

RECD
MAY 27 2009

Name of Debtor Triad 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)

PARSONS TRUCKING

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

Name and address where notices should be sent
PARSONS TRUCKING
132 OAK DRIVE
SPENCER, WV 25276-1016

Court Clerk
(if known)
JORDAN, CLERK
BANKRUPTCY COURT
COLUMBUS, OHIO

Filed on

FILED
MAY 26 PM 2:48
COLUMBUS, OHIO

Telephone number

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

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

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 1350.00

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).

2. Basis for Claim: Goods Sold
(See instruction #2 on reverse side)

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)

3. Last four digits of any number by which creditor identifies debtor: 311

3a. Debtor may have scheduled account as:
(See instruction #3a on reverse side)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5)

4. Secured Claims (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

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)(...)

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.

Amount entitled to priority:

\$ _____

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)

*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

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

If the documents are not available, please explain

Date: 5/26/09

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

Richard O. Pearson

Triad Resources Inc



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> (11974806) PARSONS TRUCKING 132 OAK DRIVE SPENCER, WV 25276</p>	<p>Claim No: 217 <i>Original Filed</i> <i>Date</i> 05/26/2009 <i>Original Entered</i> <i>Date</i> 05/27/2009</p>	<p><i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2kab, <i>Modified</i></p>
<p>Unknown claimed \$1350 00</p> <p>Total claimed \$1350 00</p>		
<p><i>History</i></p> <p>Details <u>217-1</u> 05/26/2009 Claim #217 filed by PARSONS TRUCKING, total amount claimed \$1350 (2kab)</p>		
<p><i>Description</i></p>		
<p><i>Remarks</i></p>		

Claims Register Summary