

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO		Case Number 08-62733
Name of Debtor TRIAD ENERGY CORPORATION		NOTE This form should not be used to make a claim for administrative expenses 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 Debtor owes money or property) KEN MILLER SUPPLY OF WEST VIRGINIA, INC		
Name and addresses where notices should be sent WELTMAN, WEINBERG & REIS CO , LPA 175 S THIRD ST , STE 900 COLUMBUS, OH 43215 Telephone number (614) 857-4325 (WWR)	<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number <u>103</u> (If known) Filed on <u>4/6/09</u>	
Name and address where payment should be sent (if different from above) KEN MILLER SUPPLY OF WEST VIRGINIA, INC 1537 BLACHLEYVILLD RD WOOSTER, OH 44691 Telephone number (614) 857-4325 (WWR)	<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 At Time Case Filed <u>\$1,070,778 70</u> 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 <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B) <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) <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) Other – Specify applicable paragraph of 11 U.S.C. §507 (a)()	
2 Basis for Claim <u>GOODS SOLD</u> (See instruction #2 on reverse side)	6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim	
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)	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 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	
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 <u>Mechanic's Lien</u> Amount of Secured Claim \$ _____ Amount Unsecured \$ _____	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 June 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.	
Weltman, Weinberg & Reis Co , L P A 175 South Third Street #900 Columbus Ohio 43215 (614) 857-4325	Attorney for Creditor /s/Geoffrey J Peters, Esq	

RECD
 JUN 16 2009
 (Official Court Stamp)

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>	<i>Claim No</i>	<i>Status</i>
(12240328)	103	
Ken Miller Supply of West Virginia, Inc	<i>Original Filed</i>	<i>Filed by</i> CR
1537 Blachleyville Rd	<i>Date</i> 04/06/2009	<i>Entered by</i>
Wooster, OH 44691	<i>Original Entered</i>	<i>Modified</i>
	<i>Date</i> 04/06/2009	
	<i>Last Amendment</i>	
	<i>Filed</i> 06/12/2009	
	<i>Last Amendment</i>	
	<i>Entered</i> 06/12/2009	

Unsecured claimed \$1070778 70

Total claimed \$1070778 70

History

Details 103-1 04/06/2009 Claim #103 filed by Ken Miller Supply of West Virginia, Inc , total amount claimed \$1079047 42 (Peters, Geoffrey)

Details 103-2 06/12/2009 Amended Claim #103 filed by Ken Miller Supply of West Virginia, Inc , total amount claimed \$1070778 7 (Peters, Geoffrey)

Description

Remarks (103-2) Debtor made a payment

Claims Register Summary