UNITED STATES BANKRUPTCY COURT Southern District of Ohio

RECD FEB 10 2009

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)
TRIANGLE PRODUCTION SYSTEM INC

Name and address where notices should be sent
TRIANGLE PRODUCTION SYSTEM INC
PO BOX 861
CAMBRIDGE, OH 43725 0861

Telephone number (740) 439-4486

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

Court Claim Number: _____
(*If known*)

FILED
FEB 12 AM 11 47
U.S. BANKRUPTCY COURT
SOUTHERN DIST. OHIO
COLUMBUS, OHIO

Filed on _____

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 $ 120 00

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: Goods Sold
(See instruction #2 on reverse side)

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

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:** $_____

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:

$_____

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

**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

Date: 2/10/09

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

Lane Runyon Office Manager

Triad Resources Inc

33 00070

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

036984

TRIANGLE PRODUCTION SYSTEMS, INC
P O BOX 861
11646 E PIKE RD
CAMBRIDGE, OH 43725
Fax 740-439-4488
(740) 439-4486

INVOICE NUMBER 0006892-IN
INVOICE DATE 11/30/2008

ORDER NUMBER 0006567
ORDER DATE 11/20/2008
SALESPERSON
CUSTOMER NO TRIAD

SOLD TO
TRIAD OIL & GAS ENGINEERING
P O BOX 430
Reno, OH 45773-0430

SHIP TO
TRIAD OIL & GAS ENGINEERING
P O BOX 430
Reno, OH 45773-0430

CONFIRM TO
Kean Weaver

CUSTOMER P O	SHIP VIA	F O B	TERMS
Verbal	CPU		NET 30 Days

ITEM NO	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
9KIM3PT	EACH	3	3	0	40 00	120 00
RCT Kimray 3-PT Pilot Valve		WHSE 000				
Lease C Baker #1J, Peaker #1, JT Warren #1						
Kevin 11/14						

Net Invoice	120 00
Less Discount	0 00
Freight	0 00
Sales Tax	0 00
Invoice Total	**120 00**

TRIANGLE PRODUCTION SYSTEMS, INC
P O BOX 861
11646 E PIKE RD
CAMBRIDGE, OH 43725
Fax 740-439-4488
(740) 439-4486

Statement Date 01/21/09

Salesperson

TRIAD OIL & GAS ENGINEERING
P O BOX 430
Reno, OH 45773-0430

Customer No TRIAD

DATE	REFERENCE	DESCRIPTION	CHARGE	CREDIT	BALANCE
11/30/08	0006892-IN		120 00		120 00

TOTAL 120 00

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE DUE
120 00	0 00	0 00	0 00	0 00	120 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):**

Creditor (11975102)	**Claim No 70**	*Status*
TRIANGLE PRODUCTION SYSTEM INC PO BOX 861 CAMBRIDGE, OH 43725	*Original Filed Date* 02/12/2009 *Original Entered Date* 02/13/2009	*Filed by* CR *Entered by* 2dd *Modified*

Unknown claimed $120 00

Total claimed $120 00

History

Details	70-1	02/12/2009 Claim #70 filed by TRIANGLE PRODUCTION SYSTEM INC, total amount claimed $120 (2dd)

Description

Remarks

Claims Register Summary