

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

RECD  
APR 24 2009

Name of Debtor Trad 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)  
MURPHY WELL SERVICE

Name and address where notices should be sent  
MURPHY WELL SERVICE  
1120 BLUE RIDGE CIRCLF  
COLUMBIA, KY 42728-7173

Telephone number (270) 378-6745

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

Court Claim Number \_\_\_\_\_ (If known)

Filed on \_\_\_\_\_

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

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: \$ 15,738.00

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; services rendered - Cerner - jobs  
(See instruction #2 on reverse side)

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)

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: 4/19/09 Signature: Kim Murphy Kim Murphy  
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.

Trad Resources Inc  
33-00135

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, 157

**FILED**  
**APR 22 2009**

**Murphy Well SVCS, LLC**

1120 Blue Ridge Circle  
Columbia, KY 42728

**INVOICE**

Invoice Number 1132  
Invoice Date Oct 16, 2008  
Page 1  
*Duplicate*

Voice 270-378-6745  
Fax 270-378-6744

**Bill To:**  
TRIAD  
3319 TATES CREEK ROAD  
LEXINGTON, KY 40502

**Ship to:**  
LEE CO KY  
COURTNEY # 14

Customer ID	Customer PO	Payment Terms	
TRIAD		Net 30 Days	
Ship To ID	Shipping Method	Ship Date	Due Date
James Murphy		10/16/08	11/15/08

Quantity	UOM	Description	Unit Price	Amount
3 00		CALCIUM CHLORIDE SK-CALCIUM CHLORIDE	50 00	150 00
55 00		CLASS A CEMENT SK-CLASS A CEMENT	11 50	632 50
2 00		HYDRATED LIME 50LB SK- HYDRATED LIME	20 00	40 00
145 00		MILEAGE TO LOCATION MILEAGE ONE WAY	8 00	1,160 00
2 00		AQUA GEL 50LBS SK- SODIUM BENTONITE	50 00	100 00
0 50		CELLO FLAKE SK-CELOPHANE FLAKE	150 00	75 00
1 00		FUEL SURCHARGES 8% FUEL SURCHARGE	252 50	252 50
1 00		SETUP SET UP/PUMP CHARGE	1,000 00	1,000 00
Subtotal				3,410 00
Sales Tax				
Total Invoice Amount				3,410 00
Payment/Credit Applied				
<b>TOTAL</b>				<b>3,410 00</b>

Check/Credit Memo No

**Murphy Well SVCS, LLC**

1120 Blue Ridge Circle  
Columbia, KY 42728

**INVOICE**

Invoice Number 1136  
Invoice Date Oct 27, 2008  
Page 1  
Duplicate

Voice 270-378-6745  
Fax 270-378-6744

**Bill To:**  
TRIAD  
3319 TATES CREEK ROAD  
LEXINGTON, KY 40502

**Ship To:**  
COURTNEY # 14  
LEE CO KY

Program ID	Customer PO	Payment Terms	
TRIAD		Net 30 Days	
State/Zip ID	Shipping Method	Ship Date	Due Date
James Murphy		10/27/08	11/26/08

Quantity	Unit	Description	Unit Price	Amount
1 00	SETUP	SETUP/PUMP CHARGE	1,000 00	1,000 00
150 00	CLASS A CEMENT	SK-CLASS A CEMENT	11 50	1,725 00
2 00	HYDRATED LIME	50LB SK- HYDRATED LIME	20 00	40 00
145 00	MILEAGE TO LOCATION	MILEAGE ONE WAY	8 00	1,160 00
2 00	AQUA GEL	50LBS SK- SODIUM BENTONITE	50 00	100 00
1 00	FUEL SURCHARGES	8% FUEL SURCHARGE	322 00	322 00
Subtotal				4,347 00
Sales Tax				
Total Invoice Amount				4,347 00
Payment/Credit Applied				
<b>TOTAL</b>				<b>4,347 00</b>

Check/Credit Memo No

**Murphy Well SVCS, LLC**

1120 Blue Ridge Circle  
Columbia, KY 42728

**INVOICE**

Invoice Number 1137  
Invoice Date Oct 27, 2008  
Page 1

Voice 270-378-6745  
Fax 270-378-6744

Duplicate

**Bill to:**  
TRIAD  
3319 TATES CREEK ROAD  
LEXINGTON, KY 40502

**Ship to:**  
LEE CO KY  
COURTNEY # 9

Customer ID	Customer PO	Payment Terms	
TRIAD		Net 30 Days	
Customer Name	Shipping Method	Ship Date	Due Date
James Murphy		10/27/08	11/26/08

