

**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**

Telephone number: **606/364-9208**

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

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 259.30

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: 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 no: 3009368700  
 (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: \$ \_\_\_\_\_

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

**FILED**  
 FEB 11 AM 11:19  
 THE CLERK  
 U.S. BANKRUPTCY COURT  
 COLUMBUS, OHIO

RECD  
 FEB 12 2009

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: 2-6-09 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.

*[Signature]* **TIM DYKUS CREDIT SERVICES INC.**

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

Accounts Receivable . TRIAD OIL & GAS CO LTD, Cust#. 3001368700

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
3001368700	ELEC	COOP	29 - Manual Calculat	259.30	0.00	259.30	259.30	0.00	
				259.30	0.00	259.30	259.30	0.00	

Aging **Other** Provider

Consumer Class **Normal Monthly Billed Account**

Agreement Status **0 Active / 1 Total**

Credit Rating **1 - OTHER**

Bill Cycle **2**

Delinquent

DNP Locations **0** Cons Months DQ **0**  
 Cons Months 90 Bal **0**

Penalty **0 - Penalty, send DQ and cutoff**

Deposits

Service **0.00**

Meter **0.00** Devices **0.00**

Deferred Payment Agreements

Arrangements **0.00** Assistance **0.00**

Electronic Funds Transfer

Funds Transfer Amt.

Funds Transfer Date **Prenote**

Rejected

**Budget**

Amount Due **0.00** Type  
 Past Due **0.00** Catch-Up Month  
 Monthly Amt **0.00** Create Date  
 Base Amount **0.00**

AR Due

Description	Amt	Date Billed	Due Date
Total	259.30		
Current	0.00	02/04/2009	02/18/2009
Total Past	259.30		
30-Day	259.30	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

**Payment History**

Last Payment Amount **269.81** 12/22/2008  
 Source Module **REMIT** Batch **557**  
 Received This Month  
 Payments Not For Penalty **0.00**  
 Payments For Penalty **0.00** Late Payment

