

UNITED STATES BANKRUPTCY COURT Southern District of Ohio **RECD** **PROOF OF CLAIM**

Name of Debtor **Triad Resources, Inc** **APR 15 2009** 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)
DEARING COMPRESSOR & PUMP CO
 Name and address where notices should be sent
DEARING COMPRESSOR & PUMP CO
PO BOX 6044
YOUNGSTOWN, OH 44501 6044
 Telephone number **330-783-2258**

Check this box to indicate that this claim amends a previously filed claim.
 Court Claims Clerk (if known)
U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO
FILED
APR -6 PM 11:00
 Filed on _____

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

Check this box to indicate that 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: \$ **3320.67**
 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: **goods sold + Compressor Service Performed**
 (See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: **6769**
 3a. Debtor may have scheduled account as: **None**
 (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
 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: \$ _____

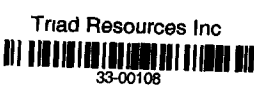
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, 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 _____

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: **4/1/09** 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.
Rebecca Dearing Wall, VP
Rebecca Dearing Wall

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. §§ 152 and 3571



INVOICE

ENTERING OFFICE

MAIL REMITTANCE TO

Deering

Compressor & Pump Co
P O BOX 6044

YOUNGSTOWN OHIO 44501-6044
PHONE (330)783 2258

3974 SIMON ROAD
PO BOX 6044
YOUNGSTOWN OH 44501

INVOICE NUMBER 266871 002	TRAN CODE D1
INVOICE DATE 11/26/08	PAGE 1

Any different or additional terms that may be embodied in your purchase order are hereby objected to. If your order is not an acceptance of our proposal, this will operate as an acceptance of your order only in the event you agree to the terms hereof. The terms and conditions contained above and attached shall apply.

LINE NO	QUANTITY			ITEM NUMBER DESCRIPTION	UNIT OF MEASURE PRODUCT	UNIT PRICE DISCOUNT %	EXTENDED AMOUNT
	TOTAL ORDERED	BACK ORDERED	THIS SHIPMENT				
110	1		1	ACE520 ASM-OIL PUMP	G10C EA	684 9500	684 95
CUST NO T6769						AMOUNT	684 95
ORDER DATE 10/15/08						FRGHT//INS/HNDL	13 74
TERR JP						SALES TAX	00
PC 01						INVOICE TOTAL	698 69
ORD S						Please Pay This Amount	
Written By JAD							
DATE SHIPPED 11/26/08							
WHSE 01							
Carrier UPS							
Tracking							
FOB SP FNA,PREPAID							
CUST FAX# 740-374-5270							
ORIGINAL INVOICE							

Terms of Payment
Net due 30 days from date of invoice

** REPRINT **

ORDER ISSUED IN YOUNGSTOWN
PHONE 330 783-2258

S TRIAD RESOURCES
O PO BOX 430
L
D RENO OH 45773
T
O

S TRIAD RESOURCES
H 5669 WALLBACK RD
I
P WALLBACK WV 25285
T
O

Customer PO No DAVE

Mark No

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INVOICE NUMBER 266871-003	TRAN CODE DI
INVOICE DATE 12/02/08	PAGE 1

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LINE NO	QUANTITY			ITEM NUMBER DESCRIPTION	UNIT OF MEASURE PRODUCT		UNIT PRICE DISCOUNT %	EXTENDED AMOUNT	
	TOTAL ORDERED	BACK ORDERED	THIS SHIPMENT						
10	1		1	2012191 ASM O/PUMP PLGR	G10C	EA	330 6700	330 67	
30	1		1	25C1817 GASKET	G10C	EA	11 7500	11 75	
40	8		8	3VB42214 PLATE DAMPER	G10C	EA	42 3600	338 88	
50	8		8	1VB4267 DISC-VALVE	G10C	EA	33 5100	268 08	
60	8		8	VB260 ASM-LIFT GUIDE	G10C	EA	16 9000	135 20	
70	48		48	301VBG105 SPRING	G10C	EA	2 7000	129 60	
80	8		8	25L6 GASKET RING	G10C	EA	8 2400	65 92	
90	12		12	226WLN715 GASKET	G10C	EA	9 2100	110 52	
100	12		12	25F15 GASKET-RING	G10C	EA	2 2100	26 52	
CUST NO T6769		ORDER DATE 10/15/08	TERR JP	PC 01	ORD S	Written By JAD	DATE SHIPPED 12/02/08	WHSE 01	AMOUNT 1417 14
Carrier Tracking		UPS	FOB	SP FNA,PREPAID		ORIGINAL INVOICE		FRGHT/INS/HNDL 23 63	SALES TAX 00
Terms of Payment Net due 30 days from date of invoice		CUST FAX# 740-374-5270				ORDER ISSUED IN YOUNGSTOWN PHONE 330-783-2258		INVOICE TOTAL 1440 77 <small>Please Pay This Amount</small>	

