

UNITED STATES BANKRUPTCY COURT Southern District of Ohio

PROOF OF CLAIM

Name of Debtor: Triad Resources, Inc.

Case Number: 2:08-62733

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):

MARIETTA OCCUPATIONAL HEALTH

Name and address where notices should be sent:

MARIETTA OCCUPATIONAL HEALTH PARTNERS
401 MATTHEW STREET
MARIETTA, OH 45750-1635

Telephone number:

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

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 1,017.85

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: Occupational Health Services Performed
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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 setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Value of Property: \$ _____ Annual Interest Rate: %

Amount of arrearage and other charges as of time case filed included in secured claim.

If any: \$ _____ Basis for perfection: _____

Amount of Secured Claims: \$ _____ Amount Unsecured: \$ _____

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

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 1-20-09

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.

Barbara Medlin, Barbara Medlin

FOR COURT USE ONLY

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known)

Filed on:

Check this 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.

5. 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.

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 \$10,950*) 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 \$2,425* 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)(____).

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 3 years, or both. 18 U.S.C. §§ 152 and 3571.

Business Supervisor

Triad Resources Inc



Invoice

January 20, 2009

Bill to Triad Services
 P O Box 430
 Reno, OH 45773-0430

For Triad Services
 October 08 Services

Invoice # 12607

<u>Proc Code</u>	<u>Service Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	10/13/2008	Set-up of Drug Screen Collection Site <i>Drug & Alcohol Screening Svcs, New Mexico</i>	1 00	20 00			20 00
	10/10/2008	Breath Alcohol Testing	1 00	27 85			27 85
	10/10/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	79 35
	10/17/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51 50
	10/16/2008	DOT Drug Screen	1 00	61 80			61 80
						Balance Due	61 80
	10/27/2008	5 Panel Drug Screen 88544 <i>Temp out of range</i>	1 00				0 00
	10/27/2008	Drug Screen Collection Only	1 00	22 50			22 50
						Balance Due	22.50
	09/29/2008	Additional Collection Fee	1 00	10 00			10 00
						Balance Due:	10.00
	10/14/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51 50

<u>Proc Code</u>	<u>Service Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	09/25/2008	Additional Collection Fee	1 00	10 00			10 00
						Balance Due	10 00
	10/16/2008	DOT Drug Screen	1 00	61 80			61 80
						Balance Due	61 80
						Invoice # 12607 Balance Due	368.45

Cut and return with payment



Please remit **368.45** to **ATTN Accounts Receivable**
Marietta Occupational Health Partners
401 Matthew Street
Marietta, OH 45750

Please place invoice number **12607** on check

Invoice

January 20, 2009

Bill to Triad Services
 P O Box 430
 Reno, OH 45773-0430

For Triad Services
 November 08 Services

Invoice # 12827

<u>Proc Code</u>	<u>Service Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	11/24/2008	Set-up of NEW Medical/Collection Site Concentra - 15810 Midway Rd - Addison, TX 75001	1 00	75 00			75 00
	11/12/2008	Flu Injection	1 00	20 00			20 00
						Due	<u>20 00</u>
	11/25/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	<u>51 50</u>
	11/24/2008	DOT Drug Screen	1 00	61 80			61 80
						Balance Due	<u>61 80</u>
	11/03/2008	Flu Injection	1 00	20 00			20 00
						Balance Due	<u>20 00</u>
	11/04/2008	Flu Injection	1 00	20 00			20 00
						Balance Due	<u>20 00</u>
	11/04/2008	Flu Injection	1 00	20 00			20 00
						Balance Due	<u>20 00</u>
	11/19/2008	DOT Drug Screen	1 00	61 80			61 80
						Balance Due	<u>61 80</u>

<u>Proc Code</u>	<u>Service Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
							Invoice # 12827 Balance Due
							330 10



Cut and return with payment

Please place invoice number 12827 on check

Please remit 330.10 to ATTN Accounts Receivable
Marietta Occupational Health Partners
401 Matthew Street
Marietta, OH 45750

Invoice

January 20, 2009

Bill to Triad Services
 P O Box 430
 Reno, OH 45773-0430

For Triad Services
 December 08 Services

Invoice # 13075

<u>Proc Code</u>	<u>Service Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	12/03/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51 50
	12/12/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51 50
	12/18/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51 50
	12/01/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51 50
	12/01/2008	DOT Drug Screen	1 00	61 80			61 80
						Balance Due	61 80
	12/03/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
						Balance Due	51.50
Invoice # 13075 Balance Due							319 30

Cut and return with payment



Please place invoice number 13075 on check

Please remit 319.30 to ATTN Accounts Receivable
 Marietta Occupational Health Partners
 401 Matthew Street
 Marietta, OH 45750

