

1810 (Official Form 10) (12/08)

5

REC'D
MAY 26 2009

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT Southern District of Ohio

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)

TOTAL ADMINISTRATIVE SERVICES

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

Name and address where notices should be sent

TOTAL ADMINISTRATIVE SERVICES
2302 INTERNATIONAL LANE
PO BOX 14140
MADISON WI 53708 0140

Court Claim Number (if known)

Filed on

Telephone number

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

Total Administrative Services
2302 International Lane
PO Box 14629 ATTN: Finance/Collections Dept
Madison, WI 53708-4629
Telephone number 800-422-4661

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: \$ 4,338.40

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)(...)

Amount entitled to priority:

\$ 4,338.40

*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.

2. Basis for Claim: Employee Benefits (See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: 0149

3a. Debtor may have scheduled account no: (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 SIGN ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

If the documents are not available please explain

Date: 5/13/09

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.

Terri faes / Collections Specialist

Terri faes

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 3571

Triad Resources Inc
33-00213



Finalization Report
ACTIVE
1/1/2009 to 12/31/2009

KIM ARNOLD
 TRIAD RESOURCES INC
 PO BOX 430
 RENO OH 45773

Client TASC Id 4600-8019-2035
 Plan Name Triad Resources, Inc

Participant ID (Active)	Participant Name	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
4200 8044 7563	ARNOLD, KIMBERLY	Medical (Out-of Pocket) Expenses \$ 2,500 00	\$ 900 00	\$ 0 00	\$ 2,268 29	-\$ 1,368 29
			\$ 900 00	\$ 0 00	\$ 2,268 29	\$ 1,368 29
4501-1930 0368	BECKER, JIFFANY	Dependent Care Expenses \$ 1,610 00 Medical (Out-of Pocket) Expenses \$ 1,050 00 Non Employer Sponsored Premiums \$ 2,040 00	\$ 579 60 \$ 378 00 \$ 734 40	\$ 0 00 \$ 0 00 \$ 0 00	\$ 560 00 \$ 877 13 \$ 678 68	\$ 19 60 \$ 499 13 \$ 55 72
			\$ 1,692 00	\$ 0 00	\$ 2,115 81	\$ 423 81
4300 8044 8532	DRAKE, RANDALL K	Medical (Out of Pocket) Expenses \$ 1,000 00	\$ 360 00	\$ 0 00	\$ 789 54	\$ 429 54
			\$ 360 00	\$ 0 00	\$ 789 54	\$ 429 54
4700-8044-8702 (Terminated as of 2/13/2009)	FOX, ROY JR	Medical (Out of Pocket) Expenses \$ 829 03	\$ 200 00	\$ 0 00	\$ 829 03	-\$ 629 03
			\$ 200 00	\$ 0 00	\$ 829 03	-\$ 629 03
4301-4909 8400 (Terminated as of 3/12/2009)	GUESS JUSTINE	Medical (Out of Pocket) Expenses \$ 1,024 55	\$ 500 00	\$ 0 00	\$ 1,284 55	-\$ 784 55
			\$ 500 00	\$ 0 00	\$ 1,284 55	\$ 784 55
4501 7626 0439 (Active)	Linkinogor, adam	Medical (Out of Pocket) Expenses \$ 250 00	\$ 90 00	\$ 0 00	\$ 14 02	\$ 75 98
			\$ 90 00	\$ 0 00	\$ 14 02	\$ 75 98
4100 8044 9994 (Active)	MARKS BRIAN D	Medical (Out of Pocket) Expenses \$ 1,500 00	\$ 540 00	\$ 0 00	\$ 818 23	\$ 278 23
			\$ 540 00	\$ 0 00	\$ 818 23	\$ 278 23
4201-4480-0800 (Active)	PHILLIPS, MARVIN	Medical (Out of Pocket) Expenses \$ 520 00	\$ 187 20	\$ 0 00	\$ 220 37	\$ 33 17
			\$ 187 20	\$ 0 00	\$ 220 37	\$ 33 17

Finalization Report
ACTIVE
1/1/2009 to 12/31/2009

4700 9988 5825 (Active) POWELL, BRENT Medical (Out-of Pocket) Expenses	Annual Election \$ 910 00	Participant Contribution \$ 327 60	Client Contribution \$ 0 00	Requests Paid \$ 346 58	Balance \$ 18 98
		<hr/>	<hr/>	<hr/>	<hr/>
		\$ 327 60	\$ 0 00	\$ 346 58	\$ 18 98
4300 8045-0147 (Active) PRICF JOSEPH P Medical (Out-of Pocket) Expenses	Annual Election \$ 1,500 00	Participant Contribution \$ 357 10	Client Contribution \$ 0 00	Requests Paid \$ 878 23	Balance \$ 521 13
		<hr/>	<hr/>	<hr/>	<hr/>
		\$ 357 10	\$ 0 00	\$ 878 23	\$ 521 13
4100 8045 2212 (Active) WHITE OTIS S Medical (Out-of Pocket) Expenses	Annual Election \$ 600 00	Participant Contribution \$ 216 00	Client Contribution \$ 0 00	Requests Paid \$ 143 65	Balance \$ 72 35
		<hr/>	<hr/>	<hr/>	<hr/>
		\$ 216 00	\$ 0 00	\$ 143 65	\$ 72 35

