

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)
JACKSON ENERGY COOPERATIVE
 Name and address where notices should be sent
JACKSON ENERGY COOPERATIVE
 HWY 290
 115 JACKSON ENERGY LANE
 MCKEE, KY 40447-8847

Check this box if you indicate that this claim amends a previously filed claim.
 Court Clerk's Office
 (if known)
 JAMES H. IRDAN, CLERK
 U.S. BANKRUPTCY COURT
 COLUMBUS, OHIO
 RECD
 FEB 12 2009
 Filed on _____

Telephone number 606/364-9208
 Name and address where payment should be sent (if different from above)
 Telephone number _____

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.

1. Amount of Claim as of Date Case Filed: \$ 320.85
 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

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: 9614
 3a. Debtor may have scheduled account as: 3001378200
 (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: 2-6-09 Signatures: 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.
TIM DYKRE CREDIT SERVICES MGR.
 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

FOR COURT USE ONLY

Accounts Receivable TRIAD OIL & GAS CO LTD, Cust# 3001378200

Provider Level Set Aside

Account	Service	Provider	AR Status	Total Bill Amt	Current Bill Amt	Total Bill Past	Total AR Amt	Current AR Amt	Total AR
3001378200	ELEC	COOP	29 - Manual Calculat	320 85	0 00	320 85	320 85	0 00	
				320 85	0 00	320 85	320 85	0 00	

Aging Other Provider

Consumer Class **Normal Monthly Billed Account**
 Agreement Status **0 Active / 1 Total**
 Credit Rating **2 - OTHER**
 Bill Cycle **2**

Budget
 Amount Due 0 00 Type
 Past Due 0 00 Catch-Up Month
 Monthly Amt 0 00 Create Date
 Base Amount 0 00

Delinquent
 DNP Locations **0** Cons Months DQ **0**
 Cons Months 90 Bal **0**
 Penalty **0 - Penalty, send DQ and cutoff**

Description	Amt	Date Billed	Due Date
Total	320 85		
Current	0 00	02/04/2009	02/18/2009
Total Past	320 85		
30-Day	320 85	01/07/2009	01/21/2009
60-Day	0 00	12/03/2008	12/17/2008
90-Day	0 00	11/05/2008	11/19/2008

Deposits
 Service 0.00
 Meter 0 00 Devices 0 00

Deferred Payment Agreements
 Arrangements **0 00** Assistance **0 00**

Payment History
 Last Payment Amount 305 65 12/22/2008
 Source Module REMIT Batch 557

Electronic Funds Transfer
 Funds Transfer Amt
 Funds Transfer Date Prenote

Received This Month
 Payments Not For Penalty 0 00
 Payments For Penalty 0 00 Late Payment

Related ▼

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>	<i>Claim No.</i>	<i>Status</i>
(11974488) JACKSON ENERGY COOPERATIVE HWY 290 115 JACKSON ENERGY LANE MCKEE, KY 40447	45 <i>Original Filed</i> Date 02/11/2009 <i>Original Entered</i> Date 02/11/2009	<i>Filed by</i> CR <i>Entered by</i> 2ps <i>Modified</i>

Unknown claimed \$320 85

Total claimed \$320.85

<i>History</i>	
<i>Details</i>	45-1 02/11/2009 Claim #45 filed by JACKSON ENERGY COOPERATIVE, total amount claimed \$320 85 (2ps)
<i>Description</i>	
<i>Remarks</i>	

Claims Register Summary