

<b>UNITED STATES BANKRUPTCY COURT Southern District of Ohio</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Trad Resources, Inc</b>		Case Number <b>2 08-62733</b>
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) <b>JACKSON ENERGY COOPERATIVE</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number (if known)  Filed on _____
Name and address where notices should be sent <b>JACKSON ENERGY COOPERATIVE HWY 290 115 JACKSON ENERGY LANE MCKEE, KY 40447-8847</b>		
Telephone number <b>606/364-9208</b>		RECD FEB 12 2009  JORDAN, CLERK U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO MCKEE, OHIO
Name and address where payment should be sent (if different from above)		
Telephone number _____		<input type="checkbox"/> 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  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$ 174.60</u>  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  <input type="checkbox"/> 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.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> 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).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> 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).  <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____)
2. Basis for Claim: <u>SERVICES PERFORMED</u> (See instruction #2 on reverse side)		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
3. Last four digits of any number by which creditor identifies debtor: <u>9614</u>  3a. Debtor may have scheduled account as: <u>3001368500</u> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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 _____		

Date: <b>2-6-09</b>	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. <b>TIM DYCKE CREDIT SERVICES INC.</b>	FOR COURT USE ONLY
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*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# 3001368500**

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
3001368500	ELEC	ICOOP	29 - Manual Calculat	174.60	0.00	174.60	174.60	0.00	
				174.60	0.00	174.60	174.60	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**

**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	174.60		
Current	0.00	02/04/2009	02/18/2009
Total Past	174.60		
30-Day	174.60	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 **168.78** 12/22/2008  
 Source Module **REMIT** Batch **557**  
 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> (11974488) JACKSON ENERGY COOPERATIVE HWY 290 115 JACKSON ENERGY LANE MCKEE, KY 40447	<b>Claim No 65</b> <i>Original Filed</i> Date 02/11/2009 <i>Original Entered</i> Date 02/12/2009	<i>Status</i> Filed by CR Entered by 2dd Modified
Unknown claimed \$174 60 <b>Total      claimed \$174 60</b>		

<i>History</i>	
<u>Details</u>	65-1 02/11/2009 Claim #65 filed by JACKSON ENERGY COOPERATIVE, total amount claimed \$174 6 (2dd)
<i>Description</i>	
<i>Remarks</i>	

### Claims Register Summary