

RECD

MAY 21 2009

Case Number 2 08-62733

Name of Debtor Triad Resources, Inc

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):

HOWARD D BOGGS

Name and address where notices should be sent

HOWARD D BOGGS
PO BOX 606
DBA DEPENDABLE PIPE & SUPPLY CO
SPENCER, WV 25276-0606

Telephone number 304-927-1660

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

Telephone number

1. Amount of Claim as of Date Case Filed: \$ 3,156.20

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

2. Basis for Claim: Goods Sold
(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

Value of Property: \$ Annual Interest Rate: %

Amount of arrearage and other charges as of this 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

Date: May 15 2009

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

Howard D. Boggs, Owner

Triad Resources Inc



Check this box if you indicate that this claim amends a previously filed claim.

Court Claim (if known)

Filed on

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.

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).

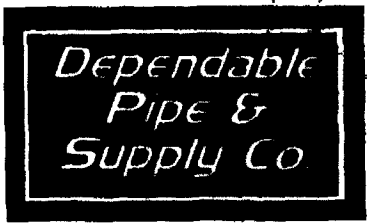
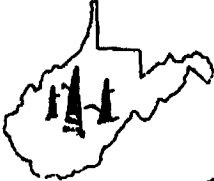
Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(...)

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

**Oil Field Supplies
and Equipment**
304-927-1660



INVOICE
№ 26340
ALWAYS REFER TO ABOVE NUMBER

P.O. BOX 606 • SPENCER, WV • 25276

Customer s
Order No.
Lease Well No. *Wright (Lease) #3*
 Cash Charge
Date **9 10 08**

Sold To *Triad Resources*
Address _____

TERMS All Invoices Due Net 31 Days

WV STATE TAX CODE requires that 6% sales tax be collected on sales unless a valid WV DIRECT PAY TAX PERMIT or WV SALES TAX EXEMPTION FORM is on file with the vendor

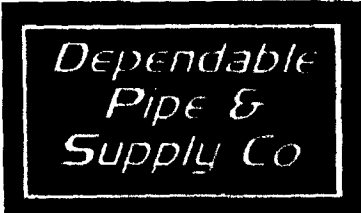
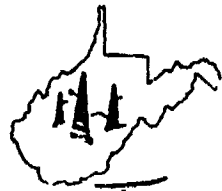
Direct Pay Tax Permit Number _____

QUANTITY	DESCRIPTION	EACH	AMOUNT
1	33 Q530 3HP GS 4" 230V 3 wire <i>Labersville Water Pump; (Should) - Franklin Motor, 230V.</i>	1,470.65	1,470.65
1	00094MC 3HP Control Box w/ Mag	250.20	250.20
			1,720.85

[Signature]

Received By *[Signature]*

**Oil Field Supplies
and Equipment**
304-927-1660



INVOICE
No 26364

ALWAYS REFER TO ABOVE NUMBER

P.O. BOX 606 • SPENCER, WV • 25276

Customer's Order No. _____

Lease Well No ODS 167

Cash Charge

Date 9 16 08

Sold To TRIAD Resources

Address _____

TERMS: All Invoices Due Net 31 Days

WV STATE TAX CODE requires that 6% sales tax be collected on sales unless a valid WV DIRECT PAY TAX PERMIT or WV SALES TAX EXEMPTION FORM is on file with the vendor

Direct Pay Tax Permit Number _____

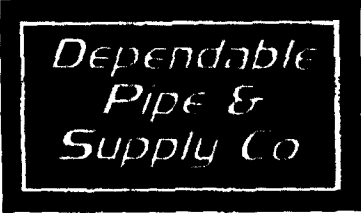
QUANTITY	DESCRIPTION	EACH	AMOUNT
1	8' x 1 1/2" BOTTOM SEAT, DOWNHOLE PUMP - 3' Blunger, Dbl Valved		994.00
1	2" x 2" 1 1/2" V RES. PUMPING TEE	58.00	58.00
			1,052.00

[Handwritten signature]

