Case 2:08-bk-62733 Claim 178-1 Filed 05/13/09 Desc Main Document Page 2 of 2

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

RECD MAY 27 2009

UNITED STATES BANKRUPTCY COURT Southern District of Ohio

PROOF OF CLAIM

Name of Debtor: Triad Resources etal

Case Number: 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): Jane Combs

Name and address where notices should be sent:
107 Wildwood Drive
Marietta OH 45750

Telephone number: (740) 373-5192

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

Court Claim Number: _____ (If known)

Filed on: _____

FILED 09 MAY 13 AM 11:12 MENNETH JORDAN CLERK U.S. BANKRUPTCY COURT COLUMBUS OHIO

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

Telephone number

☐ 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:** $ _____
All royalties due for production from Tariff Unit # 1.
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:** Production of oil & gas from minerals owned by Creditor
(See instruction #2 on reverse side.) COMOO Jane Combs Well 235004

3. **Last four digits of any number by which creditor identifies debtor:** COMOO Well 235004 Jane Combs

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
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:** $_____

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.*

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: 5-12-09

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.

Jane Combs

FOR COURT USE ONLY

Triad Resources Inc
33-00222

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):**

Creditor (12436869)	**Claim No. 222**	*Status*
Jane Combs	*Original Filed*	*Filed by* CR
107 Wildwood Dr	*Date* 05/13/2009	*Entered by* 2kab,
Marietta OH 45750	*Original Entered*	*Modified*
	Date 05/27/2009	

Unknown claimed $0 00

Total claimed $0 00

History

Details 222-1 05/13/2009 Claim #222 filed by Jane Combs, total amount claimed $0 (2kab)

Description

Remarks

Claims Register Summary