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INVOICE NUMBER

266871-004

TRAN CODE

DI

INVOICE DATE

12/05/08

PAGE

1

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	TOTAL ORDERED	BACK ORDERED	THIS SHIPMENT				
20	1		1	4AUX534 VALVE-O/RELIEF	G10C EA	98 0000	98 00

CUST NO T6769	ORDER DATE 10/15/08	TERR JP	PC 01	ORD S	Written By JAD	DATE SHIPPED 12/05/08	WHSE 01
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Carrier **UPS** Tracking
FOB **SP,FNA,PREPAID**

ORIGINAL INVOICE

AMOUNT	98 00
FRGHT/INS/HNDL	9 21
SALES TAX	00
INVOICE TOTAL	107 21

Please Pay This Amount

Terms of Payment
Net due 30 days from date of invoice

CUST FAX# 740-374-5270

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INVOICE NUMBER 267259-001	TRAN CODE D1
INVOICE DATE 11/14/08	PAGE 1

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LINE NO	QUANTITY			ITEM NUMBER DESCRIPTION	UNIT OF MEASURE PRODUCT		UNIT PRICE DISCOUNT %	EXTENDED AMOUNT								
	TOTAL ORDERED	BACK ORDERED	THIS SHIPMENT													
10	304		304	MODEL NO JGM/2 3 SERIAL NO F18919 SKID 402655 MILEAGE	ZZM	EA	1 0000	304 00								
20	1		1	LABOR	ZZL	EA	770 0000	770 00								
<table border="1"> <tr> <td>CUST NO T6769</td> <td>ORDER DATE 11/10/08</td> <td>TERR SR</td> <td>PC 01</td> <td>ORD S</td> <td>Written By DCP</td> <td>DATE SHIPPED 10/30/08</td> <td>WHSE 01</td> </tr> </table>								CUST NO T6769	ORDER DATE 11/10/08	TERR SR	PC 01	ORD S	Written By DCP	DATE SHIPPED 10/30/08	WHSE 01	AMOUNT 1074 00
CUST NO T6769	ORDER DATE 11/10/08	TERR SR	PC 01	ORD S	Written By DCP	DATE SHIPPED 10/30/08	WHSE 01									
Carrier UNIT 7 FOB DEST FNA,PREPAI ORIGINAL INVOICE Tracking								FRGHT,INS/HNDL 00								
Terms of Payment CUST FAX# 740-374-5270 Net due 30 days from date of invoice								SALES TAX 00								
								INVOICE TOTAL 1074 00 <small>Please Pay This Amount</small>								

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T
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Customer PO No SERVICE CALL

Mark No

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> (11974292) DEARING COMPRESSOR & PUMP CO PO BOX 6044 YOUNGSTOWN, OH 44501	Claim No. 108 <i>Original Filed</i> <i>Date</i> 04/06/2009 <i>Original Entered</i> <i>Date</i> 04/07/2009	<i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2ps, <i>Modified</i>
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Unknown claimed \$3320 67
Total claimed \$3320 67

<i>History</i>
Details <u>108-1</u> 04/06/2009 Claim #108 filed by DEARING COMPRESSOR & PUMP CO , total amount claimed \$3320 67 (2ps)
<i>Description</i>
<i>Remarks</i>

Claims Register Summary