Received By *[Signature]*

Oil Field Supplies and Equipment 304-927-1660

INVOICE No 26593 ALWAYS REFER TO ABOVE NUMBER



P.O. BOX 606 • SPENCER, WV • 25276

Customer s Order No. Lease Well No. [] Cash [x] Charge Date 10 27 08

Sold To TRIAD RESOURCES Address Richardson, WV

TERMS All Invoices Due Net 31 Days

WV STATE TAX CODE requires that 6% sales tax be collected on sales unless a valid WV DIRECT PAY TAX PERMIT or WV SALES TAX EXEMPTION FORM is on file with the vendor

Direct Pay Tax Permit Number

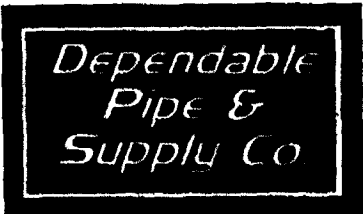
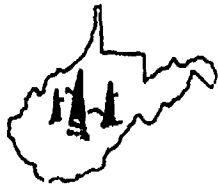
Table with columns: QUANTITY, DESCRIPTION, EACH, AMOUNT. Row 1: 1, 1" COMPRESSION COUPLER, 13.65, 13.62

Received By

[Signature]

Oil Field Supplies
and Equipment

304-927-1660



INVOICE
No 26735

ALWAYS REFER
TO ABOVE NUMBER

Customer's
Order No. _____

Lease
Well No Rig V502

Cash Charge

Date 11 19 08

P.O. BOX 606 • SPENCER, WV • 25276

Sold To Mead Resources
Address Reno, Oh 45773

TERMS: All Invoices Due Net 31 Days

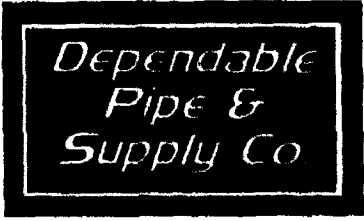
WV STATE TAX CODE requires that 6% sales tax be collected on c
sales unless a valid WV DIRECT PAY TAX PERMIT or WV SALES TA
EXEMPTION FORM is on file with the vendor

Direct Pay Tax Permit Number _____

QUANTITY	DESCRIPTION	EACH	AMOUNT
1	2' Knuckle Joint Swab w/ 57# API Pin	235.80	235.80
12	2 3/8" SWAB CUP - TYPE 'V'	500	6000
			29580

Received By Rg [Signature] V502

**Oil Field Supplies
and Equipment**
304-927-1660



INVOICE
No 26686

ALWAYS REFER TO ABOVE NUMBER

P.O. BOX 606 • SPENCER, WV • 25276

Customer's Order No.
Lease Well No. Ry V-502
 Cash Charge
Date 11 08 08

Sold To Trinidad Resources
Address Reinco, Oh

TERMS All Invoices Due Net 31 Days

WV STATE TAX CODE requires that 6% sales tax be collected on sales unless a valid WV DIRECT PAY TAX PERMIT or WV SALES TAX EXEMPTION FORM is on file with the vendor

Direct Pay Tax Permit Number _____

QUANTITY	DESCRIPTION	EACH	AMOUNT
1	8 # Sledge Hammer	26.90	26.90
1	#553-579-111 Rod Equator Kit	35.00	35.00
1	12 ft. Horn-Tail Logging	4.00	4.00
1	1 1/4" Ball Valve	8.00	8.00
			<u>73.90</u>

Received By _____

Ry Fox Jr.

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> (11974458) HOWARD D BOGGS PO BOX 606 DBA DEPENDABLE PIPE & SUPPLY CO SPENCER, WV 25276</p>	<p>Claim No. 184 <i>Original Filed</i> Date 05/18/2009 <i>Original Entered</i> Date 05/18/2009</p>	<p><i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2kab, <i>Modified</i></p>
<p>Unknown claimed \$3156 20</p> <p>Total claimed: \$3156.20</p>		

<p><i>History</i></p> <p><u>Details</u> <u>184-1</u> 05/18/2009 Claim #184 filed by HOWARD D BOGGS, total amount claimed \$3156 2 (2kab)</p>
<p><i>Description</i></p>
<p><i>Remarks</i></p>

Claims Register Summary