Quantity	Item	Description	Unit Price	Amount
1 00	SETUP	SETUP/PUMP CHARGE	1 000 00	1,000 00
150 00	CLASS A CEMENT	SK-CLASS A CEMENT	11 50	1,725 00
2 00	HYDRATED LIME	50LB SK- HYDRATED LIME	20 00	40 00
145 00	MILEAGE TO LOCATION	MILEAGE ONE WAY		
2 00	AQUA GEL	50LBS SK- SODIUM BENTONITE	50 00	100 00
1 00	EXTRA HAUL CEMENT	EXTRA HAUL CEMENT	500 00	500 00
1 00	FUEL SURCHARGES	8% FUEL SURCHARGE	269 00	269 00
Subtotal				3,634 00
Sales Tax				
Total Invoice Amount				3,634 00
Payment/Credit Applied				
<b>TOTAL</b>				<b>3,634.00</b>

Check/Credit Memo No

**Murphy Well SVCS, LLC**

1120 Blue Ridge Crcl  
Columbia, KY 42728

**INVOICE**

Invoice Number 1138  
Invoice Date Oct 27, 2008  
Page 1

Duplicate

Voice 270-378-6745  
Fax 270-378-6744

**Bill To:**  
TRIAD  
3319 TATES CREEK ROAD  
LEXINGTON KY 40502

**Ship to:**  
LEE CO, KY  
COURTNEY # 8

Customer ID	Customer PO	Payment Terms	
TRIAD		Net 30 Days	
Ship to Name	Shipping Method	Ship Date	Due Date
James Murphy		10/27/08	11/26/08

Quantity	Unit	Description	Unit Price	Amount
1 00	SETUP	SETUP/PUMP CHARGE	1,000 00	1,000 00
150 00	CLASS A CEMENT	SK-CLASS A CEMENT	11 50	1,725 00
2 00	HYDRATED LIME	50LB SK- HYDRATED LIME	20 00	40 00
145 00	MILEAGE TO LOCATION	MILEAGE ONE WAY	8 00	1,160 00
2 00	AQUA GEL	50LBS SK- SODIUM BENTONITE	50 00	100 00
1 00	FUEL SURCHARGES	8% FUEL SURCHARGE	322 00	322 00
Subtotal				4,347 00
Sales Tax				
Total Invoice Amount				4,347 00
Payment/Credit Applied				
<b>TOTAL</b>				<b>4,347.00</b>

Check/Credit Memo No

**Form W-9**  
 (Rev. January 2005)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer  
 Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)  
**MURPHY WELL SERVICE, LLC**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other **LLC**  Exempt from backup withholding

Address (number, street and apt. or suite no.)  
**1120 BLUE RIDGE CIRCLE**

City, state and ZIP code  
**COLUMBIA, KY 42728**

Requester's name and address (optional)

U.S. account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
 \_\_\_\_\_

or  
 Employer identification number  
**210410347114**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here: Signature of U.S. person: **Kim Murphy** Date: **2/5/09**

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-8(a) and 7(a) for additional information.

**Foreign person** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

## 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):**

<p><i>Creditor</i> (11974746) MURPHY WELL SERVICE 1120 BLUE RIDGE CIRCLE COLUMBIA, KY 42728</p>	<p><b>Claim No</b> 135 <i>Original Filed</i> <i>Date</i> 04/22/2009 <i>Original Entered</i> <i>Date</i> 04/22/2009</p>	<p><i>Status</i> <i>Filed by</i> CR <i>Entered by</i> DeMarco, Daniel <i>Modified</i></p>
<p>Unsecured claimed \$15738 00</p> <p><b>Total      claimed \$15738 00</b></p>		

<p><i>History</i></p> <p><u>Details</u>    <u>135-1</u> 04/22/2009 Claim #135 filed by MURPHY WELL SERVICE, total amount claimed \$15738 (DeMarco, Daniel )</p> <hr/> <p><i>Description.</i> (135-1) Goods sold/services rendered - cement jobs</p> <hr/> <p><i>Remarks</i></p>
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### Claims Register Summary