

REC'D
APR 29 2009

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

UNITED STATES BANKRUPTCY COURT Southern District of Ohio		PROOF OF CLAIM
Name of Debtor TRIAD OIL & GAS CO. LTD		Case Number 2:08-bk-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. § 303.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) RANDY L BLEVIN'S		<input type="checkbox"/> Check this box to indicate that this claim arose from a previously filed claim. <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 checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where notices should be sent: 1063 OLD US60 OLIVE HILL, KY 41164		
Telephone number: (606) 286 2047		Court Claim Number (if known) 29 PH12
Name and address where payment should be sent (if different from above) NA		Filed on _____
Telephone number _____		
1 Amount of Claim as of Date Case Filed: \$ 1,500.00		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
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.		
2 Basis for Claim: ELECTRICAL INSPECTION (See instruction #2 on reverse side.)		<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)()
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 <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" 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.)		Amount entitled to priority: \$ _____
DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If the documents are not available please explain _____		*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 4/27/09	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. Randy L. Blevins Electrical Inspector	FOR COURT USE ONLY

FILED
APR 29 2009
PH12
JORDAN
BANKRUPTCY
CLERK
COLUMBUS, OH

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

4/1/64

SOLD TO T. Ad...		SHIP TO	
ADDRESS 10 1150		ADDRESS	
CITY STATE ZIP Kend...		CITY STATE ZIP	
CUSTOMER ORDER NO	SOLD BY	TERMS	FO B
			DATE 11/20/09

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Electrical			1500.00
		Electrical Inspection			
		100,000 x 1.5% = 1500.00		1	1500.00
		Lower Newcomb Electric			
		Co. Kentucky			
				TOTAL	1500.00

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> (11974876) RANDY BLEVINS 1063 OLD US 60 OLIVE HILL, KY 41164	Claim No 156 <i>Original Filed</i> Date 04/29/2009 <i>Original Entered</i> Date 04/30/2009	<i>Status</i> Filed by CR Entered by 2kab, Modified
Unknown claimed \$1500 00 Total claimed \$1500.00		

<i>History</i>
<u>Details</u> <u>156-1</u> 04/29/2009 Claim #156 filed by RANDY BLEVINS, total amount claimed \$1500 (2kab)
<i>Description</i>
<i>Remarks</i>

Claims Register Summary