

RECD

MAR 10 2009

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of Ohio		PROOF OF CLAIM 2009 MAR 10 2009
Name of Debtor Triad Resources, Inc		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 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) Heritage Crystal Clean, LLC		<input type="checkbox"/> Check this box if you are aware that this claim amends a previously filed claim.
Name and address where notices should be sent c/o Gary M. Vanek, Attorney at Law 1250 Larkin Avenue Suite 100 Elgin, Illinois 60123 Telephone number (847) 742 8800		Court Claim Number (if known) m Filed on _____
Name and address where payment should be sent (if different from above) c/o Gary M. Vanek, Attorney at Law 1250 Larkin Avenue Suite 100 Elgin, Illinois 60123 Telephone number (847) 742 8800		<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 \$ 170.73 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
2 Basis for Claim <u>Services Rendered</u> (See instruction #2 on reverse side)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
3 Last four digits of any number by which creditor identifies debtor _____ 3a. Debtor may have scheduled account as _____ (See instruction #3a on reverse side)		<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)
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 \$ 170.73		<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)
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 _____		<input type="checkbox"/> 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.
Date 02/25/2009	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. Gary M. Vanek, Attorney for Claimant, Heritage Crystal Clean, LLC	

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

Triad Resources Inc



33 00086



HERITAGE-CRYSTAL CLEAN, LLC
877 938-7948

CHARLESTON

25205 48 00-002T1H4 137315 972379 1 of 1

84033 CHARLESTON - ROUTE 2

EMERGENCY: 800-424-8300 CESOG

PLEASE CALL NEXT BUSINESS DAY
OPEN 8:00 AM TO 3:00 PM



Prices reflect changes effective 11/01/2008

CUSTOMER/SHIPPER: TRIAD RESOURCES, INC.
H.C. 72 P.O. BOX 100
CLARK, WV 26180-9709
Contact Name: DAVID BALLENDIX (304)887-7800
DESTINATION: HERITAGE-CRYSTAL CLEAN, LLC
827 BARLOW DR. BLDG 2
CHARLESTON, WV 26313
Phone Number: (304)946-3010

CARRIER: HERITAGE-CRYSTAL CLEAN, LLC EPA ID #: ILR 000 190 082 Phone Number: (877) 938-7948

15 GAL. DRUMS	30 GAL. DRUMS	55 GAL. DRUMS	PROPER SHIPPING NAME	TOTAL	UNITS
	1		55-GAL/55GA REGULATED UREA FASOR CLEANER SOLUTION, (C 119 & 0002), (NON-HAZ. HAZ)	14	6

This to certify that the above named materials properly classified, packaged, marked and labeled and in proper condition for transport according to applicable regulations of the Department of Transportation, as required. I also certify that the hazardous waste, material has been coded with the correct code per the latest edition of applicable.

Per *David Ballendix* 11/14/08 *[Signature]* 11/14/08

TODAY'S SERVICE

WS #	PROD. CODE	DESCRIPTION	HTL. GALS.	UNIT	SI	NET WT.	LOCATION COMMENTS	UNIT PRICE	QTY	TOTAL CHARGE
	1620 HN	CON-55 GAL	14	55GAL	12	7 @ 55		\$147.31	1	\$147.31
	174	FUEL SURCHARGE		NONE			FUEL SURCHARGE REDUCTION	\$13.75	1	\$13.75

COMPLETED NOV 2 1 2008

TAX \$9.67
SERVICE SUBTOTAL \$170.73

I ACCEPT THE CONTRACT CHANGES ON THIS WORK ORDER

PRODUCTS

PRODUCT DESCRIPTION	UNIT PRICE	QTY.	CHARGE

PRODUCT SALES TAX
SUBTOTAL PRODUCT & TAX

MACHINE DISPOSITION	SERVICE/PRODUCTS CHARGE SUMMARY	TODAY'S SERVICE
<input type="checkbox"/> Cleanroom <input type="checkbox"/> Lube Assembly <input type="checkbox"/> Burn Off/Re <input type="checkbox"/> Purge Unit Installed <input type="checkbox"/> U/V Disinfectant <input type="checkbox"/> Popcorn Sprayed <input type="checkbox"/> Lead Paint & other <input type="checkbox"/> Ready to Run	CUSTOMER HEREBY WARRANTS THAT THE ABOVE SERVICES WERE PERFORMED AND THAT GOOD SERVICES AND THE SERVICES PROVIDED ARE HEREBY ACCEPTED. CUSTOMER ALSO HEREBY WARRANTS THE ACCURACY AND COMPLETION OF ALL INFORMATION CONTAINED HEREON WORK ORDER AND ALL INFORMATION HEREBY OBTAINED TO HIS. THIS WORK ORDER IS PART OF THE SERVICE AGREEMENT BETWEEN HERITAGE-CRYSTAL CLEAN, LLC AND THE CUSTOMER'S COMPANY. CUSTOMER'S TWO SPECIALISTS TO BE PROVIDED AND THE SERVICES TO BE PROVIDED ARE HEREBY ORDERED HEREBY TO BE PROVIDED AND HEREBY ACCEPTED AND HEREBY OBTAINED TO HIS. CUSTOMER SHALL BE RESPONSIBLE FOR THE SERVICES ORDERED BY THE WORK ORDER.	<input type="checkbox"/> PRODUCT & TAX <input type="checkbox"/> TOTAL AMOUNT DUE <input type="checkbox"/> TOTAL REMITTANCE <input type="checkbox"/> CHECK NUMBER

