

RECD

APR 01 2009

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)

HAMPTON INN MARIETTA

Name and address where notices should be sent

HAMPTON INN MARIETTA
506 PIKE ST
MARIETTA, OH 45750-3332

Telephone number

Name and address where payment should be sent (if different from above)

Telephone number

1. Amount of Claim as of Date Case Filed: \$ 1,249 10

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: Services (Lodging)

(See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: T104

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: 3/24/09

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

Signature: STEVEN C. KEISER MEMBER

FOR COURT USE ONLY

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

Court Claim Number (if known)

Filed on 12/31/08

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.

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)(...)

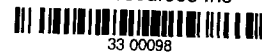
Amount entitled to priority:

\$ 143.70

*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

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



114

HAMPTON INN MARIETTA
508 PIKE ST
MARIETTA, OH 45750

INVOICE

ORIGINAL

TRIAD RESOURCES, INC
ATTN RUTH TEBAY OR KIM ARNOLD
P O BOX 430
RENO, OH 45773

INVOICE # 33135
INVOICE DATE 12/22/08
YOUR ACCOUNT # T134
YOUR P/O #

PAGE 1

| DATE | FOLIO | DESCRIPTION | AMOUNT |
|----------|----------|---|--------|
| 12/11/08 | 175623 A | # [RTD FR ST MARIE TOM RCPT A] | 97 18 |
| 12/16/08 | 175970 A | # Rm 316 [RTD FR HENDERSHOT, MARGARET RCPT A] | 94 92 |
| 12/18/08 | 176058 A | # Rm 100 [RTD FR BRYDEN JAMES RCPT A] | 379 68 |
| 12/19/08 | 176101 A | # Rm 318 [RTD FR BLAKE STEVE RCPT A] | 195 94 |

ROOM RENT \$ 679.40
 SALE &
 OCCUPANCY TAX 88 32

 \$ 767.72

PAYMENT DUE UPON RECEIPT 767 72

QUESTIONS CONCERNING THIS INVOICE?
CALL DOUG REESE
7403735353

HAMPTON INN MARIETTA
508 PIKE ST
MARIETTA, OH 45750

INVOICE

ORIGINAL

TRIAD RESOURCES, INC
ATTN RUTH TEBAY OR KIM ARNOLD
P O BOX 430
RENO, OH 45773

INVOICE # 33142
INVOICE DATE 01/05/09
YOUR ACCOUNT # T134
YOUR P/O #

PAGE 1

| DATE | FOLIO | DESCRIPTION | AMOUNT |
|----------|----------|--|--------|
| 12/30/08 | 176015 A | # Rm 108 [RTD FR BRYDEN JAMES RCPT A] | 189 84 |
| 12/30/08 | 176856 A | # Rm 127 [RTD FR RITTER DONALD RCPT A] | 94 92 |

ROOM RENT 252.00
 SALES TAX 32.76
 + OCCUPANCY TAX
 284.76

PAYMENT DUE UPON RECEIPT 284 76

QUESTIONS CONCERNING THIS INVOICE?
CALL DOUG REESE
7403735353

#116

HAMPTON INN MARIETTA
508 PIKE ST
MARIETTA, OH 45750

INVOICE

ORIGINAL

TRIAD RESOURCES, INC
ATTN RUTH TEBAY OR KIM ARNOLD
P O BOX 430
RENO, OH 45773

INVOICE # 33140
INVOICE DATE 12/29/08
YOUR ACCOUNT # T134
YOUR P/O #

PAGE 1

| DATE | FOLIO | DESCRIPTION | AMOUNT |
|----------|----------|---------------------------------------|--------|
| 12/23/08 | 176014 A | # Rm 101 [RTD FR BRYDEN JAMES RCPT A] | 94 92 |

ROOM RENT \$ 84.00
 SALE &
 OCCUPANCY TAX 10 92

 \$ 94.92

PAYMENT DUE UPON RECEIPT 94 92

QUESTIONS CONCERNING THIS INVOICE?
CALL DOUG REESE
7403735353

116

HAMPTON INN MARIETTA
508 PIKE ST
MARIETTA, OH 45750

INVOICE

ORIGINAL

TRIAD RESOURCES, INC
ATTN RUTH TEBAY OR KIM ARNOLD
P O BOX 430
RENO, OH 45773

INVOICE # 33129
INVOICE DATE 12/08/08
YOUR ACCOUNT # T134
YOUR P/O #

PAGE 1

| DATE | FOLIO | DESCRIPTION | AMOUNT |
|----------|----------|--|--------|
| 12/02/08 | 175300 A | Rm 102 [RTD FR ST MARIE THOMAS RCPT A] | 101 70 |

Room RENT \$ 90.00
SALES & OCCUPANCY
TAX 11.70

\$ 101.70

PAYMENT DUE UPON RECEIPT 101 70

QUESTIONS CONCERNING THIS INVOICE?
CALL DOUG REESE
7403735353

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> (11974434) HAMPTON INN MARIETTA 508 PIKE ST MARIETTA, OH 45750 | Claim No 98 <i>Original Filed</i> Date 03/31/2009 <i>Original Entered</i> Date 04/01/2009 | <i>Status</i> Filed by CR Entered by 2kab, Modified |
|---|--|--|

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|--|
| Unknown claimed \$1249 10 Total claimed \$1249 10 |
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|--|
| <i>History</i> <u>Details</u> 98-1 03/31/2009 Claim #98 filed by HAMPTON INN MARIETTA, total amount claimed \$1249 1 (2kab) |
| <hr/> <i>Description</i> |
| <hr/> <i>Remarks</i> |

Claims Register Summary