Plan Totals

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Participant Contribution \$ 5,369 90	Client Contribution \$ 0 00	Requests Paid \$ 9,708 30	Balance \$ 4,338 40	

Office use only 3

CONTACT US LOGOUT

MYTASC RELATIONSHIPS HELP

Q149



Search Go Clear Searches

FlexSystem Balances And Exposures - 4600-8019-2035 - Arnold, Kim Back To >> Client Manager

Notes View Notes | Create Note

FlexSystem Balances And Exposures

0000040696, Triad Resources, Inc , 01/01/2009 - 12/31/2009, P(25), Active

Show by Participants Show by Benefits

Name	Ind Pre	Dep Care	Med	
Unsubstantiated				
ARNOLD, KIMBERLY (4200-8044-7563) <small>Account Profile</small>	N/A	N/A	-	\$0 00
			\$1368 29	
BECKER, TIFFANY (4501-1930-0368) <small>Account Profile</small>	\$55 72	\$19 60	-\$499 13	\$30 00
DRAKE, RANDALL (4300-8044-8532) <small>Account Profile</small>	N/A	N/A	-\$429 54	\$0 00
FOX, ROY JR (4700-8044-8702) <small>Account Profile</small>	N/A	N/A	-\$629 03	\$0 00
GUESS, JUSTINE (4301-4909-8400) <small>Account Profile</small>	N/A	N/A	-\$784 55	\$260 00
Linknoggor, adam (4501-7626-0439) <small>Account Profile</small>	N/A	N/A	\$75 98	\$0 00
MARKS, BRIAN (4100-8044-9994) <small>Account Profile</small>	N/A	N/A	-\$278 23	\$0 00
PHILLIPS, MARVIN (4201-4480-0800) <small>Account Profile</small>	N/A	N/A	-\$33 17	\$0 00
POWELL, BRENT (4700-9988-5825) <small>Account Profile</small>	N/A	N/A	-\$18 98	\$0 00
PRICE, JOSEPH (4300-8045-0147) <small>Account Profile</small>	N/A	N/A	-\$521 13	\$0 00
WHITE, OTIS (4100-8045-2212) <small>Account Profile</small>	N/A	N/A	\$72 35	\$0 00
Page Sub Total	\$55 72	\$19 60	-	\$290 00
Grand Participant Total	\$55.72	\$19 60	\$4413 72	\$290 00
			\$4413 72	

Navigation 1

Balances and Exposures Tools

→ Download Microsoft Excel Balances and Exposures Spreadsheet

B9F (Official Form 9F) (Chapter 11 Corporation/Partnership Case) (12/07)

Case Number 2 08-bk-62733

*Q149-File
CC 37-0
Coboro*

UNITED STATES BANKRUPTCY COURT
Southern District of Ohio

Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 11 bankruptcy case concerning the debtor(s) listed below was filed on 12/31/08

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below.
NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address)

Triad Resources Inc
PO Box 430
Reno, OH 45773

Case Number
2 08-bk-62733

Case Assigned To
C Kathryn Preston

Social Security / Individual Taxpayer ID / Employer Tax ID / Other nos
34-1549614

Attorney for Debtor(s) (name and address)

Daniel A DeMarco
200 Public Square
Suite 2800
Cleveland OH 44114-2301
Telephone number: (216) 621-0150

Meeting of Creditors

Date February 24, 2009

Time 10:00 AM

Location U.S. Bankruptcy Building, 170 North High Street, Suite 204, Columbus, OH 43215

Deadline to File a Proof of Claim

Proof of claim must be received by the bankruptcy clerk's office by the following deadline

For all creditors (except a governmental unit) **5/25/09**
a governmental unit must file before 180 days after the date of the Order for Relief

Creditor with a Foreign Address:

A creditor to whom this notice is sent at a foreign address should read the information under "Claims" on the reverse side

Deadline to File a Complaint to Determine Dischargeability of Certain Debts: 4/27/09

Creditors May Not Take Certain Actions:

In most instances the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances the stay may be limited to 30 days or not exist at all although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code you may be penalized. Consult a lawyer to determine your rights in this case.

Address of the Bankruptcy Clerk's Office

170 North High Street
Columbus, OH 43215-2414
Telephone number: (614) 469-6638

For the Court

Clerk of the Bankruptcy Court
Kenneth Jordan

Hours Open Monday - Friday 9:00 AM - 4:00 PM

Date 1/13/09

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> (11975085) <u>History</u> Total Administrative Services Finance/Collections Dept 2302 International Lane PO Box 14140 Madison WI 53708-0140	Claim No 213 <i>Original Filed</i> Date 05/22/2009 <i>Original Entered</i> Date 05/26/2009	<i>Status</i> Filed by CR Entered by 2ks, Modified
Unknown claimed \$4338 40 Total claimed \$4338 40		
<i>History</i> Details <u>213-1</u> 05/22/2009 Claim #213 filed by Total Administrative Services, total amount claimed \$4338 4 (2ks)		
<i>Description</i>		
<i>Remarks</i>		

Claims Register Summary