


RECORDED  
 APR 30 2009

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of Ohio		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Triad Resources etal</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>David A. Combs</b>		<input type="checkbox"/> Check this box to indicate that this claim and any previously filed claim are the same. <input checked="" type="checkbox"/> Check this box if you are aware of any other claims filed in proof of claim relating to this claim. Attach copy of statement of the particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. <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) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ) Amount entitled to priority: \$ _____
Name and address where notices should be sent <b>414 Clay Road                  Spencer WV 25276</b>		
Telephone number <b>(304) 927-2742</b>		
Name and address where payment should be sent (if different from above)		
Telephone number		
1. Amount of Claim as of Date Case Filed \$ _____ <b>All royalties due for production from Tariff Unit # 1</b> 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
2. Basis for Claim <b>Production of Oil &amp; Gas from minerals owned by Creditor</b> (See instruction #2 on reverse side) <b>COM02 David A. Combs Well 235004</b>		
3. Last four digits of any number by which creditor identifies debtor: <b>COM02 David A. Combs Well 235004</b> 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 <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 _____ 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>4/22/09</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. 	

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 APR 27 PM  
 JORDAN  
 CLERK  
 U.S. BANKRUPTCY COURT  
 COLUMBUS, OHIO

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

# 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> (12306804) DAVID A COMBS 414 CLAY ROAD SPENCER WV 25276</p>	<p><b>Claim No 151</b> <i>Original Filed</i> <i>Date</i> 04/27/2009 <i>Original Entered</i> <i>Date</i> 04/28/2009</p>	<p><i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2kab, <i>Modified</i></p>
<p>Unknown claimed \$0 00</p> <p><b>Total      claimed \$0 00</b></p>		
<p><i>History</i></p> <p><u>Details</u>    <u>151-1</u> 04/27/2009 Claim #151 filed by DAVID A COMBS, total amount claimed \$0 (2kab)</p>		
<p><i>Description</i></p> <hr/> <p><i>Remarks</i> (151-1) No \$ amount listed 4/28/09 kab</p>		

## Claims Register Summary