

UNITED STATES BANKRUPTCY COURT Southern District of Ohio

PROOF OF CLAIM

Name of Debtor: Triad Resources, Inc.

Case Number: 2:08-62733

FILED
FEB 23 2009
11:49 AM
CLERK
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
M

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):

STEVENS OIL & GAS, LLC

Name and address where notices should be sent:
STEVENS OIL & GAS, LLC
110 LYNCH CHURCH RD
MARIETTA, OH 45750-7545

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

Court Claim Number: (if known)

RECD
FEB 02 2009

Telephone number:

Filed on: _____

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

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.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ 9305.21

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.

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).

2. Basis for Claim: GOODS SOLD
(See instruction #2 on reverse side.)

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).

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

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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

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).

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.

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

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 Claim: \$ _____ Amount Unsecured: \$ _____

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

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

Amount entitled to priority:

\$ _____

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.

*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.

If the documents are not available, please explain:

Date: 1/21/09

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.
Linda A. Stevens, Owner, LINDA A. STEVENS MGR.

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



STEVENS OIL & GAS, LLC

110 Lynch Church Road
 Marietta, OH 45750



INVOICE

DATE	INVOICE #
10/7/2008	52678

BILL TO
Triad Resources, Inc P O Box 430 Reno, OH 45773

SHIP TO
Spencer, WV

P O NUMBER	TERMS	REP	SHIP	VIA	WELL#
Mike Horn	Net 30 Days	Bill	10/7/2008	Delivered	
QUANTITY	PART NUMBER	DESCRIPTION	PRICE EACH	AMOUNT	
3	13HP Honda Engine Chief	13HP Honda Engine Chief *S/N # GCANK-1591981 *Controller # 31900 *S/N # GCANK-1591982 *Controller # 31910 *S/N # GCANK-1591979 *Controller # 31912	3,000 00	9,000 00	

Thank you for your business!

Subtotal \$9,000 00

Sales Tax (7 0%) \$0 00

Total \$9,000 00

Phone #	Fax #	E-mail
740-374-4542	740-376-9606	bstevens@ee net



STEVENS OIL & GAS, LLC

110 Lynch Church Road
 Marietta, OH 45750

INVOICE

DATE	INVOICE #
11/4/2008	52763

BILL TO
Triad Resources, Inc P O Box 430 Reno, OH 45773

SHIP TO

P O NUMBER	TERMS	REP	SHIP	VIA	WELL#
Craig	Net 30 Days	Bill	11/4/2008	Picked up	*See Below
QUANTITY	PART NUMBER	DESCRIPTION		PRICE EACH	AMOUNT
1	5218-96 Electric Clutch	Electric Clutch 1 000 Bore WELL BEN'S RUN # 510		225 00	225 00

Thank you for your business!			Subtotal	\$225 00
Phone #	Fax #	E-mail	Sales Tax (7 0%)	\$0 00
740-374-4542	740-376-9606	bstevens@ee.net	Total	\$225 00

STEVENS OIL & GAS, LLC

110 Lynch Church Road
Marietta, OH 45750



INVOICE

DATE	INVOICE #
11/12/2008	52787

BILL TO
Triad Resources, Inc P O Box 430 Reno, OH 45773

SHIP TO

P O NUMBER	TERMS	REP	SHIP	VIA	WELL#
Craig	Net 30 Days	Bill	11/12/2008	Delivered	
QUANTITY	PART NUMBER	DESCRIPTION		PRICE EACH	AMOUNT
1	35480-ZJ1-842 Oil Leve	Oil Level Switch		30 21	30 21

Thank you for your business!			Subtotal	\$30 21
Phone #	Fax #	E-mail	Sales Tax (7 0%)	\$0 00
740-374-4542	740-376-9606	bstevens@cc nct	Total	\$30 21

STEVENS OIL & GAS, LLC

110 Lynch Church Road
Marietta, OH 45750



INVOICE

DATE	INVOICE #
12/3/2008	52839

BILL TO
Triad Resources, Inc P O Box 430 Reno, OH 45773

SHIP TO
*Dropped off @ Shop

P O NUMBER	TERMS	REP	SHIP	VIA	WELL#
Craig	Net 30 Days	Bill	12/3/2008	Delivered	
QUANTITY	PART NUMBER	DESCRIPTION		PRICE EACH	AMOUNT
1	Timer Repair	Timer Repair (Timekeeper S/N # 15020) *Replaced battery & reconnected swivals		25 00	25 00
1	Timer Repair	Timer Repair (LE S/N # 2579) *Tightened battery pack and replaced batteries		25 00	25 00

Thank you for your business!			Subtotal	\$50 00
Phone #	Fax #	E-mail	Sales Tax (7 0%)	\$0 00
740-374-4542	740-376-9606	bstevens@ee net	Total	\$50 00

Southern District of Ohio Claims Register

2:08-bk-62733 Triad Resources, Inc.

Judge: C Kathryn Preston **Chapter:** 11
Office: Columbus **Last Date to file claims:** 05/25/2009
Trustee: **Last Date to file (Govt):**

<i>Creditor</i> (11975027) STEVENS OIL & GAS, LLC 110 LYNCH CHURCH RD MARIETTA, OH 45750	Claim No 15 <i>Original Filed</i> Date 01/23/2009 <i>Original Entered</i> Date 01/26/2009	<i>Status</i> Filed by CR Entered by 2kab Modified
Unknown claimed \$9305 21 Total claimed \$9305 21		
<i>History</i> Details <u>15-1</u> 01/23/2009 Claim #15 filed by STEVENS OIL & GAS, LLC, total amount claimed \$9305 21 (2kab)		
<i>Description</i>		
<i>Remarks</i>		

Claims Register Summary