

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO		PROOF OF CLAIM
Name of Debtor TRIAD ENERGY CORPORATION TRIAD ENERGY CORP OF WEST VIRGINIA		Case Number 2 08 BK 62744
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of 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) Department of the Treasury - Internal Revenue Service		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number <u>9</u> (If known) Filed on <u>03/16/2009</u>
Name and address where notices should be sent Internal Revenue Service P O Box 21126 Philadelphia PA 19114		
Telephone number 1 800 913 9358	Creditor Number 11961583	
Name and address where payments should be sent (if different from above) Internal Revenue Service INTERNAL REVENUE SERVICE 550 MAIN ST RM 3525 CINCINNATI OH 45201		<input type="checkbox"/> 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 <input type="checkbox"/> Check this box if you are the debtor or trustee in this case
Telephone Number (513) 263 3226		
1 Amount of Claim as of Date Case Filed <u>\$ 0 00</u> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Domestic support obligations under 11 U S C §507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C §507 (a)(5) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C §507 (a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C §507 (a)(<u> </u>) Amount entitled to priority \$ _____ <small>*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</small>
2 Basis for Claim <u>Taxes</u> (See instruction #2 on reverse side)		
3 Last four digits of any number by which creditor identifies debtor <u>See Attachment</u> 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 <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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 or 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 <u>10/02/2009</u>	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	
/s/ ANGELA SULLIVAN JONES BANKRUPTCY SPECIALIST (513) 263 3226		Internal Revenue Service INTERNAL REVENUE SERVICE 550 MAIN ST RM 3525 CINCINNATI OH 45201

RECD
OCT 05 2009

FOR COURT USE ONLY
FILED
OCT 05 2009

Proof of Claim for Internal Revenue Taxes



Form 10
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of TRIAD ENERGY CORPORATION
 TRIAD ENERGY CORP OF WEST VIRGINIA
 , INC
 PO BOX 430
 RENO, OH 45773

Case Number	2 08-BK-62744
Type of Bankruptcy Case	CHAPTER 11
Date of Petition	12/31/2008

Amendment No 2 to Proof of Claim dated 03/16/2009

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX XXX9844	CORP INC	12/31/2008	10/05/2009	\$0 00	\$0 00

Total Amount of Unsecured Priority Claims \$0 00

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>	(11961583)	Claim No 9	<i>Status</i>
Internal Revenue Service		<i>Original Filed</i>	<i>Filed by</i> CR
Insolvencies		<i>Date</i> 03/18/2009	<i>Entered by</i>
PO Box 21126		<i>Original Entered</i>	<i>Modified</i>
Philadelphia PA 19114		<i>Date</i> 03/18/2009	
		<i>Last Amendment</i>	
		<i>Filed</i> 10/05/2009	
		<i>Last Amendment</i>	
		<i>Entered</i> 10/05/2009	

Unsecured claimed \$0 00
Secured claimed \$0 00
Priority claimed \$0 00
Total claimed \$0 00

History

Details 9-1 03/18/2009 Claim #9 filed by Internal Revenue Service, total amount claimed \$1182 48 (^Sheppard, Kimberly)
Details 9-2 08/14/2009 Amended Claim #9 filed by Internal Revenue Service, total amount claimed \$100 (^McDaniel, Jana)
Details 9-3 10/05/2009 Amended Claim #9 filed by Internal Revenue Service, total amount claimed \$0 (^McDaniel, Jana)

Description

Remarks

Claims Register Summary