
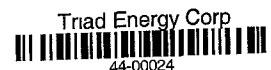


B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT      Southern District of Ohio		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Triad Energy Corporation</b>		Case Number <b>2 08-bk-62744 - CKP</b>
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) <b>Intralinks Inc</b>		<input type="checkbox"/> Check this box to indicate that this claim amended a previously filed claim.  Court Claim Number (if known)  Filed on
Name and address, where notices should be sent <b>Intralinks Inc - Attn Fran Sulzer VP A/R</b> 150 East 42nd St 8th Floor New York NY 10017  Telephone number (212) 342-7696		
Name and address, where payment should be sent (if different from above) <b>Intralinks, Inc</b> P O Box 414476 Boston MA 02241-4476  Telephone number		<input type="checkbox"/> Check this box if you are aware that anyone 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.
1 Amount of Claim as of Date Case Filed      \$ <u>3 000 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)( )
2 Basis for Claim <u>Services Performed</u> (See instruction #2 on reverse side)		Amount entitled to priority \$ _____
3 Last four digits of any number by which creditor identifies debtor <u>Y001</u>  3a Debtor may have scheduled account as _____ (See instruction #3a 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.
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 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 _____		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.
Date 06/11/2009	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.   VP of AR & Collections	

FILED  
 JUN 15 2009  
 U.S. BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF OHIO  
 CLEVELAND

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



B 10 (Official Form 10) (12/08) Cont

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1 Amount of Claim as of Date Case Filed**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2 Basis for Claim**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3 Last Four Digits of Any Number by Which Creditor Identifies Debtor**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a Debtor May Have Scheduled Account As**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4 Secured Claim**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5 Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a)**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6 Credits**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7 Documents**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents as attachments may be destroyed after scanning.

**Date and Signature**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title if any of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor should redact and use only the last four digits of any social security, individual's tax identification, or financial account number, all but the initials of a minor's name, and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage lien certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION**

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e) (any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 et seq.) and any applicable orders of the bankruptcy court).



160 East 42nd Street 8th Floor New York NY 10017 5812  
Federal Tax ID 13 3899047

<b>Invoice:</b>	J10104595
<b>Date:</b>	30-Sep-2008
<b>Page:</b>	1

<b>Contract Period</b>	03/20/2008 - 03/19/2009
<b>Service Type</b>	Workspace Term Extension Fee
<b>Customer ID</b>	TRIADENERGY001
<b>Billing Control No</b>	0121454
<b>Workspace ID</b>	599702

**Bill To**  
 Trnad Energy  
 277724 State Route 7N  
 Marietta OH 45750 USA  
 Attn Tiffany Becker  
 Phone (740) 374-2940  
  
 Email tbecker@trnadcompanies.net

Billing Inquiries +1 212 342 7676, or email Billing@Intralinks.com

Description	Amount			
<b>PROJECT SPAGNA #599702 - 6 MON TH EXTENSION 9/29/08 - 3/18/2009</b>	<b>\$3,000 00</b>			
Current WS Value Tier 1 47 Users, 1,677 Pages = \$4,000 00 Initial use Period 03/20/08 - 09/19/08 6 Month Extension 09/20/08 - 03/19/09 @ \$3,000 as per Amendment Agreement				
<b>Subtotal</b> \$3,000 00				
<b>Sales Tax</b> \$0.00				
<b>Total USD</b> \$3,000 00				
<table border="0"> <tr> <td style="vertical-align: top;"> <b>Payment by Check</b>                      US only                      Payable to                      IntraLinks, Inc                      P O Box 414476                      Boston, MA 02241-4476                 </td> <td style="vertical-align: top;"> <b>Electronic Payments (ACH)</b>                      US only                      Bank of America                      IntraLinks Operating Account                      Account No 004834443321                      Transit # 021000322                 </td> <td style="vertical-align: top;"> <b>International Wires</b>                      Bank of America                      IntraLinks Operating Account                      100 W 33rd St NY, NY 10001                      SWIFT Code BOFAUS3N                      Account No 004834443321                 </td> </tr> </table>		<b>Payment by Check</b> US only Payable to IntraLinks, Inc P O Box 414476 Boston, MA 02241-4476	<b>Electronic Payments (ACH)</b> US only Bank of America IntraLinks Operating Account Account No 004834443321 Transit # 021000322	<b>International Wires</b> Bank of America IntraLinks Operating Account 100 W 33rd St NY, NY 10001 SWIFT Code BOFAUS3N Account No 004834443321
<b>Payment by Check</b> US only Payable to IntraLinks, Inc P O Box 414476 Boston, MA 02241-4476	<b>Electronic Payments (ACH)</b> US only Bank of America IntraLinks Operating Account Account No 004834443321 Transit # 021000322	<b>International Wires</b> Bank of America IntraLinks Operating Account 100 W 33rd St NY, NY 10001 SWIFT Code BOFAUS3N Account No 004834443321		
To ensure your payment is applied accurately and timely, always include your invoice number J10104595 and send remittance advice to collections@intralinks.com				

## 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> (12499809) Intralinks, Inc 150 East 42nd St 18th Flr New York NY 10017	<b>Claim No 24</b> <i>Original Filed</i> Date 06/16/2009 <i>Original Entered</i> Date 06/16/2009	<i>Status</i> Filed by CR Entered by 2bl, Modified
Unknown claimed \$3000 00		
<b>Total      claimed \$3000 00</b>		
<i>History</i>		
Details <u>24-1</u> 06/16/2009 Claim #24 filed by Intralinks, Inc, total amount claimed \$3000 (2bl)		
<i>Description</i>		
Remarks		

### Claims Register Summary