

UNITED STATES BANKRUPTCY COURT Southern District of Ohio

RECD

PROOF OF CLAIM

Name of Debtor: Triad Resources Inc

MAR 10 2009

Case Number: 2 08-62733

NOT: 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)

MARTIN MARIETTA AGGREGATES

Name and address where notices should be sent  
 MARTIN MARIETTA AGGREGATES  
 PO BOX 75328  
 CHARLOTTE, NC 28275 0328

Martin Marietta Materials  
 9277 Centre Pointe Drive Suite 250  
 West Chester, OH 45069  
 (513) 701-1102  
 FAX (513) 701-1136

Telephone number: (513) 701-1102

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

Court Case Number (if known)

Filed on

Name and address where payment should be sent (See instruction #2 above)

Martin Marietta Materials  
 9277 Centre Pointe Drive Suite 250  
 West Chester, OH 45069  
 (513) 701-1102  
 FAX (513) 701-1136

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: \$ 7,908.20

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:

(See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: 4230

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

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: 2-26-09

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.

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. §§ 142 and 3571

Triad Resources Inc



33 00083

**Martin Marietta Materials**



P O Box 30013  
 Raleigh, North Carolina 27622-0013  
 Visit eRocks™ at www.martinmarietta.com

CUSTOMER NO  
**314230**

STATEMENT NO  
**1375555**

Martin Marietta Materials  
 PO Box 75328  
 Charlotte NC 28275

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TRIAD ENERGY  
 PO BOX 430  
 RENO OH 45773

**FOR QUESTIONS, PLEASE CALL 304 485-7341**

Payment Amount

If remittance does not agree with the balance on this statement please send details of what is being paid so that the remittance can be properly applied

**DETACH and include this Return Portion with Payment**

Please report any potential ethics violations to the Martin Marietta Corporate Ethics Office 1 800-209-4508 or see www.martinmarietta.com

DATE	LOCATION	INVOICE NUMBER	REFERENCE NUMBER	DOC TYPE	DESCRIPTION	CHARGES AND CREDITS
10/21/08	59112	7218961	00000	RI	Invoice	1 392 19
10/27/08	59112	7231062	00000	RI	Invoice	674 19
10/27/08	59112	7231064	00000	RI	Invoice	4 772 75
11/17/08	59112	7292344	00000	RI	Invoice	752 19
11/24/08	59112	7314304	00000	RI	Invoice	316 88
<b>RETURNED CHECK ITEMS ARE CHARGED BACK AND REFLECT THE ORIGINAL INVOICE NUMBER</b>				<b>MISC CREDITS/DEBITS</b>		
<b>BALANCE FORWARD</b>		<b>7,908 20</b>		<b>JOURNAL CREDITS</b>		
<b>PURCHASES</b>				<b>FINANCE CHARGES</b>		
<b>PAYMENTS</b>						
<b>AS OF DATE</b>	<b>01/31/09</b>	<b>ENDING BALANCE</b>		<b>7,908 20</b>		

**FINANCE CHARGES ARE INDICATED BY DOC TYPE EQUALS RF  
 PAYMENTS CHARGES OR CREDITS AFTER THE CLOSING DATE OF THIS STATEMENT WILL APPEAR ON YOUR NEXT STATEMENT**

