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REC'D  
APR 28 2009

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT		Southern District of Ohio		PROOF OF CLAIM	
Name of Debtor <b>Triad Resources Inc</b>			Case Number <b>08-62733</b>		
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) <b>Mariela Memorial Health, Inc.</b>			<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent: <b>401 Madison St. Mariela, OH 45750</b>			Court Claim Number (If known)		
Telephone number: <b>740/374 4913</b>			Filed on _____		
Name and address where payment should be sent (if different from above): <b>Same</b>			<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.		
Telephone number:			<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: <b>\$10,000.</b>			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.		
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.			Specify the priority of the claim:		
If all or part of your claim is entitled to priority, complete item 5.			1. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)		
7. 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.			<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)		
2. Basis for Claim: <b>Good faith pledge (Trustee)</b> (See instruction #2 on reverse side.)			<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5)		
3. First four digits of any number by which creditor identifies debtor: <b>NA</b>			<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)		
3a. Debtor may have a scheduled account as: (See instruction #3a on reverse side.)			<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8)		
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.			<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( )		
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other			Amount entitled to priority: \$ _____		
Describe:			*Amounts are subject to adjustment or elimination and every 3 years thereafter, with respect to claims commenced on or after the date of adjustment.		
Value of Property \$ _____ Annual Interest Rate % _____					
Amount of arrearage and other charges as of filing date 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 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: <b>4/23/09</b>	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. <b>J. L. Minor MHHF EXEC. DIR (JACYN L. MINOR)</b>			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 357.

FILED

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Triad Resources Inc



33-00150

# 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> (11974672) MARIETTA MEM HEALTH FOUND 401 MATTHEW ST PO BOX 97 MARIETTA, OH 45750	<b>Claim No 150</b> <i>Original Filed</i> <i>Date</i> 04/28/2009 <i>Original Entered</i> <i>Date</i> 04/28/2009	<i>Status</i> Filed by CR Entered by DeMarco, Daniel Modified
Unsecured claimed \$10000 00 <b>Total      claimed. \$10000 00</b>		

<i>History</i>	
<u>Details</u>	150-1 04/28/2009 Claim #150 filed by MARIETTA MEM HEALTH FOUND, total amount claimed \$10000 (DeMarco, Daniel )
<u>Description</u> (150-1) Good Faith Pledge (Trustee)	
<u>Remarks</u>	

## Claims Register Summary