:* (80-1) Chapter 11 Quarterly Fees

*Remarks:* (80-1) 2/4/09 to 9/28/09

### Claims Register Summary

**Case Name:** On-Site Sourcing, Inc.  
**Case Number:** 09-10816-RGM  
**Chapter:** 7  
**Date Filed:** 02/04/2009  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>	\$325.00	