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MAR 17 2009

UNITED STATES BANKRUPTCY COURT

Southern District of Ohio

PROOF OF CLAIM

Name of Debtor  
**Trad Energy Corporation**

Case Number  
**0862744**

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)  
**Mancan Inc**

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

Name and address where notices should be sent

**Mancan  
 48 First Street NE  
 Massillon OH 44646  
 Telephone number  
 (330) 830-8686**

Court Case Number (if known)

Filed on

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 \$ 1318.11

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 Services Performed  
 (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 3272

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 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 \$ \_\_\_\_\_

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 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  
**03/03/2009**

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.

FOR COURT USE ONLY

Aaron J Rizer II - Collections Administrator

Trad Energy Corp



44 00008



**MANCAN Inc.**

**STATEMENT**

Vendor Fed ID # 34 1197864

Statement Date

3/13/2009

Account Number

103272



**STATEMENT**

Please Remit to

MANCAN Inc  
48 FIRST STREET NE  
MASSILLON OH 44646

TRIAD  
PO Box 430  
Reno, OH 45773

Account Number Statement Date

103272

3/13/2009

Inquiry Phone # 330-830-8686 Massillon OH

TRIAD

Invoice Numbe	Branch	Invoice Date	Invoice Amount	Balance Due	Invoice Numbe	Balance Due
30392950	3612-Marietta-	12/3/2008	\$529 65	\$529 65	30392950	\$529 65
30393273	3612-Marietta-	12/10/2008	\$660 06	\$660 06	30393273	\$660 06
30393583	3612-Marietta-	12/17/2008	\$128 40	\$128 40	30393583	\$128 40
<b>Total Balance Due</b>				<b>\$1,318 11</b>	<b>Total Balance Due</b>	<b>\$1,318 11</b>

## Southern District of Ohio Claims Register

2 08-bk-62744 Triad Energy Corporation

**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> (12165135) Mancan Inc 48 First St NE Massillon OH 44646	<b>Claim No 8</b> <i>Original Filed</i> Date 03/16/2009 <i>Original Entered</i> Date 03/17/2009	<i>Status</i> Filed by CR Entered by 21a, Modified
Unknown claimed \$1318 11 <b>Total      claimed \$1318 11</b>		

<i>History</i>	
<u>Details</u>	8-1 03/16/2009 Claim #8 filed by Mancan Inc, total amount claimed \$1318 11 (21a)
<i>Description</i>	
<i>Remarks</i>	

### Claims Register Summary