Heritage-Crystal Clean, LLC Invoice

Page 1 of 1

Billing Inquiries: (877) 838-7848
custserv@crystal-clean.com



Remit to
13621 COLLECTIONS
CENTER DRIVE
CHICAGO, IL 60693-0136

Service Location	CHARLESTON
PO No	
Service Agreement	972379
Release Info	

TRIAD RESOURCES, INC
 ATTN: ACCOUNTS PAYABLE
 P O BOX 430
 RENO, OH 45773-0430

Invoice No	11099875
Date Issued:	11/18/2008
Account No	84033
Item Total	\$170.73
Pre-paid Amount:	\$0.00
Current Charges:	\$170.73
Previous Amount Due.	\$0.00
Total Due:	\$170.73

Subject to finance charges if payment not received by 12/18/08

Date	Item	Quantity	Rate	Amount	Tax	Total
11/18/08	00-002T1H4 COM-20 GAL SHOP	1	\$147.34	\$8.84	\$156.18	
11/18/08	00-002T1H4 FUEL SURCHARGE	1	\$13.75	\$0.83	\$14.58	

This item (amount) is described part of the above referenced Service Agreement between Heritage-Crystal Clean, LLC and the identified customer and all terms and conditions and restrictions described therein are deemed a part hereof.

TO ENSURE PROPER CREDIT PLEASE INCLUDE THIS PORTION WITH YOUR PAYMENT

Heritage-Crystal Clean Remittance

Current Charges: **\$170.73**

Total Amt Due: **\$170.73**

TRIAD RESOURCES, INC
 H C 72 P O BOX 100
 OVAPA, WV 25150-8708

Invoice Number: **11099875**
 Amount Enclosed:
 Account Number: **84033**
 PO Number:
 Change of Address? Check box and complete other side.
 Payment by Mastercard, Visa, AmEx, and Check by Phone available. Check box and complete other side.

Remit to

HERITAGE CRYSTAL CLEAN, LLC
 13621 COLLECTIONS CENTER DRIVE
 CHICAGO, IL 60693-0136

00084033 0011099875 00017073 00017073 01



Heritage-Crystal Clean, LLC Invoice

Page 1 of 1

Billing Inquiries: (877) 938-7848
custserv@crystal-clean.com



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13621 COLLECTIONS
CENTER DRIVE
CHICAGO, IL 60693-0136

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PO No	
Service Agreement:	972379
Release Info	

Invoice No	11099875
Date Issued:	11/18/2008
Account No	84033
Item Total	\$170.73
Pre-paid Amount:	\$0.00
Current Charges:	\$170.73
Previous Amount Due	\$0.00
Total Due	\$170.73

Subject to finance charges if payment not received by 12/15/08

|||||
TRIAD RESOURCES, INC
 ATTN. ACCOUNTS PAYABLE
 P O BOX 430
 RENO, OH 45773-0430

Date	Item No	Description	QTY	Rate	Amount	Tax	Total
11/18/08	00-002T1H4	COM-20 GAL SHOP	1	\$147.31	\$0.84	\$158.15	
11/18/08	00-002T1H4	FUEL SURCHARGE	1	\$13.76	\$0.83	\$14.59	

This form (invoice) is deemed part of the above referenced Service Agreement between Heritage-Crystal Clean, LLC and the identified customer and all terms and conditions and warranties contained therein are deemed a part hereof.

Item Total. **\$170.73**

TO ENSURE PROPER CREDIT PLEASE INCLUDE THIS PORTION WITH YOUR PAYMENT

Heritage-Crystal Clean Remittance

Current Charges
\$170.73

Invoice Number:
11099875

TRIAD RESOURCES, INC
 H C 72 P O BOX 100
 OVAPA, WV 25150-9709

Total Amt Due:
\$170.73

Amount Enclosed:

Account Number:
84033

Change of Address?
 Check box and complete other side.

Payment Due Upon Receipt

PO Number:

Payment by Mastercard, Visa, AmEx,
 and Check by Phone available.
 Check box and complete other side

Remit to

|||||
HERITAGE CRYSTAL CLEAN, LLC
 13621 COLLECTIONS CENTER DRIVE
 CHICAGO, IL 60693-0136

00084033 0011099875 00017073 00017073 01



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> (11974446) HERITAGE-CRYSTAL CLEAN PO BOX 68123 INDIANAPOLIS, IN 46268	Claim No 86 <i>Original Filed</i> Date 03/02/2009 <i>Original Entered</i> Date 03/03/2009	<i>Status</i> Filed by CR Entered by 2ps, Modified
Unknown claimed \$170 73 Total claimed \$170 73		
<i>History</i> <u>Details</u> <u>86-1</u> 03/02/2009 Claim #86 filed by HERITAGE-CRYSTAL CLEAN, total amount claimed \$170 73 (2ps)		
<i>Description</i>		
<i>Remarks</i>		

Claims Register Summary