

UNITED STATES BANKRUPTCY COURT Southern District of Ohio

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):  
RFX COMPOSITES

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

Name and address where notices should be sent:  
RFX COMPOSITES  
PO BOX 705  
LATROBE, PA 15650-0705

Court Case Number (if known)

RECD  
FEB 02 2009

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.

Telephone number: 724 537 0444

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

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 2497.70

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).

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)( ).

2. Basis for Claim: 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 Claim: \$ \_\_\_\_\_ 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:

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.

Date: 1/22/09

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.  
R. J. McHugh President

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.

Ryan J. McHugh

Triad Resources Inc



33-00021

# RPX Composites

**A DIVISION OF REPAREX FABRICATED SYSTEMS**

**P.O. BOX 705, LATROBE, PA 15650**  
**(724) 537-0444 - FAX (724) 537-0407**

Date	Invoice #
10/20/2008	7520

Bill To

Triad Resources  
 P O Box 430  
 Reno, OH 45773

Ship To

Triad Resources  
 P O Box 430  
 Reno, OH 45773

P O Number	Terms	Rep	Ship	Via		Job#
Verbal Bob	2% 10 Days Net 30		10/17/2008	RPX Truck		6956
Quantity	Item Code	Description			Price Each	Amount
1	Field Job	Field Work Time & Material for Tank Repair Including Mileage, Transport Time & Outside Repair of Tank			2,497 70	2,497 70
					<b>Total</b>	\$2,497 70

**Please Make Checks Payable to Reparex Fabricated Systems**

# 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):**

<p><i>Creditor</i> (11974928) RPX COMPOSITES PO BOX 705 LATROBE, PA 15650</p>	<p><b>Claim No 21</b> <i>Original Filed</i> <i>Date</i> 01/26/2009 <i>Original Entered</i> <i>Date</i> 01/27/2009</p>	<p><i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2ml <i>Modified</i></p>
<p>Unknown claimed \$2497 70</p> <p><b>Total claimed \$2497 70</b></p>		
<p><i>History</i></p> <p><u>Details</u>    <u>21-1</u>    01/26/2009 Claim #21 filed by RPX COMPOSITES, total amount claimed \$2497 7 (2ml)</p>		
<p><i>Description</i></p>		
<p><i>Remarks</i></p>		

## Claims Register Summary