


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO		PROOF OF CLAIM
Name of Debtor TRIAD RESOURCES TRIAD ENERGY CORPORATION		Case Number 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 of 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) Department of the Treasury Internal Revenue Service		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent Internal Revenue Service P O Box 21126 Philadelphia PA 19114		Court Claim Number 81 (If known)
Telephone number 1 800 913 9358 Creditor Number 11960363		Filed on 03/02/2009
Name and address where payments should be sent (if different from above) Internal Revenue Service INTERNAL REVENUE SERVICE 550 MAIN ST RM 3525 CINCINNATI OH 45201		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
Telephone Number (513) 263 3226		<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 \$ 100.00		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) <input type="checkbox"/> 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) <input checked="" 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)() Amount entitled to priority \$ 100.00 <small>*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</small>
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		
2 Basis for Claim Taxes (See instruction #2 on reverse side)		
3 Last four digits of any number by which creditor identifies debtor See Attachment 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 <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 or 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 08/12/2009	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	FOR COURT USE ONLY FILED AUG 13 2009 Triad Resources Inc  33 00081 4
/s/ ANGELA SULLIVAN JONES BANKRUPTCY SPECIALIST (513) 263 3226	Internal Revenue Service INTERNAL REVENUE SERVICE 550 MAIN ST RM 3525 CINCINNATI OH 45201	

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>	(11960363)	<u>History</u>	Claim No 81	<i>Status</i>
INTERNAL REVENUE SERVICES			<i>Original Filed</i>	<i>Filed by</i> CR
INSOLVENCIES			<i>Date</i> 03/02/2009	<i>Entered by</i>
PO BOX 21126			<i>Original Entered</i>	<i>Modified</i>
PHILADELPHIA PA 19114			<i>Date</i> 03/02/2009	
			<i>Last Amendment</i>	
			<i>Filed</i> 08/13/2009	
			<i>Last Amendment</i>	
			<i>Entered</i> 08/13/2009	

Unsecured claimed	\$0 00
Secured claimed	\$0 00
Priority claimed	\$100 00
Total claimed	\$100 00

History

Details 81-1 03/02/2009 Claim #81 filed by INTERNAL REVENUE SERVICES, total amount claimed \$38358 6 (^Sheppard, Kimberly)

Details 81-2 05/01/2009 Amended Claim #81 filed by INTERNAL REVENUE SERVICES, total amount claimed \$100 (^McDaniel, Jana)

Details 81-3 08/13/2009 Amended Claim #81 filed by INTERNAL REVENUE SERVICES total amount claimed \$100 (^McDaniel, Jana)

Details 81-4 08/13/2009 Amended Claim #81 filed by INTERNAL REVENUE SERVICES, total amount claimed \$100 (^McDaniel, Jana)

Description

Remarks

Claims Register Summary